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Image# 11931901621

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Othe	Than An Auth	orized Comn	nittee		Office Use Only	
NAME OF     COMMITTEE (in full)		IAILING LABEL OR PRINT 🗑	Example:If tylover the lines				
TFP-FOJB Committee							
ADDRESS (number and street)	320 FIR	ST STREET, SE					
X Check if different than previously reported. (ACC)	Washing	ton			DC	20003	-
2. FEC IDENTIFICATION N	UMBER 🔻	CIT	Y 🛋		STATE	ZIPCOI	DE 🛕
C00492355			THIS X	NEW (N) OR		MENDED A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report X July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report January 31 Quarterly Report April 15 Quarterly Report A	t(Q1) (c) t(Q2) t(Q3) t(YE)	port Feb e On: Mar	General	on (12C)	Sep	in the State o	Special (30S)
5. Covering Period	0 4 0 1	2011	throu		30	2011	
I certify that I have examined the Type or Print Name of Treasur		•	wledge and belief	it is true, correct	and complete		
Type of Fillit Name of Freasur	G						
Signature of Treasurer Elec	tronically Filed I	oy Lisa Lisker			Date 0.7	15	2011
NOTE : Submission of false, e	rroneous, or inc	omplete information	may subject the p	person signing th	is Report to th	e penalties of 2 U.S	S.C 437g.
Office Use						FEC FOR	

FE6AN026

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name TFP-FOJB Committee

FEC Form 3X (Rev. 02/2003)

D <sup>®</sup>D 0 4 0 1 2011 0.6 30 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 0.00 January 1 (b) Cash on Hand at 83008.85 Begining of Reporting Period ..... 466895.00 969595.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 549903.85 969595.00 6(a) and 6(c) for Column B) ..... 412903.86 832595.01 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 136999.99 136999.99 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name TFP-FOJB Committee

Report Covering the Period:

м м 0 4

From:

D D 1

2 0 1 1

Γο:

м м 0 6 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 1

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	466650.00	969350.00
	Fransfers From Affiliated/Other	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
4. L 5. C	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	245.00	245.00
te	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers 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
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	466895.00	969595.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	466895.00	969595.00

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## DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	87297.48	160995.21
Expenditures(c) Total Operating Expenditures	67297.46	100993.21
(add 21(a)(i), (a)(ii) and (b))	87297.48	160995.21
22. Transfers to Affiliated/Other Party		
Committees	325606.38	671599.80
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
and Other Political Committees	0.00	0.00
(use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
(use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
77. Loans Made	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
(3000 100 100)		
29. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,	410000.00	000505.01
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

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  TFP-FOJB Committee		
	Full Name (Last, First, Middle Initial) DR. ROSENBERG G. AARON, M.D.		Date of Receipt
	Mailing Address 200 OAKMONT DR.	7.0.4	04 26 2011
	City DEERFIELD	State Zip Code  IL 60015-5089	Transaction ID: SA11.1751  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer MIDWEST ORTHOPAEDICS AT RUSH	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) DR. JOHN A. ABRAHAM, M.D.		Date of Receipt
	Mailing Address 925 CHESTNUT ST.		0 5 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11.2121
	PHILADELPHIA	PA 19107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
	Name of Employer ROTHMAN INSTITUTE	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  500.00	
	Full Name (Last, First, Middle Initial) JOHN W. ADKISON		Date of Receipt
	Mailing Address 806 CREST DR.		05 11 2011
	City	State Zip Code	Transaction ID: SA11.1853
	YAKIMA	WA 98908-2129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00  CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER I	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	,	2750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. AMIT O. AGARWALA, M.D.  Mailing Address 660 GOLDEN RIDGE  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SPINE  Receipt For: Primary General Other (specify)	RD.  State Zip Code CO 80401-9541  C  Occupation PHYSICIAN  Aggregate Year-to-Date  217.00	Date of Receipt  M M M / D D M 2011  Transaction ID: SA11.2122  Amount of Each Receipt this Period  217.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. JAMAL AHMAD, M.D. Mailing Address 849 N. WOODSTOCK  City PHILADELPHIA  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	State Zip Code PA 19130-1439  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) DR. DIRK ALANDER, M.D.  Mailing Address 1302 W. ADAMS AVE  City KIRKWOOD  FEC ID number of contributing federal political committee.  Name of Employer ST. LOUIS UNIVERSITY  Receipt For: Primary General Other (specify)	State Zip Code MO 63122-3704  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		1217.00

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)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. TODD J. ALBERT, M.D.		Date of Receipt
Mailing Address 1434 FLAT ROCK RD.		04 25 25 2011
City	State Zip Code PA 19072-1216	Transaction ID: SA11.1766
PENN VALLEY  FEC ID number of contributing	PA 19072-1216	Amount of Each Receipt this Period 2000.00
federal political committee.	<u> </u>	
Name of Employer ROTHMAN INSTITUTE	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) WILLIAM E. ALBERS		Date of Receipt
Mailing Address 4210 CHANWIL PL.		05 11 YYYY 2011
City	State Zip Code	Transaction ID: SA11.1855
MEMPHIS	TN 38117-2355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION EST EFFORTS
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) DR. PETER C. AMADIO, M.D.		Date of Receipt
Mailing Address 816 9TH ST. SW.		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2124
ROCHESTER	MN 55902-6317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MAYO CLINIC	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		2800.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	2800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 168 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. DAVID G. ANDERSON, M.D.			Date of Receipt
Mailing Address 361 TOM BROWN F	RD.		04 25 2011
City	State	Zip Code	Transaction ID: SA11.1774
MOORESTOWN  FEC ID number of contributing federal political committee.	C	08057-4001	Amount of Each Receipt this Period  1000.00
Name of Employer ROTHMAN INSTITUTE	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) DR. FRANK M. ARMOCIDA, M.D. Mailing Address 6 RUBY LAKE LN.			Date of Receipt
Mailing Address 6 HOBT LAKE LIN.			05 13 2011
City	State	Zip Code	Transaction ID: SA11.2125
SIMPSONVILLE  FEC ID number of contributing federal political committee.	SC C	29681-3707	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation ORTHOR	n PAEDIC SURGEON	— CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DOUGLAS G. ARMSTRONG			Date of Receipt
Mailing Address 1329 QUAIL HOLLO	W RD.		05 11 2011
City	State	Zip Code	Transaction ID: SA11.1856
HUMMELSTOWN	PA	17036-8516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	<del>-                                    </del>	ATION REQUESTED PER E	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 168 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. WILLIAM V. ARNOLD, M.D.  Mailing Address 1881 HARTE RD.			Date of Receipt
City	State	Zip Code	0 4 2 6 2 0 1 1 Transaction ID: SA11.1753
JENKINTOWN  FEC ID number of contributing federal political committee.	C	19046-1532	Amount of Each Receipt this Period  1000.00
Name of Employer ROTHMAN INSTITUTE		PAEDIC SURGEON	CONTRIBUTION
Primary General Other (specify) ▼	riggiogalo	1000.00	
Full Name (Last, First, Middle Initial) DR. STANLEY R. ASKIN, M.D. Mailing Address 2 SURREY RD.	•		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11.1857
ELKINS PARK	PA	19027-2928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	<del>-                                     </del>	ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. LUKE S. AUSTIN, M.D.	<b>'</b>		Date of Receipt
Mailing Address 105 E. BURKSHIRE	E AVE.		05 13 7 2011
City LINWOOD	State NJ	Zip Code	Transaction ID: SA11.2126
FEC ID number of contributing federal political committee.	C	08221-2308	Amount of Each Receipt this Period 500.00
Name of Employer ROTHMAN INSTITUTE	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 168 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any personal and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. MATTHEW S. AUSTIN, M.D.  Mailing Address 840 HARRITON RD.  City	State Zip Code	Date of Receipt  0 4  2 5  Transaction ID: SA11.1763
BRYN MAWR FEC ID number of contributing federal political committee.	PA 19010-1813	Amount of Each Receipt this Period  1000.00
Name of Employer ROTHMAN INSTITUTE  Receipt For:  Primary General  Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  1000.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. FREDERICK M. AZER, M.D. Mailing Address 385 GOODWYN ST.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MEMPHIS	State Zip Code TN 38111-3311	Transaction ID: SA11.2181
FEC ID number of contributing federal political committee.	TN 38111-3311	Amount of Each Receipt this Period  500.00  CONTRIBUTION
Name of Employer CAMPBELL CLINIC	Occupation MD	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. SEPEHR BADY, M.D. Mailing Address 3889 CODY RD.	1	Date of Receipt
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2127
SHERMAN OAKS	CA 91403-5020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ADVANCED ORTHOPEDICS & SP- ORT MED.	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional) .	·	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 12 / 168   (check only one)
Any information copied from such Reports and State or for commercial purposes, other than using the result of the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	atements maname and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. GEORGE W. BALFOUR, M.D.  Mailing Address 14624 SHERMAN WY.  City VAN NUYS  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	State CA C Occupatio SURGEO Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11.2676  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. DAVID BANKOFF  Mailing Address 3343 S. TWYCKENHAN  City SOUTH BEND  FEC ID number of contributing federal political committee.  Name of Employer SOUTH BEND ORTHOPAEDICS  Receipt For: Primary General Other (specify)	State IN C Occupatio PHYSICI		Date of Receipt    M M M
Full Name (Last, First, Middle Initial) SAMUEL J. BAPTISTA  Mailing Address 2015 LORRAINE AVE.  City MCLEAN  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	-	Zip Code 22101-5331  n ATION REQUESTED PER E	Date of Receipt  M M / D D / Y Y Y Y Y  O 5 1 3 2 0 1 1  Transaction ID: SA11.2489  Amount of Each Receipt this Period  2500.00  CONTRIBUTION  BEST EFFORTS
SUBTOTAL of Receipts This Page (optional)			3500.00

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)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) JAMES W. BARBER  Mailing Address 222 PINENEEDLE R	D.		Date of Receipt
City DOUGLAS	State GA	Zip Code 31535-6518	Transaction ID: SA11.1859  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	<del></del>	ATION REQUESTED PER E Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. GLEN A. BARDEN, M.D. Mailing Address 1417 BRIARWOOD I	LANE		Date of Receipt  0 5 2 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11.2209
LAKELAND	FL	33803-2372	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 CONTRIBUTION
Name of Employer UNIVERSITY OF SOUTH FLORI- DA	-, '	PEDIC SURGEON	— CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) MRS. MICHELLE L. BARKER	<b>'</b>		Date of Receipt
Mailing Address 360 ADAMS RD.			06 13 7 2011
City	State	Zip Code	Transaction ID: SA11.2703
KITTANNING  FEC ID number of contributing federal political committee.	C	16201-8210	Amount of Each Receipt this Period 2500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORM	n ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)			3000.00

commercial purposes, other than using the IME OF COMMITTEE (In Full)  P-FOJB Committee  II Name (Last, First, Middle Initial)  BRIAN K. BARNARD, M.D.  Iiling Address 1285 ORANGE AVE.  Y  INTER PARK  C ID number of contributing leral political committee.  me of Employer WETT ORTHOPAEDIC CLINIC  ceipt For:  Primary General Other (specify)  II Name (Last, First, Middle Initial)	State	Date of Receipt  Date of Receipt  Transaction ID: SA11.2128  Amount of Each Receipt this Period  CONTRIBUTION
P-FOJB Committee  Il Name (Last, First, Middle Initial) B. BRIAN K. BARNARD, M.D.  illing Address 1285 ORANGE AVE.  Y  INTER PARK  C ID number of contributing leral political committee.  me of Employer WETT ORTHOPAEDIC CLINIC  ceipt For: Primary General Other (specify)  Il Name (Last, First, Middle Initial)	FL 32789-4984  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	Transaction ID: SA11.2128  Amount of Each Receipt this Period  500.00
A. BRIAN K. BARNARD, M.D.  illing Address 1285 ORANGE AVE.  INTER PARK  C ID number of contributing leral political committee.  me of Employer WETT ORTHOPAEDIC CLINIC  ceipt For: Primary General Other (specify)	FL 32789-4984  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	Transaction ID: SA11.2128  Amount of Each Receipt this Period  500.00
y INTER PARK  C ID number of contributing leral political committee.  me of Employer WETT ORTHOPAEDIC CLINIC  ceipt For: Primary General Other (specify) ▼	FL 32789-4984  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	Transaction ID: SA11.2128  Amount of Each Receipt this Period  500.00
INTER PARK  C ID number of contributing leral political committee.  me of Employer WETT ORTHOPAEDIC CLINIC ceipt For: Primary General Other (specify)	FL 32789-4984  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period 500.00
C ID number of contributing leral political committee.  me of Employer WETT ORTHOPAEDIC CLINIC ceipt For: Primary General Other (specify)	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	500.00
ceipt For:  Primary General  Other (specify) ▼  Il Name (Last, First, Middle Initial)	ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	CONTRIBUTION
Primary General Other (specify) ▼  Il Name (Last, First, Middle Initial)	500.00	
	l .	
<u> </u>	RD	Date of Receipt
amig Address 2000 E. DEGERTI INN	TID.	05 25 2011
y 	State Zip Code	Transaction ID: SA11.2208
C ID number of contributing leral political committee.	C 89121-3608	Amount of Each Receipt this Period  250.00
me of Employer LF-EMPLOYED	Occupation ORTHOPEDIC SURGEON	CONTRIBUTION
ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
II Name (Last, First, Middle Initial) CHARD W. BARTH		Date of Receipt
iling Address 6516 GOLDLEAF DR.		05 11 2011
y 	State Zip Code	Transaction ID: SA11.1860
C ID number of contributing leral political committee.	C 20817-5837	Amount of Each Receipt this Period  250.00
me of Employer FORMATION REQUESTED PER ST EFFORTS	Occupation INFORMATION REQUESTED PER I	CONTRIBUTION BEST EFFORTS
ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
FOTAL of Receipts This Page (optional)		1000.00
	S VEGAS  C ID number of contributing eral political committee.  The of Employer LF-EMPLOYED ceipt For:  Primary General Other (specify)  I Name (Last, First, Middle Initial) CHARD W. BARTH illing Address 6516 GOLDLEAF DR.  THESDA  C ID number of contributing eral political committee.  THESDA  C ID number of Contributing eral political committee.  THESDA  C ID number of Contributing eral political committee.  THESDA  C ID number of Contributing eral political committee.  THESDA  C ID number of Contributing eral political committee.  THESDA  C ID number of Contributing eral political committee.  THESDA  C ID number of Contributing eral political committee.  THESDA  THESDA	MARK A. BARRY, M.D.  illing Address 2800 E. DESERT INN RD.  State Zip Code NV 89121-3608  C ID number of contributing eral political committee.  The primary General Other (specify)  C ID Name (Last, First, Middle Initial) CHARD W. BARTH CHESDA General Other (specify)  C ID number of contributing eral political committee.  The primary General Other (specify)  C ID number of contributing eral political committee.  C ID number of contributing eral political committee.

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may e name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MR. DOYLE C. BARTLETT Mailing Address 609 OAKLEY PL.			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City ALEXANDRIA FEC ID number of contributing	State VA	Zip Code 22302-3611	Transaction ID: SA11.2349  Amount of Each Receipt this Period
federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORM	n ATION REQUESTED PER E	2500.00  CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) DR. HUGH BASSEWITZ, M.D. Mailing Address 2800 E. DESERT INN	RD. STE. 10	00	Date of Receipt    M
City	State	Zip Code	Transaction ID: SA11.2129
LAS VEGAS  FEC ID number of contributing federal political committee.	C	89121-3608	Amount of Each Receipt this Period  500.00
Name of Employer DESERT ORTHOPEDIC CLINIC	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMES W. BEAN			Date of Receipt
Mailing Address 5823 N. MESA ST. #6	641		05 11 2011
City EL PASO	State TX	Zip Code 79912-4607	Transaction ID: SA11.1861
FEC ID number of contributing federal political committee.	C	13912-4001	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	+ '	n ATION REQUESTED PER E Year-to-Date ▼	CONTRIBUTION  BEST EFFORTS
Primary General Other (specify) ▼	09 19 110	500.00	
SUBTOTAL of Receipts This Page (optional)	•		3500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 16 / 168 (check only one)    X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not le e name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
	TFP-FOJB Committee			_
	Full Name (Last, First, Middle Initial)  JAMES H. BEATY			Date of Receipt
	Mailing Address 4367 WYNSLOW CV	01-1-	7'- 0 - 1-	05 11 2011
	City MEMPHIS		Zip Code 38117-3723	Transaction ID: SA11.1862  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00117 0720	500.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATIO	ON REQUESTED PER E	CONTRIBUTION SEST EFFORTS
	Receipt For: Primary General Other (specify)	Aggregate Year		
	Full Name (Last, First, Middle Initial) DR. SCOTT W. BECK, M.D.	1		Date of Receipt
	Mailing Address 625 6TH AVE. SOUTH SUITE 450	1		05 25 2011
	City		Zip Code	Transaction ID: SA11.2191
	ST. PETERSBURG	FL	33701-4629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 CONTRIBUTION
	Name of Employer COSSA	Occupation ORTHOPAEL	DIC SURGEON	CONTRIBUTION
	Receipt For:  Primary  General	Aggregate Year	-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) DR. MARK A. BECKNER, M.D.	•		Date of Receipt
	Mailing Address 1285 ORANGE AVE.			05 13 YYYY 2011
	City	State	Zip Code	Transaction ID: SA11.2130
	WINTER PARK	FL	32789-4984	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00  CONTRIBUTION
	Name of Employer JEWETT ORTHOPAEDIC CLINIC		DIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 500.00	
_	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any pers ne name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT R. BELL Mailing Address 1700 MURCHISON S	STE. C	Date of Receipt
City EL PASO	State Zip Code TX 79902-2931	0 5 1 1 2 0 1 1  Transaction ID: SA11.1864
FEC ID number of contributing federal political committee.	TX 79902-2931	Amount of Each Receipt this Period  500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupation INFORMATION REQUESTED PER	CONTRIBUTION BEST EFFORTS
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. DAVID A. BELLAMY, M.D.  Mailing Address 3334 CAPITAL MED	ICAL BLVD. STE. 40	Date of Receipt
City	State Zip Code	0 5 1 1 2 0 1 1 Transaction ID: SA11.1865
TALLAHASSEE	FL 32308-8405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) JEFFREY L. BENDT		Date of Receipt
Mailing Address 4921 CARRIAGE HII		05 / 11 / 2011
City RAPID CITY	State Zip Code SD 57702-9213	Transaction ID: SA11.1866  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupation INFORMATION REQUESTED PER  Aggregate Year-to-Date ▼	EEST EFFORTS
Primary General Other (specify) ▼	Aggregate Year-to-Date   500.00	
	1	1400.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. LEON BENSON, M.D.		Date of Receipt
Mailing Address 1728 SUNNYSIDE A		05 13 2011
City HIGHLAND PARK	State Zip Code IL 60035-2157	Transaction ID: SA11.2132  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ILLINOIS BONE & JOINT INS- TITUTE	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. MICHAEL J. BERCIK, M.D.		Date of Receipt
Mailing Address 711 WESTMINSTER	AVE.	05 13 2011
City	State Zip Code	Transaction ID: SA11.2133
ELIZABETH	NJ 07208-2210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF EMPLOYED	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. D. CHRISTIAN BERG, M.D.		Date of Receipt
Mailing Address 3334 CAPITAL MEDI	CAL BLVD. STE. 40	M M / D D / Y Y Y Y Y O D D / 2011
City	State Zip Code	Transaction ID: SA11.1867
TALLAHASSEE  FEC ID number of contributing federal political committee.	FL 32308-8405	Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by an name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. RICHARD A. BERGER, M.D. Mailing Address 3660 N. LAKE SHORE		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2134
CHICAGO  FEC ID number of contributing federal political committee.	IL 60613-5300	Amount of Each Receipt this Period  500.00
Name of Employer MIDWEST ORTHOPEDICS AT RU- SH Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date ▼ 500.0	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. STEPHEN B. BERNARD, M.D.  Mailing Address 3036 PALMER DR.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2135
RAPID CITY	SD 57702-5016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer RAPID CITY MEDICAL CENTER	Occupation OPHTHALMOLOGIST	GONTIEGNON
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
Full Name (Last, First, Middle Initial) DR. THOMAS L. BERNASEK, M.D.		Date of Receipt
Mailing Address 13020 TELECOM PKV	V Y. IN.	05 13 7 2011
City	State Zip Code	Transaction ID: SA11.2136
TAMPA FEC ID number of contributing federal political committee.	FL 33637-0925	Amount of Each Receipt this Period 250.00
Name of Employer FLORIDA ORTHOPAEDIC INSTI- TUTE	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.0	00
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 168 (check only one)    X
or for commercial	I purposes, other than using the DMMITTEE (In Full)	tatements ma name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
DR. DANIEL J.	ust, First, Middle Initial) BERRY ss 8953 11TH AVE. NE			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ROCHESTE FEC ID numb federal politica	er of contributing	State MN	Zip Code 55906-3308	Transaction ID: SA11.2177  Amount of Each Receipt this Period  5000.00
Name of Emp MAYO CLINIO Receipt For:	loyer C	_	n PEDIC SURGEON e Year-to-Date ▼	CONTRIBUTION
DR. MARCIÀ J	ast, First, Middle Initial) I. BESHARA, M.D. ss 5151 BERGLUND RD.			Date of Receipt  0 5 1 3 2 0 1 1
City  RAPID CITY	Y er of contributing	State SD	Zip Code 57701-8928	Transaction ID: SA11.2138  Amount of Each Receipt this Period
federal politica		Occupatio GYNECO	n DLOGIST	CONTRIBUTION
Receipt For: Primary Other (s	General  pecify) ▼	Aggregate	Year-to-Date ▼ 500.00	
DR. JOSEPH E	ust, First, Middle Initial) B. BILLINGS, M.D. SS 1285 ORANGE AVE.			Date of Receipt
	55 1205 ORANGE AVE.			05 13 2011
City WINTER PA	ARK	State FL	Zip Code 32789-4984	Transaction ID: SA11.2140  Amount of Each Receipt this Period
-	er of contributing	С		500.00
Name of Emp JEWETT OR Receipt For:	loyer THOPAEDIC CLINIC		n PAEDIC SURGEON • Year-to-Date ▼	CONTRIBUTION
Primary	General General ▼	Aggregate	500.00	
SUBTOTAL of F	Receipts This Page (optional)			6000.00
TOTAL This Pe	eriod (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 21 / 168 (check only one)    X
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KEVIN P. BLACK Mailing Address 782 PINE TREE RD.		Date of Receipt
City	State Zip Code	0 5 1 1 2 0 1 1 Transaction ID: SA11.1868
HUMMELSTOWN	PA 17036-8538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	850.00
Name of Employer INFORMATION REQUESTED PER	Occupation	CONTRIBUTION
BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	INFORMATION REQUESTED PER BI Aggregate Year-to-Date ▼  850.00	EST EFFORTS
Full Name (Last, First, Middle Initial) DR. STEVEN L. BLAZAR, M.D. Mailing Address 252 FREEMAN PKWY		Date of Receipt
City	State Zip Code	05 11 2011 Transaction ID: SA11.1869
PROVIDENCE	RI 02906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER BI Aggregate Year-to-Date   500.00	CONTRIBUTION EST EFFORTS
Full Name (Last, First, Middle Initial) DR. CHARLES M. BLITZER, M.D.		Date of Receipt
Mailing Address 61 CANNEY RD.		05 25 2011
City	State Zip Code	Transaction ID: SA11.2159
DURHAM	NH 03824-3229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 CONTRIBUTION
Name of Employer SOS MED	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1600.00

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of sciloiling contributions or for commondial purposes. After than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  TPF-FOUR COMMITTEE (in Full)  TRANSCORD CO		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
TFP-FOJB Committee  Full Name (Last, First, Middle Initial) Date of Receipt  Maling Address 105 FAWN LANE  City CHADDS FORD PA 19317-9172  FEC ID number of contributing federal political committee.  Part Name (Last, First, Middle Initial) Date of Receipt  Manne of Employer Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Date of Receipt  Manne (Last, First, Middle Initial) Date of Receipt  Manne of Employer Decupation ORTHOPAEDIC SURGEON  Receipt For: Primary General Other (specify) ▼  Aggregate Vear-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Date of Receipt  Manne (Last, First, Middle Initi		Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. DR. ALEX B. BODENSTAB. M.D.  Mailing Address 105 FAWN LANE  City CHADDS FORD PA 19317-9172  FEC ID number of contributing feedral political committee.  C. Name of Employer Primary General Other (specify) ▼  City PATCHOGUE PATCHOGUE Norman of Employer PET D number of contributing FEC ID number of contr		` '			
City State Zip Code PA 19317-9172  FEC ID number of contributing feeder alpolitical committee.  Name of Employer Phimary General Other (specify) ■ PTI 11 2 0 1 1  PATCHOGUE NY 1.772-3718  Name of Employer Priest, Middle Initial) Description of Priest Primary General Other (specify) ■ Primary General Other (spe	Δ.				Date of Receipt
CHADDS FORD  PA 19317-9172  FEC ID number of contributing toderal political committee.  Name of Employee First Middle Initial)  B. DR. JOSC - BONILLA  Malling Address P.O. BOX 1387  City Primary General Other (specify) ▼  CITY Primary General First Middle Initial)  DR. DR. FETRI M BONUTTI, M.D.  DR. PETER M BONUTTI, M.D.  Malling Address P.O. BOX 1387  City State Zip Code INFORMATION REQUESTED PER BEST EFFORTS  BEST EFFORTS  Cocupation Orth (specify) ▼  State Zip Code INFORMATION REQUESTED PER BEST EFFORTS  BEST EFFORTS  Cocupation INFORMATION REQUESTED PER BEST EFFORTS  Cocupation INFORMATION REQUESTED PER BEST EFFORTS  Committee State Zip Code INFORMATION REQUESTED PER BEST EFFORTS  Committee State Zip Code INFORMATION REQUESTED PER BEST EFFORTS  Cocupation					04 26 2011
FEC ID number of contributing federal political committee.  Name of Employer FIRST STATE ORTHOPAEDICS  Name of Employer First STATE ORTHOPAEDICS  Receipt For:    Date of Receipt   Date of Rec		-		•	
Receipt For:    Primary   General   Aggregate Year-to-Date ▼     Primary   General   Date of Receipt     Primary   General		FEC ID number of contributing		19317-9172	
Primary General Other (specify) ▼ 1000.00  B. Date of Receipt  Mailing Address P.O. BOX 1387  City State Zip Code NATION REQUESTED PER BEST EFFORTS  Receipt For: Receipt State Zip Code State Primary General Other (specify) ▼ 500.00  Contributing Fec ID number of contributing (specific primary General City State State Points) State Primary General City State Primary General Other (specify) ▼ 500.00  Contribution Instruction ID: SA11.1870  Amount of Each Receipt this Period State Primary General City General		Name of Employer FIRST STATE ORTHOPAEDICS			CONTRIBUTION
B. DR. JOSE C. BONILLA  Mailing Address 179 S OCEAN AVE  City		Primary General		e Year-to-Date ▼ 1000.00	
City State Zip Code NY 11772-3718  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:	- В.	DR. JOSE C. BONILLA			<del> </del>
PATCHOGUE  PEC ID number of contributing federal political committee.    Name of Employer   Name of Employer		Mailing Address 179 S OCEAN AVE			
FEC ID number of contributing federal political committee.    Name of Employer   NFORMATION REQUESTED PER BEST EFFORTS		City		Zip Code	Transaction ID: SA11.1870
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:     Primary		PATCHOGUE	NY	11772-3718	Amount of Each Receipt this Period
Name of Lemployer   Subtotal of Receipts This Page (optional)   Subtotal of Receipts Terror occupation   Information Requested Per Best Efforts			C		
Primary General Other (specify) ▼ 500.00  C. DR. PETER M. BONUTTI, M.D. Mailing Address P.O. BOX 1387  City State Zip Code IL 62401-1387  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED ORTHOPAEDIC SURGEON  Receipt For: Aggregate Year-to-Date ▼ 500.00  SUBTOTAL of Receipts This Page (optional)		BEST EFFORTS	INFORM	ATION REQUESTED PER	
C. DR. PETER M. BONUTTI, M.D.  Mailing Address P.O. BOX 1387  City State Zip Code  EFFINGHAM IL 62401-1387  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  Transaction ID: SA11.2141  Amount of Each Receipt this Period  CONTRIBUTION  CONTRIBUTION  2000.00		Primary General	Aggregate	1 1 1 1 1 1 1	
City State Zip Code ITransaction ID: SA11.2141  EFFINGHAM IL 62401-1387  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Other (specify) ▼  State Zip Code Transaction ID: SA11.2141  Amount of Each Receipt this Period  CONTRIBUTION  CONTRIBUTION  2000.00	с. С.	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
EFFINGHAM  IL 62401-1387  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Amount of Each Receipt this Period  CONTRIBUTION  CONTRIBUTION  Amount of Each Receipt this Period  500.00  CONTRIBUTION  2000.00		Mailing Address P.O. BOX 1387			
FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)  Other (specify)  SUBTOTAL of Receipts This Page (optional)  SUBTOTAL of Receipts This Page (optional)		-		·	
SELF EMPLOYED  OCCUPATION ORTHOPAEDIC SURGEON  Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date ▼  500.00		FEC ID number of contributing		62401-1387	
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  500.00  SUBTOTAL of Receipts This Page (optional)		Name of Employer SELF EMPLOYED			CONTRIBUTION
SUBTOTAL OF Necepts This Page (optional)		Primary General		e Year-to-Date ▼	
		SUBTOTAL of Receipts This Page (optional)			2000.00
TOTAL This Period (last page this line number only)	}			<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. MICHAEL K. BOONE, M.D. Mailing Address 5657 CORTINA		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EL PASO	State Zip Code TX 79912-3442	Transaction ID: SA11.1871  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. ANDREW H. BOROM, M.D. Mailing Address 3334 CAPITAL MEDIC	CAL BLVD. STE. 40	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.1872
TALLAHASSEE	FL 32308-8405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  500.00	
Full Name (Last, First, Middle Initial) BEVERLY F. BOUNDS		Date of Receipt
Mailing Address 14180 CENTRALIA R	D.	05 13 2011
City BROOKSVILLE	State Zip Code FL 34614-2903	Transaction ID: SA11.2044  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 168 (check only one)    X
Ar	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	r not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	TFP-FOJB Committee			
۸.	Full Name (Last, First, Middle Initial) DR. TERRELL B. BOUNDS, JR., M.D.			Date of Receipt
	Mailing Address 14180 CENTRALIA F	RD.		05 / 13 / 2011
	City BROOKSVILLE	State FL	Zip Code 34614-2903	Transaction ID: SA11.2045
	FEC ID number of contributing federal political committee.	C	34014-2903	Amount of Each Receipt this Period 250.00
	Name of Employer SELF EMPLOYED	Occupation	n PAEDIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) DR. ERIC BOYDEN, M.D.	<u> </u>		Date of Receipt
	Mailing Address 1101 DARTMOUTH [	05 13 2011		
	City	State	Zip Code	Transaction ID: SA11.2046
	RENO FEC ID number of contributing federal political committee.	C	89509-3292	Amount of Each Receipt this Period 500.00
	Name of Employer RENO ORTHOPAEDIC CLINIC	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) DR. MELBOURNE D. BOYNTON, M.D.			Date of Receipt
	Mailing Address 90 BRIARWOOD LAI	NE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City RUTLAND	State VT	Zip Code 05701-9790	Transaction ID: SA11.2190  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VERMONT ORTHOPAEDIC CLINIC	Occupation ORTHOR	PAEDIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)	1		1250.00
	OTAL This Period (last page this line numbe		•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 168 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	nd Statements may g the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MRS. CAROLYN L. BREHM Mailing Address 3023 DUMBARTO	N ST. NW		Date of Receipt  0 6 1 3 2 0 1 1
City WASHINGTON FEC ID number of contributing	State DC	Zip Code 20007-3306	Transaction ID: SA11.2698  Amount of Each Receipt this Period  2500.00
Name of Employer PROCTER & GAMBEL  Receipt For:  General	Occupation VP, GLO	n BAL GOVERNMENT RELA 9 Year-to-Date ▼ 2500.00	CONTRIBUTION TIONS
Full Name (Last, First, Middle Initial) DR. CHRISTOPHER M. BRIAN, M.D.  Mailing Address 660 GOLDEN RID	GE RD. STE. 25	50	Date of Receipt    M
City GOLDEN  FEC ID number of contributing federal political committee.	State CO	Zip Code 80401-9541	Transaction ID: SA11.2048  Amount of Each Receipt this Period  217.00
Name of Employer PANORAMA ORTHOPEDICS & SP- INE Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. ANDREW J. BRONSTEIN, M.D. Mailing Address 200 LUXAIRE CT.	<u> </u>		Date of Receipt  0 5 1 3 2 0 1 1
City  LAS VEGAS  FEC ID number of contributing federal political committee.	State NV	Zip Code 89144-4318	Transaction ID: SA11.2049  Amount of Each Receipt this Period  500.00
Name of Employer SELF EMPLOYED Receipt For:		PAEDIC SURGEON	CONTRIBUTION
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)		3217.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. MARY L. BROWN, M.D.  Mailing Address 1285 ORANGE AVE.  City WINTER PARK  FEC ID number of contributing federal political committee.  Name of Employer JEWETT ORTHOPAEDIC CLINIC  Receipt For: Primary General	State Zip Code FL 32789-4984  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼	Date of Receipt    M M   D D D   2 0 1 1   Transaction ID: SA11.2050   Amount of Each Receipt this Period   500.00   CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. JEFFREY E. BUDOFF, M.D. Mailing Address 4915 ELM ST.  City BELLAIRE FEC ID number of contributing federal political committee.	State Zip Code TX 77401-2810	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 1 3 2 0 1 1  Transaction ID: SA11.2051  Amount of Each Receipt this Period  250.00
Name of Employer SELF EMPLOYED  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  250.00	CONTRIBUTION
PATRICIA BUEHLER  Mailing Address 1122 FOXWOOD PL.		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City BEND  FEC ID number of contributing federal political committee.	State         Zip Code           OR         97701-8606	Transaction ID: SA11.1874  Amount of Each Receipt this Period  500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date  500.00	CONTRIBUTION BEST EFFORTS
SUBTOTAL of Receipts This Page (optional)	I	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. CHARLES A. BUSH-JOSEPH, M.D.  Mailing Address 419 N. LINCOLN ST.  City HINSDALE  FEC ID number of contributing federal political committee.  Name of Employer MIDWEST ORTHOPEDICS AT RU-SH Receipt For: Primary General Other (specify)	State Zip Code IL 60521-3444  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) JOHN M. BUTLER  Mailing Address 885 CHESTNUT LAKE  City MARIETTA  FEC ID number of contributing federal political committee.  Name of Employer PEACHTREE ORTHOPAEDIC CLINIC Receipt For: Primary General Other (specify)		Date of Receipt    M
Full Name (Last, First, Middle Initial) EDWARD L. CAHILL  Mailing Address 8810 ALHAMBRA AVE  City STOCKTON  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	State Zip Code CA 95212-2307  C  Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  500.00	Date of Receipt  05 11 2011  Transaction ID: SA11.1877  Amount of Each Receipt this Period  500.00  CONTRIBUTION  BEST EFFORTS
SUBTOTAL of Receipts This Page (optional)		1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	tatamento mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 168 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
۸.	Full Name (Last, First, Middle Initial) MR. FRANK CALANDRA Mailing Address 258 KAPPA DR. P.O. BOX 111253			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City PITTSBURGH	State PA	Zip Code	Transaction ID: SA11.2683
	FEC ID number of contributing federal political committee.	C	15238-2818	Amount of Each Receipt this Period  5000.00
	Name of Employer JENNAMAR CORP  Receipt For:	Occupatio EXECUT		CONTRIBUTION
	Primary General Other (specify) ▼	Aggregate	5000.00	
3.	Full Name (Last, First, Middle Initial) CRAIG D. CAMERON Mailing Address 1700 MURCHISON ST	E. C		Date of Receipt
	City	State	Zip Code	05 11 2011
	EL PASO	TX	79902-2931	Transaction ID: SA11.1878  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	500.00  CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General	. '	n IATION REQUESTED PER E e Year-to-Date ▼	
_	Other (specify) ▼	0 0	500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) S. TERRY CANALE			Date of Receipt
	Mailing Address 1594 PEABODY ST.	01.1	7: 0 .	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>MEMPHIS</u>	State TN	Zip Code 38104-3833	Transaction ID: SA11.1881  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30104 3000	500.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	. '	n IATION REQUESTED PER E e Year-to-Date ▼	CONTRIBUTION BEST EFFORTS
	Primary General Other (specify) ▼		500.00	
	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 29 / 168 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DAVID L. CANNON		Date of Receipt
Mailing Address 2839 FOX HILL CIR.		05 11 2011
City GERMANTOWN	State Zip Code TN 38139	Transaction ID: SA11.1882
FEC ID number of contributing federal political committee.	C 38139	Amount of Each Receipt this Period  250.00
Name of Employer INFORMATION REQUESTED PER	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION
BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	EST EFFORTS
Full Name (Last, First, Middle Initial) DR. G. DAVID CASPER, M.D.		Date of Receipt
Mailing Address P.O. BOX 20545		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2054
OKLAHOMA CITY	OK 73156-0545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	CONTRIBOTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. RAMONA CASTELLVI, M.D.		Date of Receipt
Mailing Address 5128 SAN JOSE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2153
TAMPA  FEC ID number of contributing federal political committee.	FL 33629-6415	Amount of Each Receipt this Period 250.00
Name of Employer FOI	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 168 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. MICHAEL J. CHAMPINE, M.D.  Mailing Address 2928 STANFORD AV  City DALLAS  FEC ID number of contributing federal political committee.  Name of Employer TEXAS ORTHOPAEDIC ASSOC. LLP. Receipt For: Primary General Other (specify)	E.  State Zip Code TX 75225-7801  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) DR. PAUL P. CHAO, M.D.  Mailing Address 1933 GREY EAGLE S  City HENDERSON  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼	ST.  State Zip Code NV 89074-0671  C  Occupation PHYSICIAN  Aggregate Year-to-Date  300.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) DR. BOBBY CHHABRA, M.D.  Mailing Address 2108 PIPER WY.  City KESWICK  FEC ID number of contributing federal political committee.  Name of Employer UNIVERSITY OF VA HEALTH  Receipt For: Primary General Other (specify)	State Zip Code VA 22947-9164  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional) .		1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. STEVEN C. CHOUNG, M.D.  Mailing Address 1285 ORANGE AVE.  City WINTER PARK  FEC ID number of contributing federal political committee.  Name of Employer JEWETT ORTHOPAEDIC CLINIC  Receipt For: Primary General Other (specify)	State Zip Code FL 32789-4984  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  300.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. JAMES CHOW, M.D.  Mailing Address 3001 CAROLINE ST.  City MT. VERNON  FEC ID number of contributing federal political committee.  Name of Employer ORTHOPAEDIC CENTER  Receipt For: Primary General Other (specify)	State Zip Code IL 62864-2757  C Occupation PHYSICIAN Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 5
Full Name (Last, First, Middle Initial) DR. WILLIAM G. CIMINO, M.D.  Mailing Address 1830 MERWINS LANE  City FAIRFIELD  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code CT 06824-1608  C  Occupation ORTHOPEDIC SURGEON  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 5
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. MICHAEL CLAIN  Mailing Address 6 GREENWICH OFF	CE PARK	Date of Receipt  0 5 25 2011
City	State Zip Code	Transaction ID: SA11.2206
GREENWICH  FEC ID number of contributing federal political committee.	CT 06831-5151	Amount of Each Receipt this Period  250.00
Name of Employer ONS  Receipt For:  Primary General Other (specify) ▼	Occupation M.D.  Aggregate Year-to-Date   250.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. JOSEPH W. CLARK, M.D. Mailing Address 5710 MACON DR. SE	<u> </u>	Date of Receipt  0 5 1 3 2 0 1 1
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2060
HUNTSVILLE	AL 35802-1861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer THE ORTHOPAEDIC CENTER	Occupation PHYSICIAN	OOMITIBOTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. KEVIN COATES, M.D.		Date of Receipt
Mailing Address 8318 MIDDLE RUDD	INGS DR.	05 25 2011
City	State Zip Code	Transaction ID: SA11.2150
LORTON  FEC ID number of contributing federal political committee.	VA 22079-2781	Amount of Each Receipt this Period  300.00
Name of Employer U.S. ARMY	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 168 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any personal ename and address of any political committee to the solution of the solutio	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. KEVIN COATES, M.D.  Mailing Address 8318 MIDDLE RUDD	NGS DR.	Date of Receipt  0 5 25 2011
City	State Zip Code	Transaction ID: SA11.2151
LORTON  FEC ID number of contributing federal political committee.	VA 22079-2781	Amount of Each Receipt this Period  200.00
Name of Employer U.S. ARMY  Receipt For:  Primary General  Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. SHELDON COHN, M.D. Mailing Address 650 SOUTH ATLANT	IC AVE.	Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11.2189
VIRGINIA BEACH	VA 23451-3616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer AOS	Occupation M.D.	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. R. JEFFREY COLE		Date of Receipt
Mailing Address 386 MENDENHALL F	D.	05 25 2011
City	State Zip Code	Transaction ID: SA11.2188
MEMPHIS	TN 38117-4226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer ORTHOMEMPHIS	Occupation ORTHROPAEDIC HAND SURGEON	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	•	1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 34 / 168   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee	g a a	and the second s	
Full Name (Last, First, Middle Initial) MARK R. COLVILLE			Date of Receipt
Mailing Address 2375 NW OVERTO	ON ST.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PORTLAND	State OR	Zip Code 97210-2928	Transaction ID: SA11.1887  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37210 2020	250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORM.	ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. GEORGE R. COMPANIONI, M.D.	L		Date of Receipt
Mailing Address 13701 BRUCE B. I	DOWNS BLVD.	STE. 11	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TAMPA	State FL	Zip Code 33613-4647	Transaction ID: SA11.2061  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer TAMPA ORTHOPAEDIC CLINIC	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. MARK CONKLIN, M.D.	I		Date of Receipt
Mailing Address 660 GOLDEN RID	GE RD. STE. 25	60	05 13 2011
City GOLDEN	State CO	Zip Code 80401-9541	Transaction ID: SA11.2062  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00+01 00+1	218.00
Name of Employer PANORAMA ORTHOPEDICS & SP- INE	Occupation PHYSICI	AN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 218.00	
SUBTOTAL of Receipts This Page (options			718.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 168 (check only one)    X
Any information copied from such Report or for commercial purposes, other than u	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. MICHAEL CONNAIR		Date of Receipt
Mailing Address 24 OLD HARTF	FORD TURNPIKE	0 5 2 5 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2201
HAMDEN	CT 06517-3522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SELF-EMPLOYED	Occupation ORTHOPEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) DR. FRANK A. CORDASCO, M.D.		Date of Receipt
Mailing Address 40 W. 77TH ST	Г. АРТ. 5В	05 13 7 9 9 1
City	State Zip Code	Transaction ID: SA11.2063
NEW YORK	NY 10024-5128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer HOSPITAL FOR SPECIAL SURG- ERY	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER COX		Date of Receipt
Mailing Address 2205 WINDSO	R RD.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.1740
ALEXANDRIA	VA 22307-1019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00	
CURTOTAL of December This Dage (or	otional)	8300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. IAN CRABB Mailing Address 2725 S. 144TH ST.  City OMAHA  FEC ID number of contributing federal political committee.  Name of Employer ORTHOWEST  Receipt For: Primary General Other (specify)	State Zip Code NE 68144-5243  C  Occupation ORTHOPEDIC SURGEON Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 5 25 2011  Transaction ID: SA11.2187  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. CHARLES CRAIG, M.D.  Mailing Address 3 HAWTHORNE CT.  City NEWTON  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ORTHOPAEDICS  Receipt For: Primary General Other (specify)	State Zip Code KS 67114-6305  C  Occupation PHYSICIAN  Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y Y  Transaction ID: SA11.2146  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. JOHN M. CRATES, M.D. Mailing Address 5220 RUNNIN RIVER  City PLANO  FEC ID number of contributing federal political committee.  Name of Employer PLANO ORTHOPEDIC & SPORTS MED. CTR. Receipt For:  Primary General Other (specify)	State Zip Code TX 75093-7557  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 168 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR. MIKE C. CREWS  Mailing Address 218 LANSBROOKE [		Date of Receipt  0 6 2 3 2 0 1 1
CHESTERSIELD	State Zip Code MO 63005-1612	Transaction ID: SA11.2944
CHESTERFIELD  FEC ID number of contributing federal political committee.	MO 63005-1612	Amount of Each Receipt this Period 2500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation EVP & CFO  Aggregate Year-to-Date ▼  2500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) BARRY L. CROMER Mailing Address 1700 MURCHISON S	TE. C	Date of Receipt  0 5 1 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11.1889
EL PASO	TX 79902-2931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) DR. THOMAS W. CURREY, M.D.		Date of Receipt
Mailing Address 3707 KINGS RD.		05 13 2011
CHATTANICOCA	State Zip Code	Transaction ID: SA11.2065
CHATTANOOGA  FEC ID number of contributing federal political committee.	TN 37416-2014	Amount of Each Receipt this Period  500.00
Name of Employer UNIV. OF TN COLLEGE	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		3500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 168 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JOSEPH CURTIS, M.D.  Mailing Address 6120 TIFFANY LANE  City MONTGOMERY  FEC ID number of contributing federal political committee.  Name of Employer SOUTHERN ORTHOPEDIC SURGEONS Receipt For: Primary General Other (specify)	State Zip Code AL 36117-4302  C  Occupation ORTHOPEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 5
Full Name (Last, First, Middle Initial) DR. JAMIE A. DALE, M.D. Mailing Address 509 S. ATLANTIC AVE  City VIRGINIA BEACH  FEC ID number of contributing federal political committee.  Name of Employer ATLANTIC ORTHOPAEDIC SPEC-IALISTS Receipt For: Primary General Other (specify)	State Zip Code VA 23451-3614  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y 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
Full Name (Last, First, Middle Initial) DR. JOSEPH N. DANIEL, M.D.  Mailing Address 204 LIPPNCOTT AVE.  City RIVERTON  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	State Zip Code NJ 08077-1220  C Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D D 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

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. CHARLES M. DAVIS, III, M.D.  Mailing Address 216 N. HOERNERSTO  City HUMMELSTOWN FEC ID number of contributing	State Zip Code PA 17036-9503	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  300.00	CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. CLINTON DAVIS, M.D.  Mailing Address 4600 4TH ST. N.  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ST. PETERSBURG  FEC ID number of contributing federal political committee.	FL 33703-3802	Amount of Each Receipt this Period  250.00  CONTRIBUTION
Name of Employer ALL FLA ORTHOPEDICS  Receipt For:  Primary  General  Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) DR. CARL A. DEIRMENGIAN, M.D. Mailing Address 26 SPRINGTON POIN	NTE DR.	Date of Receipt  0 5 1 3 2 0 1 1
City NEWTOWN SQUARE	State         Zip Code           PA         19073-3930	Transaction ID: SA11.2068  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number		

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee  Full Name (Last, First, Middle Initial) MR. NICHOLAS J. DEIULIIS Mailing Address 761 LINDSAY RD.	tatements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
MR. NICHOLAS J. DEIULIIS		
City	State Zip Code	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CARNEGIE  FEC ID number of contributing federal political committee.	PA 15106-3819	Amount of Each Receipt this Period  1000.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PE Aggregate Year-to-Date  1000.00	CONTRIBUTION R BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. RONALD E. DELANOIS, M.D. Mailing Address 6 BROOKFIELD GART		Date of Receipt  0 5 1 3 2 0 1 1
City LUTHERVILLE	State Zip Code MD 21093-4700	Transaction ID: SA11.2069
FEC ID number of contributing federal political committee.	C 21093-4700	Amount of Each Receipt this Period  500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) MR. JAMES M. DELAPLANE		Date of Receipt
Mailing Address 4421 45TH ST. NW.		0 6 1 3 Y Y Y Y Y Y
City WASHINGTON	State         Zip Code           DC         20016-2007	Transaction ID: SA11.2699  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer DAVIS & HARMAN LLP	Occupation PARTNER	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. PREMJIT DEOL, M.D.  Mailing Address 650 GOLDEN RD. STE  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SP-INE Receipt For: Primary General Other (specify)	State Zip Code CO 80401  C  Occupation PHYSICIAN  Aggregate Year-to-Date  217.00	Date of Receipt    M   M   D   D   Q   Q   Q   Q   Q
Full Name (Last, First, Middle Initial) DR. JEFFREY A. DEREN, M.D.  Mailing Address 1285 ORANGE AVE.  City WINTER PARK  FEC ID number of contributing federal political committee.  Name of Employer JEWETT ORTHOPAEDIC CLINIC  Receipt For: Primary General Other (specify)	State Zip Code FL 32789-4984  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  300.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) DR. BHARAT M. DESAI, M.D.  Mailing Address 660 GOLDEN RIDGE F  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SP-INE Receipt For: Primary General Other (specify)	State Zip Code CO 80401-9541  C  Occupation PHYSICIAN Aggregate Year-to-Date  218.00	Date of Receipt    M   M   D   D   D   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		735.00

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)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL L. DI DONNA Mailing Address 750 VIA MIRADA LN.  City EL PASO FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER	State Zip Code TX 79922-2152  C Occupation	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BEST EFFORTS Receipt For: Primary General Other (specify)	INFORMATION REQUESTED PER E Aggregate Year-to-Date ▼ 250.00	BEST EFFORTS
Full Name (Last, First, Middle Initial) JOHN M. DICKASON  Mailing Address 1700 MURCHISON S	TE. C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.1891
EL PASO	TX 79902-2931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. CLARK C. DUCHENE, M.D.	•	Date of Receipt
Mailing Address 5685 MAGIC CANYO	N RD.	05 13 2011
City	State Zip Code SD 57702-4721	Transaction ID: SA11.2074
RAPID CITY  FEC ID number of contributing federal political committee.	SD 57702-4721	Amount of Each Receipt this Period  500.00
Name of Employer BLACK HILLS ORTHOPEDIC & SPINE CTR. Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	CONTRIBUTION
		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43/168   (check only one)     X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee			
Full Name (Last, First, Middle Initial) DR. MICHAEL J. DURAC			Date of Receipt
Mailing Address 1448 S. COLLEGE	RD.		05 25 2011
City LAFAYETTE	State LA	Zip Code 70503-2920	Transaction ID: SA11.2205  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000 2020	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. STEVEN E. EAGER, M.D.			Date of Receipt
Mailing Address 4494 WINDING RIV	ER CIR.		0 5 1 1 1 2 0 1 1
City STOCKTON	State CA	Zip Code	Transaction ID: SA11.1895
FEC ID number of contributing federal political committee.	C	95219-8258	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	n ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	<del>-   '</del>	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. JOHN S. EARLY, M.D.			Date of Receipt
Mailing Address 3921 MARQUETTE	ST.		05 13 2011
City	State	Zip Code	Transaction ID: SA11.2077
DALLAS FEC ID number of contributing federal political committee.	C	75225-5432	Amount of Each Receipt this Period  500.00
Name of Employer TEXAS ORTHOPAEDIC ASSOC. LLP.	Occupation ORTHOR	AEDIC SURGEON	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
	l		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 168 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. STEPHEN G. ECKRICH, M.D. Mailing Address 5511 SHOOTING ST  City	AR TRL. State Zip Code	Date of Receipt    M   M   D   D   D   Y   Y   Y   Y   Y   Y   Y
RAPID CITY	SD 57702-8867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BLACK HILLS ORTHOPEDIC & SPINE CTR. Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. STEPHEN ESSES, M.D. Mailing Address 8834 STABLE CRES	Γ BLVD.	Date of Receipt  0 5 2 5 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2166
HOUSTON	TX 77024-7034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. MARK E. FAHEY, M.D.		Date of Receipt
Mailing Address 3334 CAPITAL MEDI		0 5 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.1897
TALLAHASSEE	FL 32308-8405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
L	Full Name (Last, First, Middle Initial) MICHAEL A. FALLON Mailing Address 1700 MURCHISON S  City EL PASO FEC ID number of contributing federal political committee.	State TX	Zip Code 79902-2931	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 1 1 1 2 0 1 1  Transaction ID: SA11.1898  Amount of Each Receipt this Period  500.00  CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	+	n IATION REQUESTED PER E e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) CLYDE A. FARRIS Mailing Address 444 MARYLHURST D	R.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.1899
	WEST LINN	OR	97068-1849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00 CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	, ·	IATION REQUESTED PER E	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) DR. J. RANDALL FEIKES, M.D. Mailing Address 9312 CANYON CLASS	SIC		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.2154
	LAS VEGAS	NV	89144-0917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CARDIOVASCULAR SURGERY AS- SOC.	Occupatio PHYSICI	IAN	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
	UBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JOHN M. FENLIN, M.D.  Mailing Address 945 LAFAYETTE RD.  City BRYN MAWR  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	State Zip Code PA 19010-1915  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: SA11.1762  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) SHAWN M. FIGARI Mailing Address 3650 LAUREL ST.  City BEAUMONT  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	State Zip Code TX 77707-2216  C  Occupation INFORMATION REQUESTED PER BI Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   2 0 1 1
Full Name (Last, First, Middle Initial) MR. JAMES C. FORREST, III Mailing Address 3 COLBERT LN.  City PITTSBURGH  FEC ID number of contributing federal political committee.  Name of Employer ROSEBUD MINING COMPANY  Receipt For: Primary General Other (specify)	State Zip Code PA 15215-1509  C  Occupation OWNER  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M D D D 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

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)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MRS. TRACY L. FORREST  Mailing Address 3 COLBERT LN.  City PITTSBURGH  FEC ID number of contributing federal political committee.	State Zip Code PA 15215-1509  C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER B Aggregate Year-to-Date  2500.00	CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. W. STANLEY FOSTER, M.D.  Mailing Address 108 VALERIE DR.		Date of Receipt  0 5 2 5 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2167
LAYFAYETTE  FEC ID number of contributing federal political committee.	LA 70508-6008	Amount of Each Receipt this Period  500.00  CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation ORTHOPAEDIC SURGEON	CONTRIBOTION
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. DOUGLAS FOULK, M.D.  Mailing Address 660 GOLDEN RIDGE	RD STE 250	Date of Receipt
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2079
GOLDEN	CO 80401-9541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	217.00
Name of Employer PANORAMA ORTHOPEDICS & SP- INE	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 217.00	
SUBTOTAL of Receipts This Page (optional)		3217.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 168 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
TFP-FOJB Committee  Full Name (Last, First, Middle Initial)			
DR. MARK A. FRANKLE, M.D.			Date of Receipt
Mailing Address 13020 TELECOM PKV	WY. N.		05 13 2011
City TAMPA	State FL	Zip Code 33637-0925	Transaction ID: SA11.2080
FEC ID number of contributing federal political committee.	C	33037-0923	Amount of Each Receipt this Period 500.00
Name of Employer FLORIDA ORTHOPAEDIC INSTI-	Occupation	PAEDIC SURGEON	CONTRIBUTION
TUTE Receipt For:  Primary General  Other (specify) ▼	+ +	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CLAY E. FREDERICK			Date of Receipt
Mailing Address 803 PIONEER DR.			05 11 2011
City	State	Zip Code	Transaction ID: SA11.1901
SILVERTON  FEC ID number of contributing federal political committee.	OR	97381-8725	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORM.	1 ATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. ROBERT W. FREDERICK, M.D.			Date of Receipt
Mailing Address 435 SPRING MILL RD	).		04 25 2011
City VILLANOVA	State PA	Zip Code 19085-1925	Transaction ID: SA11.1765  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13003-1323	1000.00
Name of Employer ROTHMAN INSTITUTE	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	1		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. MITCHELL FREEDMAN, M.D. Mailing Address 1109 MELROSE AVE.  City MELROSE PARK  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code PA 19027-3017  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. BARBARA G. FRIEMAN, M.D.  Mailing Address 1518 YOUNGSFORD I  City GLADWYNE  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	State Zip Code PA 19035-1234  C  Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  500.00	Date of Receipt    M   M   D   D   2 0 1 1     Transaction ID: SA11.1903   Amount of Each Receipt this Period     CONTRIBUTION     SEST EFFORTS
Full Name (Last, First, Middle Initial) DR. THOMAS FRIERMOOD, M.D.  Mailing Address 660 GOLDEN RIDGE I  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SP-INE Receipt For: Primary General Other (specify)	RD. STE. 250  State Zip Code CO 80401-9541  C  Occupation PHYSICIAN Aggregate Year-to-Date  218.00	Date of Receipt  M M J D D J Z D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1218.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any paname and address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. ANTHONY D. FROGAMENI, M.D. Mailing Address 7887 OLD SYCAMORI	- I NI	Date of Receipt
		05 13 2011
City SYLVANIA	State Zip Code OH 43560-4434	Transaction ID: SA11.2083  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 43300*4454	250.00
Name of Employer TOLEDO ORTHOPAEDIC SURGEO- NS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. STUART E. FROMM, M.D. Mailing Address 3224 TAHOE PEAK PI		Date of Receipt
Mailing Address 3224 TAROE PEAR PI	<del>.</del>	05 13 2011
City	State Zip Code	Transaction ID: SA11.2084
RAPID CITY  FEC ID number of contributing federal political committee.	SD 57702-5229	Amount of Each Receipt this Period 500.00
Name of Employer BLACK HILLS ORTHOPEDIC & SPINE CTR.	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. KIM FURRY, M.D.		Date of Receipt
Mailing Address 41 RIO VISTA CIR.		05 11 2011
City	State Zip Code	Transaction ID: SA11.1905
<u>DURANGO</u>	CO 81301-4343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 51 / 168   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
TFP-FOJB Committee  Full Name (Last, First, Middle Initial)			
MR. JOHN P. GARCIA Mailing Address 1504 FITZGERALD	CT.		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City GREENSBURG	State PA	Zip Code 15601-9074	Transaction ID: SA11.2705  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13001 3074	2500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) DR. GRANT GARLICK, M.D. Mailing Address 13020 N. TELECOM	PKWY.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TAMPA	State FL	Zip Code 33637-0925	Transaction ID: SA11.2086  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer FLORIDA ORTHOPAEDIC INSTI- TUTE	Occupation ORTHOR	n PAEDIC SURGEON	— CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) DR. CHARLES L. GETZ, M.D.			Date of Receipt
Mailing Address 810 ELLIS AVE.			04 25 YYYY 2011
City NEWTOWN SQUARE	State PA	Zip Code	Transaction ID: SA11.1761
FEC ID number of contributing federal political committee.	C	19073-3906	Amount of Each Receipt this Period
Name of Employer ROTHMAN INSTITUTE	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			4000.00

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TONY GHISELLI Mailing Address 227 MONTEGO BAY I		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.1908
EL PASO	TX 79912-4411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER	Occupation	
BEST EFFORTS  Receipt For:  Primary General	INFORMATION REQUESTED PER E Aggregate Year-to-Date ▼	BEST EFFORTS
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) DR. WILFORD K. GIBSON, M.D.		Date of Receipt
Mailing Address 4003 ARROWHEAD F	OINT CT.	05 25 7 2011
City	State Zip Code	Transaction ID: SA11.2185
VIRGINIA BEACH	VA 23455-4452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer ATLANTIC ORTHOPAEDIC SPEC- IALISTS	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. WAYNE M. GOLDSTEIN		Date of Receipt
Mailing Address 2887 LEXINGTON LN		0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HIGHLAND PARK	State Zip Code IL 60035-1025	Transaction ID: SA11.2681  Amount of Each Receipt this Period
FEC ID number of contributing	C 60033-1023	Amount of Each Receipt this Period
federal political committee.		
Name of Employer IBJI	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	·	

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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JULIO GONZALEZ, M.D.  Mailing Address 217 BAYSIDE DR.  City VENICE  FEC ID number of contributing federal political committee.  Name of Employer ORTHOPAEDIC CENTER OF VENICE, P.L. Receipt For: Primary General Other (specify)	State Zip Code FL 34285-1414  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / 26 2011  Transaction ID: SA11.1748  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. CHARLES GOTTLOB, M.D.  Mailing Address 660 GOLDEN RIDGE  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SPINE Receipt For: Primary General Other (specify)	RD. STE. 250  State Zip Code CO 80401-9541  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  217.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) MR. FREDERICK H. GRAEFE  Mailing Address 319 CONSTITUTION A  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:  Primary General Other (specify) ▼	State Zip Code DC 20002-5913  C  Occupation ATTORNEY  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 26 2011  Transaction ID: SA11.1738  Amount of Each Receipt this Period  2000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		3217.00

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)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. E. JAMES GREENWALD, M.D. Mailing Address 10000 DRYDEN DR.  City RENO FEC ID number of contributing federal political committee.  Name of Employer SPECIALTY HEALTH  Receipt For: Primary General Other (specify)	+ +	Zip Code 89511-9521  PAEDIC SURGEON Year-to-Date   500.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) DR. JAMES GRIFFIN, M.D.  Mailing Address 4802 S. 109TH E AVE  City TULSA  FEC ID number of contributing federal political committee.  Name of Employer TULSA BONE & JOINT  Receipt For:  Primary General Other (specify) ▼	State OK  C  Occupation PHYSICI		Date of Receipt    M
Full Name (Last, First, Middle Initial) DR. ANUJ GUPTA, M.D. Mailing Address 4615 E. CONWAY DF  City ATLANTA  FEC ID number of contributing federal political committee.  Name of Employer PEACHTREE ORTHOPAEDIC CLINIC Receipt For: Primary General Other (specify)	State GA C Occupation PHYSICI		Date of Receipt  M M M / D D / Y Y Y Y Y  O 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

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)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee			
Full Name (Last, First, Middle Initial) DR. KENNETH A. GUSTKE, M.D.			Date of Receipt
Mailing Address 13020 TELECOM F	KWY. N.		05 13 2011
City <u>TAMPA</u>	State FL	Zip Code 33637-0925	Transaction ID: SA11.2091  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer FLORIDA ORTHOPAEDIC INSTI- TUTE	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. DANIEL K. GUY, M.D.			Date of Receipt
Mailing Address 630 COUNTRY CLU	JB RD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAGRANGE	State GA	Zip Code 30240-1007	Transaction ID: SA11.2092  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00240 1007	500.00
Name of Employer SOUTHERN ORTHOPAEDICS	Occupation PHYSICI		CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. AARON GUYER, M.D.			Date of Receipt
Mailing Address 3334 CAPITAL MEI	DICAL BLVD. S	STE. 40	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TALLAHASSEE	State FL	Zip Code 32308-8405	Transaction ID: SA11.1909  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3233 5.35	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	)	_	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 168 (check only one)    X
or f	v information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	tatements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
١	Full Name (Last, First, Middle Initial) DR. CAMILO GUZMAN, M.D. Mailing Address 1221 VISTA HILLS DR			Date of Receipt
	City  LAKELAND  FEC ID number of contributing	State FL	Zip Code 33813-5642	Transaction ID: SA11.2093  Amount of Each Receipt this Period  500.00
i	rederal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼		n PAEDIC SURGEON e Year-to-Date ▼	CONTRIBUTION
3.	Full Name (Last, First, Middle Initial) DR. ROBERT J. HAGAN, M.D. Mailing Address 2105 SUMMERTIME T	RAIL		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City LAFAYETTE	State IN	Zip Code 47909-3790	Transaction ID: SA11.2094  Amount of Each Receipt this Period
1	FEC ID number of contributing federal political committee.  Name of Employer LAFAYETTE ORTHOPAEDIC CLI-	Occupation		500.00  CONTRIBUTION
	NIC Receipt For: Primary General Other (specify) ♥		PAEDIC SURGEON  Page Year-to-Date ▼  500.00	
<b>).</b>	Full Name (Last, First, Middle Initial) DR. LAWRENCE S. HALPERIN, M.D.	=		Date of Receipt
-	Mailing Address 408 SPRING VALLEY	LANE		05 25 2011
	City ALTAMONTE SPRINGS	State FL	Zip Code 32714-5828	Transaction ID: SA11.2183  Amount of Each Receipt this Period
Ī	FEC ID number of contributing federal political committee.	C	02/14 0020	500.00
	Name of Employer ORLANDO ORTHOPEDIC CENTER Receipt For:	Occupation SURGEO	ON	CONTRIBUTION
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date  500.00	
SU	JBTOTAL of Receipts This Page (optional)		·····	1500.00
тс	OTAL This Period (last page this line number of	only)	<b>&gt;</b>	

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)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. PATRICK J. HALPIN, M.D.		Date of Receipt
Mailing Address P.O. BOX 368  City	State Zip Code	0 4 2 6 2 0 1 1 Transaction ID: SA11.1747
OLYMPIA  FEC ID number of contributing federal political committee.	WA 98507-0368	Amount of Each Receipt this Period  1000.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General	Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date ▼	CONTRIBUTION BEST EFFORTS
Other (specify)  Full Name (Last, First, Middle Initial) DR. THOMAS L. HALTOM, M.D.	1000.00	Date of Receipt
Mailing Address 2926 ASHEBROOK	E DR. NE.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MARIETTA	State Zip Code GA 30068-2303	Transaction ID: SA11.2095  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00  CONTRIBUTION
Name of Employer RESURGENS ORTHOPAEDICS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAMES W. HARKESS  Mailing Address 9566 FOX HILL CIF	R. S.	Date of Receipt  Date of Receipt  1 1 2 0 1 1
City GERMANTOWN	State Zip Code TN 38139-6829	Transaction ID: SA11.1912
FEC ID number of contributing federal political committee.	TN 38139-6829	Amount of Each Receipt this Period  250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date ▼	BEST EFFORTS
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 168 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR. WESLEY HARRIS Mailing Address 4286 OLD NEW ENC	GLAND RD.	Date of Receipt  0 6 1 3 2 0 1 1
City ALLISON PARK	State Zip Code PA 15101-1534	Transaction ID: SA11.2706  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER B Aggregate Year-to-Date 2500.00	
Full Name (Last, First, Middle Initial) DR. BRYAN D. HARTOG, M.D. Mailing Address 7745 CINNAMON RI	DGE DR.	Date of Receipt  0 5 1 3 2 0 1 1
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2096
RAPID CITY  FEC ID number of contributing federal political committee.	SD 57702-4778	Amount of Each Receipt this Period 500.00
Name of Employer BLACK HILLS ORTHOPEDIC & SPINE CTR. Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) MR. J. BRTT HARVEY Mailing Address 34 VIRGINIA LN.		Date of Receipt
	Olate 7's Oads	06 23 2011
City CANONSBURG	State Zip Code PA 15317-5802	Transaction ID: SA11.2947  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
	•	

ITEMIZED RECEIPTS  Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 59 / 168 (check only one)    X   11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. ROBERT K. HECK, JR., M.D.  Mailing Address 4938 BARFIELD RD.  City MEMPHIS  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General	State Zip Code TN 38117-2704  C  Occupation INFORMATION REQUESTED PER B Aggregate Year-to-Date ▼	Date of Receipt    M M
Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. KEITH A. HEIRER, M.D.	250.00	Date of Receipt
Mailing Address 6408 RIVERHILL DR	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PLANO	TX 75024-6080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer METROCREST ORTHOPEDICS	Occupation	500.00 CONTRIBUTION
Receipt For: Primary General Other (specify)	ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) DR. JOHN G. HELLER, M.D. Mailing Address 1818 CEDAR CANYO	DN DR. NE.	Date of Receipt
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2099
ATLANTA	GA 30345-4024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer EMORY UNIV. DEPT. ORTHOPA- EDIC SURGERY Beggint For:	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (optional)	·	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any e name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LAURA F. HELLER  Mailing Address 1818 CEDAR CANYC  City ATLANTA  FEC ID number of contributing federal political committee.  Name of Employer ARTS & TECHNOLOGY ACADEMY  Receipt For: Primary General Other (specify)	N DR. NE.  State Zip Code GA 30345-4024  C  Occupation TEACHER  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y  0 5 13 2011  Transaction ID: SA11.2098  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. ALAN S. HILIBRAND, M.D.  Mailing Address 225 NORTH LATCHE  City MERION STATION  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	S LN.  State Zip Code PA 19066-1726  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  2000.00	Date of Receipt  M M M / 25 / 2011  Transaction ID: SA11.1768  Amount of Each Receipt this Period  2000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. KEITH HILL, M.D.  Mailing Address 90 AVE. OF THE OAK  City BEAUMONT  FEC ID number of contributing federal political committee.  Name of Employer BEAUMONT BONE & JOINT  Receipt For: Primary General Other (specify)	State Zip Code TX 77707-1888  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional) .		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 168 (check only one)    X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. RONALD W. HILLOCK, M.D.  Mailing Address 4755 SAND HAWK CT  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer DESERT ORTHOPEDIC CLINIC  Receipt For: Primary General Other (specify)	State Zip Code NV 89129-5350  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y 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
Full Name (Last, First, Middle Initial) DR. EDWARD S. HOMAN, M.D.  Mailing Address 329 ST. AUGUSTINE /  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer USF MEDICAL SCHOOL  Receipt For: Primary General Other (specify)	State Zip Code FL 33617-7229  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y 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
Full Name (Last, First, Middle Initial) DR. D. HOPES, M.D.  Mailing Address 8 BENT TREE  City SAVANNAH  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	State Zip Code GA 31411-3019  C  Occupation PHYSICIAN Aggregate Year-to-Date  300.00	Date of Receipt  M M M D D D 2 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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. WILLIAM J. HOZACK, M.D.  Mailing Address 2100 CYPRESS ST.  City PHILADELPHIA  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	State Zip Code PA 19103-6508  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  1000.00	Date of Receipt  M M Z D Z D Z D Z D Z D Z D Z D Z D Z D
Full Name (Last, First, Middle Initial) MARK C. HUBBARD  Mailing Address 6 CHERISH DR.  City CAMP HILL  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼	State Zip Code PA 17011-1024  C  Occupation INFORMATION REQUESTED PER I Aggregate Year-to-Date  500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) DR. SHEPARD R. HURWITZ, M.D.  Mailing Address 203 MONTCLAIR WA  City CHAPEL HILL  FEC ID number of contributing federal political committee.  Name of Employer AMERICAN BEACO ORTHOPAEDIC SURGERY Receipt For: Primary General Other (specify)	State Zip Code NC 27516-7005  C  Occupation CEO  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   Z   D   Z   D   D
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 168 (check only one)    X   11a
Any information copied from or for commercial purposes  NAME OF COMMITTE  TFP-FOJB Commit	s, other than using the name and a E (In Full)	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, IDR. HANK HUTCHINSO) Mailing Address 333		STE. 40	Date of Receipt
City TALLAHASSEE FEC ID number of cont	State FL	Zip Code 32308-8405	Transaction ID: SA11.1917  Amount of Each Receipt this Period
federal political committ  Name of Employer INFORMATION REQU BEST EFFORTS	DESTED PER Occupat	MATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 250.00	
	,		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ORANGE PARK	State FL	Zip Code 32073-5406	Transaction ID: SA11.1918
FEC ID number of cont federal political committ	ributing	32073-3400	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQU BEST EFFORTS	I INI On	MATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For: Primary Other (specify)	General	tte Year-to-Date ▼ 500.00	
Full Name (Last, First, IDR. OMER A. ILAHI, M.D. Mailing Address 367	<u>.</u>		Date of Receipt
- Walling Address 367	I DEL MONTE		04 26 2011
City <u>HOUSTON</u>	State TX	Zip Code 77019-3015	Transaction ID: SA11.1750  Amount of Each Receipt this Period
FEC ID number of cont federal political committ	ributing	77019-3013	1000.00
Name of Employer SELF EMPLOYED	Occupat PHYSI	CIAN	CONTRIBUTION
Receipt For: Primary Other (specify)	General	tte Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts	This Page (optional)		1750.00
TOTAL This Period (last	page this line number only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any pers- name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. ROBERT Q. INGRAHAM, JR., M.D.  Mailing Address 6808 PRESTWICK RD  City RAPID CITY  FEC ID number of contributing federal political committee.  Name of Employer BLACK HILLS NEUROSURGERY & SPINE Receipt For: Primary General Other (specify)	State Zip Code SD 57702-9562  C  Occupation NEUROSURGEON  Aggregate Year-to-Date   500.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) DR. GENE ISABELL, JR., M.D.  Mailing Address 4365 BROWNSTONE  City BEAUMONT  FEC ID number of contributing federal political committee.  Name of Employer BEAUMONT BONE & JOINT  Receipt For:  Primary General Other (specify)	DR.  State Zip Code TX 77706-7468  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) MR. MARK ISAKOWITZ  Mailing Address 3198 POND MIST WA  City OAK HILL  FEC ID number of contributing federal political committee.  Name of Employer FIERCE, ISAKOWITZ & BLALO-CK Receipt For:  Primary General Other (specify)	Y  State Zip Code VA 20171-1905  C  Occupation PRESIDENT  Aggregate Year-to-Date ▼  7500.00	Date of Receipt  M M M 26 2011  Transaction ID: SA11.1737  Amount of Each Receipt this Period  7500.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		8500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 65 / 168 (check only one)    X
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be so e name and address of a	old or used by any persony political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) TFP-FOJB Committee		,,,,	
_	Full Name (Last, First, Middle Initial) DR. JUHA I. JAAKKOLA, M.D.			Date of Receipt
	Mailing Address 67 W. BLUFF DR.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	•	Code	Transaction ID: SA11.2106
	SAVANNAH	GA 314	06-7547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation PHYSICIAN		CONTRIBUTION
	Receipt For: Primary General	Aggregate Year-to-I	Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) DR. MICHAEL V. JABLONSKI, M.D.	1		Date of Receipt
	Mailing Address 1285 ORANGE AVE.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip (	Code	Transaction ID: SA11.2108
	WINTER PARK	FL 327	89-4984	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer JEWETT ORTHOPAEDIC CLINIC	Occupation ORTHOPAEDIC	SURGEON	- CONTRIBUTION
	Receipt For:	Aggregate Year-to-I	Date ▼	
	Primary General Other (specify) ▼		400.00	
	Full Name (Last, First, Middle Initial) DR. EDWARD JACKSON, III, M.D.			Date of Receipt
	Mailing Address 3334 CAPITAL MEDI	CAL BLVD. STE. 40		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip (	Code	Transaction ID: SA11.1921
	TALLAHASSEE	FL 323	08-8405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION I	REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
	Receipt For:	Aggregate Year-to-I	Date ▼	
	Primary General Other (specify) ▼	0 0 0	250.00	
				900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements mand and and and and and and and and and	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	TFP-FOJB Committee			1
	Full Name (Last, First, Middle Initial) JOHN S. JACKSON Mailing Address 4700 MURQUINGON OT			Date of Receipt
	Mailing Address 1700 MURCHISON ST			05 11 2011
	City EL PASO	State TX	Zip Code 79902-2931	Transaction ID: SA11.1922  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupatio	n IATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) DR. JOSHUA J. JACOBS, M.D.			Date of Receipt
	Mailing Address 2407 POMONA LN.			04 26 YYYY 2011
	City	State	Zip Code	Transaction ID: SA11.1752
	WILMETTE  FEC ID number of contributing federal political committee.	C	60091-2277	Amount of Each Receipt this Period 1500.00
	Name of Employer MIDWEST ORTHOPAEDICS AT RUSH	Occupatio ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		1500.00	
	Full Name (Last, First, Middle Initial) DR. FLOYD R. JAGGEARS, M.D.			Date of Receipt
	Mailing Address 3334 CAPITAL MEDIC	AL BLVD. S	STE. 40	M M / D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y
	City TALLAHASSEE	State FL	Zip Code	Transaction ID: SA11.1923
	FEC ID number of contributing federal political committee.	C	32308-8405	Amount of Each Receipt this Period 250.00
	Name of Employer INFORMATION REQUESTED PER	Occupatio		CONTRIBUTION
	BEST EFFORTS Receipt For: Primary General		IATION REQUESTED PER E e Year-to-Date ▼	1
	Other (specify) ▼		250.00	
_		•		2250.00

	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. RAEBURN JENKINS, M.D.  Mailing Address 660 GOLDEN RIDGE  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SPINE Receipt For: Primary General Other (specify)	RD.  State Zip Code CO 80401-9541  C  Occupation PHYSICIAN  Aggregate Year-to-Date  217.00	Date of Receipt  M M M / D D / Y 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
Full Name (Last, First, Middle Initial) DR. KYLE J. JERAY, M.D.  Mailing Address 100 WEST EARLE ST  City GREENVILLE  FEC ID number of contributing federal political committee.  Name of Employer GREENVILLE HOSPITAL SYSTEM  Receipt For: Primary General Other (specify)	State Zip Code SC 29609-5512  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Date of Receipt    M M M   D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. MATTHEW L. JIMENEZ, M.D.  Mailing Address 104 LONGMEADOW F  City WINNETKA  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-T. Receipt For:  Primary General Other (specify) ▼	State Zip Code IL 60093-3500  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M 25 25 2011  Transaction ID: SA11.1769  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		1717.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JAMES T. JOHNSON, M.D.  Mailing Address 660 GOLDEN RIDGE  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SP-INE Receipt For: Primary General Other (specify)	RD.  State Zip Code CO 80401-9541  C  Occupation PHYSICIAN  Aggregate Year-to-Date  217.00	Date of Receipt  M M M / D D / Y 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
Full Name (Last, First, Middle Initial) DR. WAYNE A. JOHNSON, M.D.  Mailing Address 8212 STONEBRIDGE  City LAWTON  FEC ID number of contributing federal political committee.  Name of Employer PREMIUM ORTHOPAEDICS  Receipt For: Primary General Other (specify)	CIR.  State Zip Code OK 73505-4136  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y 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
Full Name (Last, First, Middle Initial) DR. ENNIS B. JORDAN, M.D.  Mailing Address 2941 AUGUSTA DR.  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer RETIRED  Receipt For: Primary General Other (specify)	State Zip Code NV 89109-1547  C  Occupation RETIRED  Aggregate Year-to-Date  500.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		967.00

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)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. FRANK R. JOSEPH, M.D.  Mailing Address 1605 BRANDON HALL	DR.	Date of Receipt  0 5 1 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2113
ATLANTA  FEC ID number of contributing federal political committee.	GA 30350-3704	Amount of Each Receipt this Period  250.00
Name of Employer RESURGENS ORTHOPAEDICS  Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  250.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. PAUL J. JULIANO, M.D.  Mailing Address 1611 BROOKLINE DR		Date of Receipt  0 5 1 1 2 2 0 1 1
City	State Zip Code	Transaction ID: SA11.1927
HUMMELSTOWN	PA 17036-8991	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date  300.00	
Full Name (Last, First, Middle Initial) DR. MICHAEL W. KADRMAS, M.D.		Date of Receipt
Mailing Address 14129 HACKER LOOF		05 13 2011
City	State Zip Code	Transaction ID: SA11.2114
RAPID CITY  FEC ID number of contributing federal political committee.	SD 57702-7303	Amount of Each Receipt this Period 500.00
Name of Employer BLACK HILLS ORTHOPEDIC & SPINE CTR. Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date ▼ 500.00	CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. KIRK A. KAISER, M.D.  Mailing Address 555 N. ARLINGTON A	AVE.	Date of Receipt  0 5 2 5 2 0 1 1
City RENO	State Zip Code NV 89503-4723	Transaction ID: SA11.2155  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer RENO ORTHOPAEDIC CLINIC  Receipt For:  Primary General  Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  250.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) JACK J. KAUP Mailing Address 8580 KIT PEAK RD.	-	Date of Receipt  0 5 1 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2115
RAPID CITY  FEC ID number of contributing federal political committee.	SD 57702-9121	Amount of Each Receipt this Period  250.00
Name of Employer BLACK HILL'S SURGICAL HOSP- ITAL, LLP Receipt For:  Primary General Other (specify) ▼	Occupation CFO  Aggregate Year-to-Date ▼  250.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) ALAN T. KAWAGUCHI		Date of Receipt
Mailing Address 5121 DOVERTON DF	R.	05 11 2011
City STOCKTON	State Zip Code CA 95219-2019	Transaction ID: SA11.1928  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER I Aggregate Year-to-Date   500.00	CONTRIBUTION BEST EFFORTS
	•	1000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 168 (check only one)    X
2	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	TFP-FOJB Committee			
	Full Name (Last, First, Middle Initial) TIMOTHY L. KEENEN	- OTF 070		Date of Receipt
	Mailing Address 19260 SW. 65TH AV	E. STE. 270		05 / 11 / 2011
	City TUALATIN	State OR	Zip Code 97062-5701	Transaction ID: SA11.1929
	FEC ID number of contributing federal political committee.	C	3/002-3/01	Amount of Each Receipt this Period 500.00
	Name of Employer INFORMATION REQUESTED PER	Occupatio		CONTRIBUTION
	BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	<del>- '</del>	ATION REQUESTED PER E e Year-to-Date ▼  500.00	BEST EFFORTS
_	Full Name (Last, First, Middle Initial) DR. FRANK B. KELLY, M.D.		0 0 0 0 0 0 0	Date of Receipt
	Mailing Address 1600 FORSYTH ST.			05 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.2117
	MACON	GA	31201-1408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00  CONTRIBUTION
	Name of Employer FORSYTH ST. ORTHOPAEDICS	Occupation PHYSIC		CONTRIBOTION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) THOMAS C. KENNEDY			Date of Receipt
	Mailing Address 1106 PECKS CANYO	N RD.		05 11 2011
	City	State	Zip Code	Transaction ID: SA11.1931
	YAKIMA	WA	98908-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00  CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		IATION REQUESTED PER I	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 72 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	ne name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. HARPAL S. KHANUJA, M.D. Mailing Address 14023 GREENCROF	T LN.	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11.2118
COCKEYSVILLE	MD 21030-1127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MR. ROBERT P. KING		Date of Receipt
Mailing Address 113 GOLDEN EAGL		06 23 7 2011
City	State Zip Code	Transaction ID: SA11.2949
VENETIA  FEC ID number of contributing federal political committee.	PA 15367-1457	Amount of Each Receipt this Period  1000.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) MARIA D. KLEIN		Date of Receipt
Mailing Address 920 CHERRY HILL L		05 11 2011
City	State Zip Code	Transaction ID: SA11.1936
EL PASO FEC ID number of contributing federal political committee.	TX 79912-3327	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		2000.00

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16
or fo	information copied from such Reports and S or commercial purposes, other than using the IAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
<u>N</u> N	Full Name (Last, First, Middle Initial) MICHAEL C. KOESTER Mailing Address 3032 ASHLEY LOOP	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
F fe	EUGENE FEC ID number of contributing ederal political committee.	OR	97405-1761	Amount of Each Receipt this Period  250.00  CONTRIBUTION
<u> </u>	lame of Employer NFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify) ▼	. '	n ATION REQUESTED PER E Year-to-Date ▼ 250.00	
	rull Name (Last, First, Middle Initial) DR. JASON KOH, M.D. Mailing Address 1028 PAWNEE			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: SA11.2199
F	WILMETTE FEC ID number of contributing ederal political committee.	C	60091-1347	Amount of Each Receipt this Period 500.00
N	lame of Employer NORTHSHORE	Occupation M.D.	n	CONTRIBUTION
F	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) DR. RICHARD KONSENS, M.D.  Mailing Address 1285 ORANGE AVE.			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.2120
F	WINTER PARK EC ID number of contributing ederal political committee.	FL C	32789-4984	Amount of Each Receipt this Period 400.00
Ŋ	lame of Employer EWETT ORTHOPAEDIC CLINIC	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
CIII	BTOTAL of Receipts This Page (optional)	•		1150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) MR. TOM C. KOROLOGOS  Mailing Address 3150 S. ST. NW. 2A  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For: Primary General		Zip Code 20007-4433  n IATION REQUESTED PER E	Date of Receipt  M M / D D / Y Y Y Y Y  O 6 23 2011  Transaction ID: SA11.2943  Amount of Each Receipt this Period  1000.00  CONTRIBUTION  BEST EFFORTS
	Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. ROBERT C. KRAMER, M.D.  Mailing Address 18 OAKLEIGH BLVD.	0 0		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City  BAUMONT  FEC ID number of contributing federal political committee.  Name of Employer BEAUMONT BONE & JOINT INS- T.  Receipt For:  Primary General Other (specify)	State TX  C  Occupatio SURGEO Aggregate		Transaction ID: SA11.2156  Amount of Each Receipt this Period  250.00  CONTRIBUTION
	Full Name (Last, First, Middle Initial) MR. EDWARD D. KRATOVIL  Mailing Address 3300 N. VERMONT S  City  ARLINGTON  FEC ID number of contributing	State VA	Zip Code 22207-4469	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 28 2011  Transaction ID: SA11.3431  Amount of Each Receipt this Period
	federal political committee.  Name of Employer GLOBAL PUBLIC STRATEGIES LLC Receipt For:  Primary General Other (specify)	Occupatio CONSUL Aggregate		- CONTRIBUTION
\[	SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions are to solicit contributions from such committee.
TFP-FOJB Committee  Full Name (Last, First, Middle Initial) DR. KENNETH A. KRUMINS, M.D.  Mailing Address 1285 ORANGE AVE.  City WINTER PARK  FEC ID number of contributing federal political committee.  Name of Employer JEWETT ORTHOPAEDIC CLINIC	State Zip Code FL 32789-4984  C Occupation ORTHOPAEDIC SURGEON	Date of Receipt  0 5
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) DR. ASHKAN LAHIJI, M.D. Mailing Address 9 BOHLER POINT NW	·.	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11.2488
ATLANTA FEC ID number of contributing federal political committee.	GA 30327-1109	Amount of Each Receipt this Period  500.00  CONTRIBUTION
Name of Employer PEACHTREE ORTHOPAEDIC CLI- NIC Receipt For: Primary General Other (specify)	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) DR. MICHAEL T. LAIRD, M.D.		Date of Receipt
Mailing Address 730 BEAR CANYON L	N.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City ARROYO GRANDE	State Zip Code CA 93420-7134	Transaction ID: SA11.1770  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1600.00
Name of Employer CENTRAL COAST ORTHOPAEDICS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
SUBTOTAL of Receipts This Page (optional)		2400.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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)  TEP-FOJB Committee  Full Name (Last, First, Middle Initial) DR. PETER N. LAMMEINS, M.D.  Mailing Address 660 GOLDEN RIDGE RD.  City State Zip Code GOLDEN CO 80401-9541  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  PANORAMA ORTHOPEDICS & SP-INE Receipt For: Primary General Other (specify) ▼ 218.00  Date of Receipt  Cocupation PHYSICIAN  Aggregate Year-to-Date ▼ 1 218.00  Date of Receipt  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  CONTRIBUTION  FULL Name (Last, First, Middle Initial)  ANH LE  Mailing Address 3650 GLENEAGLES DR.  City State Zip Code Primary General Other (specify) ▼ 500.00  CONTRIBUTION  Name of Employee Receipt For: Primary General Other (specify) ▼ 500.00  CONTRIBUTION  NAME of Ecceipt For: Primary General Other (specify) ▼ 500.00  CONTRIBUTION  NAME of Ecceipt For: Primary General Other (specify) ▼ 500.00  CONTRIBUTION  NAME of Ecceipt For: Primary General Other (specify) ▼ 500.00  CONTRIBUTION  NECONATION REQUESTED PER BEST EFFORTS  Receipt For: Primary General Other (specify) ▼ 500.00  CONTRIBUTION  NECONATION REQUESTED PER BEST EFFORTS  Receipt For: Primary General Other (specify) ▼ 500.00  CONTRIBUTION  NECONATION REQUESTED PER BEST EFFORTS  Receipt For: Primary General Other (specify) ▼ 500.00  CONTRIBUTION  NECONATION REQUESTED PER BEST EFFORTS  Receipt For: Primary General Other (specify) ▼ 500.00  CONTRIBUTION  NECONATION REQUESTED PER BEST EFFORTS  Receipt For: Primary Ge	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)    X   11a
DR. PETER N. LAMMENS, M.D.  Mailing Address 660 GOLDEN RIDGE RD.  City GOLDEN CO 80401-9541  FEC ID number of contributing lederal political committee.  Co 80401-9541  Amount of Each Receipt this Period CONTRIBUTION  FEC ID number of contributing lederal political committee.  Coccupation PHYSICIAN  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11.2491  Amount of Each Receipt this Period CONTRIBUTION  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.2491  Amount of Each Receipt this Period CONTRIBUTION  Date of Receipt  Date of Receipt  Transaction ID: SA11.1937  CONTRIBUTION  Date of Receipt  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1937  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1938  Amount of Each Receipt this Period Sound  Transaction ID: SA11.1938  Amount of Each Receipt this Period Sound  Transaction ID: SA11.1938  Amount of Each Receipt this Period Sound  Transaction ID: SA11.1938  Amount of Each Receipt this Period Sound  Transaction ID: SA11.1938  Amount of Each Receipt this Period Sound  Transaction ID: SA11.1938  Transaction ID: SA11.1938  Amount of Each Receipt this Period Sound  Transaction ID: SA11.1938  Tr	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GOLDEN  GOLDEN  CO  80401-9541  Amount of Each Receipt this Period  CC  1218.00  CONTRIBUTION  CONTRIBUTION  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  DR. Down of Employer  PANORAMA ORTHOPEDICS & SP-INE  Receipt For:  Name of Employer  PANORAMA ORTHOPEDICS & SP-INE  Primary General  Other (specify) ▼  City  State Zip Code  GERMANTOWN  TN 38138-7679  FEC ID number of contributing federal political committee.  Coccupation  INFORMATION REQUESTED PER  BEST EFFORTS  Receipt For:  Other (specify) ▼  State Zip Code  Occupation  INFORMATION REQUESTED PER BEST EFFORTS  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1937  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1938  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1938  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1938  Amount of Each Receipt this Period  CONTRIBUTION  INFORMATION REQUESTED PER BEST EFFORTS  Receipt To Information  CONTRIBUTION  Date of Receipt  INFORMATION REQUESTED PER BEST EFFORTS  Aggregate Year-to-Date ▼  INFORMATION REQUESTED PER BEST EFFORTS  Receipt To Information  INFORMATION REQUESTED PER BEST EFFORTS  Receipt To Information  Aggregate Year-to-Date ▼  INFORMATION REQUESTED PER BEST EFFORTS  Receipt To Information  Aggregate Year-to-Date ▼  INFORMATION REQUESTED PER BEST EFFORTS  Receipt To Information  Aggregate Year-to-Date ▼  INFORMATION REQUESTED PER BEST EFFORTS  Receipt To Information  Aggregate Year-to-Date ▼  INFORMATION REQUESTED PER BEST EFFORTS  Receipt To Information  Aggregate Year-to-Date ▼  INFORMATION REQUESTED PER BEST EFFORTS  Aggregate Year-to-Date ▼  INFORMATION REQUESTED PER BEST EFFORTS	DR. PETER N. LAMMENS, M.D.  Mailing Address 660 GOLDEN RIDGE		0 5 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Date of Receipt For:	GOLDEN FEC ID number of contributing	CO 80401-9541	Amount of Each Receipt this Period
Date of Receipt    Date of Receipt   Date of Receipt	INE Receipt For: Primary General	PHYSICIAN Aggregate Year-to-Date ▼  218.00	CONTRIBUTION
City State Zip Code Transaction ID: SA11.1937  GERMANTOWN TN 38138-7679  FEC ID number of contributing federal political committee.  C	DR. DAVID G. LAVELLE, M.D.		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For: Primary General Other (specify) ▼  City State Zip Code Transaction ID: SA11.1938  STOCKTON CA 95219-1824  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Coccupation INFORMATION REQUESTED PER BEST EFFORTS  Date of Receipt Transaction ID: SA11.1938  Amount of Each Receipt this Period  CONTRIBUTION  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1938  Amount of Each Receipt this Period  CONTRIBUTION  INFORMATION REQUESTED PER BEST EFFORTS  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  1218.00	•	•	Transaction ID: SA11.1937
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:    Other (specify) ▼	FEC ID number of contributing	1 1 1 1 1 1	500.00
ANH LE  Mailing Address 3650 GLENEAGLES DR.  City  State Zip Code STOCKTON  CA 95219-1824  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11.1938  Amount of Each Receipt this Period  CONTRIBUTION  CONTRIBUTION  Aggregate Year-to-Date ▼  1218.00	BEST EFFORTS Receipt For: Primary General	INFORMATION REQUESTED PER B Aggregate Year-to-Date ▼	
City State Zip Code Transaction ID: SA11.1938  STOCKTON CA 95219-1824  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼  Occupation INFORMATION REQUESTED PER BEST EFFORTS  Aggregate Year-to-Date ▼  1218.00	,		Date of Receipt
STOCKTON  CA 95219-1824  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  CONTRIBUTION  INFORMATION REQUESTED PER BEST EFFORTS  Aggregate Year-to-Date ▼  1218.00	Mailing Address 3650 GLENEAGLES D	PR.	
Table 1	•	·	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1218.00		C	
SUBTOTAL of Receipts This Page (optional)	BEST EFFORTS Receipt For: Primary General	INFORMATION REQUESTED PER B Aggregate Year-to-Date ▼	
CODITION OF THE OF THE PROPERTY OF THE PROPERT	SUBTOTAL of Receipts This Page (optional)		1218.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
or f	y information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>\.</b>	Full Name (Last, First, Middle Initial) DR. DANIEL D. LEE, M.D. Mailing Address 2650 N. TENAYA  City	State	Zip Code	Date of Receipt  0 5  1 3  2 0 1 1  Transaction ID: SA11.2493
	LAS VEGAS FEC ID number of contributing federal political committee.	C	89128-1102	Amount of Each Receipt this Period 500.00
	Name of Employer NEVADA ORTHOPEDICS AND SP- INE CENTER Receipt For:  Primary General Other (specify) ▼		PAEDIC SURGEON  PYear-to-Date   500.00	CONTRIBUTION
·-	Full Name (Last, First, Middle Initial) RANDALL J. LEWIS Mailing Address 5631 BENT BRANCH	HRD.		Date of Receipt  0 5 1 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11.1941
	BETHESDA  FEC ID number of contributing federal political committee.	C	20816-1049	Amount of Each Receipt this Period 250.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General  Other (specify) ▼	_ '	ATION REQUESTED PER  e Year-to-Date ▼  250.00	CONTRIBUTION BEST EFFORTS
	Full Name (Last, First, Middle Initial) DR. EUGENE LIBBY, M.D.			Date of Receipt
	Mailing Address 12 DRY BROOK TRL			05 13 2011
	City	State	Zip Code	Transaction ID: SA11.2494
	HENDERSON FEC ID number of contributing federal political committee.	C	89052-6631	Amount of Each Receipt this Period  250.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		PAEDIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
				1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. DAVID LIONBERGER, SR. M.D.  Mailing Address 1701 HERMAN  City HOUSTON  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code TX 77004-7452  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) DR. RICHARD M. LITTLE, M.D.  Mailing Address P.O. BOX 1313  City SPEARFISH  FEC ID number of contributing federal political committee.  Name of Employer REGIONAL ORTHOPEDICS  Receipt For: Primary General Other (specify)	State Zip Code SD 57783-7313  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) DR. XIN N. LIU, M.D.  Mailing Address 495 MELROSE HEIGH  City HENDERSON  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code NV 89052-2631  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  250.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		1250.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for comme	on copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) JB Committee	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
DR. PETE	(Last, First, Middle Initial) R LOOBY dress 5021 S. OLD YANKTO	N PL.		Date of Receipt  0 5 2 5 2 0 1 1
City SIOUX F	ALLS	State SD	Zip Code 57108-2637	Transaction ID: SA11.2198  Amount of Each Receipt this Period
FEC ID nu	imber of contributing itical committee.	C	37100°2037	500.00
Receipt Fo			PEDIC SURGEON  Year-to-Date   500.00	CONTRIBUTION
DR. PETEI	(Last, First, Middle Initial) R LOPEZ, M.D. dress 956 HEMINGWAY CIF	RCLE		Date of Receipt  05 25 201.1
City		State	Zip Code	Transaction ID: SA11.2197
	umber of contributing itical committee.	FL C	33602-5980	Amount of Each Receipt this Period 500.00
BEST EFI Receipt Fo	or:	Occupation PHYSICI Aggregate		CONTRIBUTION
	(Last, First, Middle Initial) IE E. LOUTZENHEISER, M.D. dress 660 GOLDEN RIDGE I	RN RN		Date of Receipt
City	STE. 250	State	Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2498
GOLDEN	N.	CO	80401-9541	Amount of Each Receipt this Period
	imber of contributing itical committee.	C		217.00
Name of E PANORAI INE	mployer VIA ORTHOPEDICS & SP-	Occupation PHYSICI		CONTRIBUTION
Receipt Fo		Aggregate	Year-to-Date ▼ 217.00	
SUBTOTAL	of Receipts This Page (optional)	<u> </u>		1217.00

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)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. GREGORY LUNDEEN Mailing Address 555 N. ARLINGTON A		Date of Receipt  Date of Receipt  25 2011
City RENO	State Zip Code NV 89503-4723	Transaction ID: SA11.2204
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer RENO ORTHOPAEDIC CLINIC  Receipt For:  Primary General  Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  250.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. DOUGLAS W. LUNDY, M.D. Mailing Address 1368 WYNBROOK TF	RACE	Date of Receipt    M
City	State Zip Code	Transaction ID: SA11.2161
MABLETON	GA 30126-7608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer RESURGENS	Occupation ORTHOPAEDIC SURGEON	CONTRIBOTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. STEVEN T. LYONS, M.D.		Date of Receipt
Mailing Address 13020 TELECOM PKV	WY. N.	05 13 2011
City	State Zip Code	Transaction ID: SA11.2499
TAMPA	FL 33637-0925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer FLORIDA ORTHOPAEDIC INSTI- TUTE	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR. WILLIAM J. LYONS		Date of Receipt
Mailing Address 3203 WASHINGTON	PIKE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2951
BRIDGEVILLE	PA 15017-1459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer INFORMATION REQUESTED PER	Occupation	CONTRIBUTION
BEST EFFORTS  Receipt For:  □ Primary □ General  □ Other (specify) ▼	INFORMATION REQUESTED PER B  Aggregate Year-to-Date ▼  1000.00	EST EFFORTS
Full Name (Last, First, Middle Initial) MR. JOHN C. MAHANEY, JR.	1	Date of Receipt
Mailing Address 50 W BROAD ST. STE. 2020		06 28 2011
City	State Zip Code	Transaction ID: SA11.3432
COLUMBUS	OH 43215-5912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00  CONTRIBUTION
Name of Employer OHIO COUNCIL OF RETAIL ME- RCH.	Occupation TRADE ASSN. LEADER	CONTRIBOTION
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DR. PETER J. MANDELL, MD		Date of Receipt
Mailing Address 55 BATES RD.		05 25 2011
City	State Zip Code	Transaction ID: SA11.2176
HILLSBOROUGH	CA 94010-7015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7500.00
Name of Employer PETER J. MANDELL, MD PC	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00	
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)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JAMES B. MANNING, M.D. Mailing Address 9728 VERLANE CT.		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NV 89145-8695	Transaction ID: SA11.2500
LAS VEGAS  FEC ID number of contributing federal political committee.	NV 89145-8695	Amount of Each Receipt this Period  500.00
Name of Employer BONE & JOINT SPECIALISTS  Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DAVID J. MANSFIELD Mailing Address 1700 MURCHISON S	TE. C	Date of Receipt  0 5 1 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11.1945
EL PASO	TX 79902-2931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) LYNDON E. MANSFIELD		Date of Receipt
Mailing Address 869 FOREST WILLO		05 11 2011
City	State Zip Code	Transaction ID: SA11.1946
EL PASO FEC ID number of contributing federal political committee.	TX 79922-2907	Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date  250.00	CONTRIBUTION BEST EFFORTS
	•	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Stor for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. STEVEN M. MARDJETKO, M.D.  Mailing Address 150 N. RIVERS RD. STE. 100  City DES PLAINES  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-T. Receipt For: Primary General Other (specify)	State Zip Code IL 60016-1272  C Occupation PHYSICIAN Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / 25 / 2011  Transaction ID: SA11.1771  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. A. LOUIS MARIORENZI, M.D.  Mailing Address 216 E. SHORE RD.  City  JAMESTOWN  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	State Zip Code RI 02835-1633  C  Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  300.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) DR. LOUIS J. MARIORENZI, M.D.  Mailing Address 84 BAY VIEW DR.  City JAMESTOWN  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code RI 02835-1508  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		1800.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee	**	
Full Name (Last, First, Middle Initial) MICHAEL R. MARKS		Date of Receipt
Mailing Address 15 PARTRIDGE LN.		05 11 2011
City WESTON	State Zip Code CT 06883-2439	Transaction ID: SA11.1948  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) DR. JOEL M. MATTA, M.D.		Date of Receipt
Mailing Address 10088 VALLEY SPRING	G LN.	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TOLUCA LAKE	State Zip Code CA 91602-2928	Transaction ID: SA11.1739  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 31002 2320	7400.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 7400.00	
Full Name (Last, First, Middle Initial) MRS. DANIELLE S. MAURER		Date of Receipt
Mailing Address 3611 6TH ST. S.		M M / D D / Y Y Y Y Y O D D / Y Z O D D
City ARLINGTON	State Zip Code VA 22204-1617	Transaction ID: SA11.1847  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer FIERCE, ISAKOWITZ & BLALO- CK	Occupation SENIOR VP, GOV. RELATIONS	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)		10650.00

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)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee		2.000 to 4.1, pointed to	
Full Name (Last, First, Middle Initial) CHARLES M. MAY			Date of Receipt
Mailing Address 909 RED FOX RD.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11.2502
ALTAMONTE SPRINGS	FL	32714-2039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer JEWETT ORTHOPAEDIC CLINIC	Occupation EXECUT		CONTRIBUTION
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) WILLIAM MAY			Date of Receipt
Mailing Address 6185 MAGIC CANY	ON RD.		05 13 7 9 9 1
City RAPID CITY	State SD	Zip Code	Transaction ID: SA11.2503
FEC ID number of contributing		57702-4796	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer BLACK HILLS SURGICAL HOSP- ITAL, LLP	Occupation CEO	n	- CONTRIBUTION
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) MITCH MCBETH			Date of Receipt
Mailing Address 736 COEUR DALEN	IE CIR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11.1949
EL PASO	TX	79922-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		ATION REQUESTED PER E	
Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	1
Other (specify)		250.00	]
			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 168 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. LELAND C. MCCLUSKEY, M.D. Mailing Address 1910 HILTON AVE  City COLUMBUS  FEC ID number of contributing federal political committee.  Name of Employer ST. FRANCIS ORTHOPAEDIC INSTITUTE Receipt For:	State Zip Code GA 31906-1543  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date	Date of Receipt    M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) KIM E. MCCONN  Mailing Address 11938 DREXEL HI	250.00 LL DR.	Date of Receipt
City HOUSTON  FEC ID number of contributing federal political committee.  Name of Employer SOUTHWEST ORTHOPEDIC GROUP, LLP Receipt For:	State Zip Code TX 77077-3010  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date	Transaction ID: SA11.2506  Amount of Each Receipt this Period  250.00  CONTRIBUTION
Primary General Other (specify)  Full Name (Last, First, Middle Initial) DR. JOHN W. MCCUTCHEN, M.D. Mailing Address 1285 ORANGE AV	250.00 E.	Date of Receipt  0 5 1 3 2 0 1 1
City WINTER PARK  FEC ID number of contributing federal political committee.	State Zip Code FL 32789-4984  C	Transaction ID: SA11.2507  Amount of Each Receipt this Period  250.00  CONTRIBUTION
Name of Employer JEWETT ORTHOPAEDIC CLINIC  Receipt For:  Primary General  Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (options	al)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 168 (check only one)    X
An	for commercial purposes, other than using th	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TFP-FOJB Committee		
	Full Name (Last, First, Middle Initial) DR. PATRICK J. MCNAIR, M.D.		Date of Receipt
	Mailing Address 660 GOLDEN RIDGE		05 13 2011
	City GOLDEN	State Zip Code CO 80401-9541	Transaction ID: SA11.2468  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	218.00
	Name of Employer PANORAMA ORTHOPEDICS & SP- INE	Occupation PHYSICIAN	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 218.00	
	Full Name (Last, First, Middle Initial) DR. STEPHEN MCOLLAM, M.D.		Date of Receipt
	Mailing Address 4563 POWERS FERM	RY RD.	05 13 2011
	City	State Zip Code	Transaction ID: SA11.2505
	ATLANTA  FEC ID number of contributing federal political committee.	GA 30327-3424	Amount of Each Receipt this Period  500.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation PHYSICIAN	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) DR. PETER L. MEEHAN, M.D.	1	Date of Receipt
	Mailing Address 1740 MARLBOROUG	H DR.	05 13 YYYYY 2011
	City	State Zip Code	Transaction ID: SA11.2469
	ATLANTA  FEC ID number of contributing federal political committee.	GA 30350-4507	Amount of Each Receipt this Period 250.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation PHYSICIAN	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional) .	1	968.00

Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or u name and address of any polit	sed by any person	
		ical committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. MICHAEL J. MEHNERT, M.D. Mailing Address 19 SOMERS AVE.  City LINWOOD FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE	State Zip Code NJ 08221-160  C  Occupation ORTHOPAEDIC SURG	GEON	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) DR. GREGORY A. MENCIO, M.D. Mailing Address 906 RIVERBEND RD.			Date of Receipt  Date of Receipt  0 5 2 5 2 0 1 1
City	State Zip Code		Transaction ID: SA11.2175
NASHVILLE FEC ID number of contributing federal political committee.	TN 37221-437	0	Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Name of Employer VANDERBELT UNIVERSITY	Occupation ORTHOPAEDIC SURG	GEON	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	1000.00	
Full Name (Last, First, Middle Initial) WILLIAM M. MIHALKO			Date of Receipt
Mailing Address 8974 BRIDGE FORES	T DR.		0 5 1 1 2 0 1 1
City GERMANTOWN	State Zip Code TN 38138-846	2	Transaction ID: SA11.1956
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQU Aggregate Year-to-Date		CONTRIBUTION ST EFFORTS
SUBTOTAL of Receipts This Page (optional) .		<b>)</b>	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. MARK F. MILLS, M.D.		Date of Receipt
Mailing Address 660 GOLDEN RIDGE		05 13 7 2011
City GOLDEN	State Zip Code CO 80401-9541	Transaction ID: SA11.2471  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	218.00
Name of Employer PANORAMA ORTHOPEDICS & SP- INE	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 218.00	
Full Name (Last, First, Middle Initial) DR. CRAIG M. MINTZER, M.D.  Mailing Address 1285 ORANGE AVE.		Date of Receipt
		05 13 2011
City WINTER PARK	State Zip Code FL 32789-4984	Transaction ID: SA11.2472  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer JEWETT ORTHOPAEDIC CLINIC	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) FRANKLIN E. MIRRER		Date of Receipt
Mailing Address 351 ELMGROVE AVE.		05 11 YYYY 2011
City	State Zip Code	Transaction ID: SA11.1958
PROVIDENCE FEC ID number of contributing federal political committee.	RI 02906-4251	Amount of Each Receipt this Period  250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		768.00
TOTAL This Period (last page this line number	·	

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)  X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	l y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
TFP-FOJB Committee			1
Full Name (Last, First, Middle Initial)  AMER J. MIRZA			Date of Receipt
Mailing Address 3883 TAMARACK LN.			05 11 2011
City LAKE OSWEGO	State OR	Zip Code 97035-1845	Transaction ID: SA11.1959  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORM	n ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) GREGORY R. MISENHIMER, M.D.			Date of Receipt
Mailing Address 2150 TRAWOOD A 15	50		05 11 2011
City EL PASO	State TX	Zip Code 79935-3322	Transaction ID: SA11.1960  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000000000	300.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation	n ATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  DAVID MITCHELL			Date of Receipt
Mailing Address 109 WHITES MILL WY	Υ.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11.1957
SPARTANBURG  FEC ID number of contributing federal political committee.	SC	29307-1777	Amount of Each Receipt this Period  250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	. '	ATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1050.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	nd Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions colicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MATTHEW MITCHELL  Mailing Address 3903 OTTER  City  CASPER  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General  Other (specify)	State Zip Code WY 82604-4458  C  Occupation INFORMATION REQUESTED PER BE Aggregate Year-to-Date  500.00	Date of Receipt    M   M   D   D   2 0 1 1     Transaction ID: SA11.1961   Amount of Each Receipt this Period     500.00     CONTRIBUTION     ST EFFORTS
Full Name (Last, First, Middle Initial) DR. MICHAEL MONROE  Mailing Address 220 S. ROYAL AS  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer ORTHOPAEDIC SPECIALISTS OF NEVADA  Receipt For: Primary General Other (specify)	COT DR.  State Zip Code NV 89144-4310  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   Z 5   Z 0 1 1
Full Name (Last, First, Middle Initial) DR. MICHAEL MONT Mailing Address 3 GRENADIER CT  City OWINGS MILLS  FEC ID number of contributing federal political committee.  Name of Employer SINAI  Receipt For: Primary General Other (specify)	State Zip Code MD 21117-3013  C  Occupation ORTHOPEDIC SURGEON  Aggregate Year-to-Date   1000.00	Date of Receipt    M   M   D   D   25   2011   Transaction ID: SA11.2178   Amount of Each Receipt this Period   1000.00   CONTRIBUTION
SUBTOTAL of Receipts This Page (option	al)	2000.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may	Land to a solution of the control of	13 14 15 16
/ IFP-FOJB COMMITTEE		y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JAMES B. MONTGOMERY, M.D.			Date of Receipt
Mailing Address 7115 GREENVILLE A STE. 310 City	AVE. State	Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2473
DALLAS	TX	75231-5103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	102010100	500.00
Name of Employer TEXAS ORTHOPAEDIC ASSOC. LLP.	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. LUKE MORTIMER, M.D. Mailing Address 6712 CARNOUSTIE	CT.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City RAPID CITY	State SD	Zip Code 57702-9542	Transaction ID: SA11.2474  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer BLACK HILLS ORTHOPEDIC & SPINE CTR.	Occupation ORTHOR	n PAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DAVID P. MOSS			Date of Receipt
Mailing Address 6140 31ST PL. NW.			05 11 2011
City	State	Zip Code	Transaction ID: SA11.1964
WASHINGTON  FEC ID number of contributing federal political committee.	C	20015-1502	Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER BEST FORTS		ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TFP-FOJB Committee		
Full Name (Last, First, Middle Initial)  MR. JOHN J. MOTLEY, III  Mailing Address 3140 ABERFOYLE PL	NIM	Date of Receipt
City	State Zip Code	0 6 28 2011 Transaction ID: SA11.3433
WASHINGTON	DC 20015-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer POLICY SOLUTIONS	Occupation PRINCIPAL	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) MICHAEL J. MROCHEK	<u> </u>	Date of Receipt
Mailing Address 5624 CORY DR.		05 11 2011
City	State Zip Code	Transaction ID: SA11.1963
EL PASO	TX 79932-3012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) GARY T. MURATA		Date of Receipt
Mailing Address 9051 E. HARNEY LN.		05 / 11 / 2011
City	State Zip Code	Transaction ID: SA11.1967
LODI	CA 95240-9432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	
Receipt For: Primary General	Aggregate Year-to-Date ▼	,
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. ROGER MURKEN, M.D.  Mailing Address 660 GOLDEN RIDGE  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SPINE Receipt For: Primary General Other (specify)	RD.  State Zip Code CO 80401-9541  C  Occupation PHYSICIAN  Aggregate Year-to-Date  217.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) DR. CHARLES P. MURPHY, M.D.  Mailing Address 440 RVE. DE LA RIVIE  City KENNER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code LA 70065  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  250.00	Date of Receipt    M   M   25   2011   Transaction ID: SA11.2152   Amount of Each Receipt this Period   250.00   CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. RONALD NAVARRO  Mailing Address 18 WIDELOOP RD.  City ROLLING HILLS  FEC ID number of contributing federal political committee.  Name of Employer SCPMG  Receipt For: Primary General Other (specify)	State Zip Code CA 90274-5234  C  Occupation M.D.  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		717.00

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)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. ROBERT S. NEFF, M.D.		Date of Receipt
Mailing Address 1110 WYTHE LN.	State Zip Code	05 13 2011
City VIRGINIA BEACH	VA 23451-3814	Transaction ID: SA11.2477  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ATLANTIC ORTHOPAEDIC SPEC- IALISTS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ROBERT S. NICHOLS		Date of Receipt
Mailing Address 102 EAST MELROSE	ST.	05 24 2011
City	State Zip Code	Transaction ID: SA11.2353
CHEVY CHASE	MD 20815-3304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00  CONTRIBUTION
Name of Employer FINANCIAL SERVICES FORUM	Occupation EXECUTIVE	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. LOWELL T. NIEBAUM, M.D.		Date of Receipt
Mailing Address 2800 E. DESERT INN STE. 100	I RD.	05 13 7 9 9 9
City LAS VEGAS	State Zip Code NV 89121-3609	Transaction ID: SA11.2478
FEC ID number of contributing federal political committee.	C 69121-3009	Amount of Each Receipt this Period  500.00
Name of Employer DESERT ORTHOPEDIC CLINIC	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
SURTOTAL of Receipts This Page (optional)	1	1500.00
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line numbe	·	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JOHN W. NOBLE, JR., M.D.  Mailing Address 3955 S. BLUE SAGE  City LAKE CHARLES  FEC ID number of contributing federal political committee.  Name of Employer CENTER FOR ORTHOPAEDICS  Receipt For: Primary General Other (specify)	State Zip Code LA 70605-0188  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) DR. CHARLES C. NOFSINGER, M.D.  Mailing Address 22947 COLLRIDGE DI  City  LAND O LAKES  FEC ID number of contributing federal political committee.  Name of Employer USF  Receipt For:  Primary General Other (specify) ▼	State Zip Code FL 34639-4077  C  Occupation PHYSICIAN  Aggregate Year-to-Date  300.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) DR. JOHN C. NORDT, M.D.  Mailing Address 3580 ROYAL PALM AV  City MIAMI  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	/E.  State Zip Code FL 33133-6225  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼	Date of Receipt    M M M   D D D   2 5   2 0 1 1
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 168 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	and Statements may ng the name and add	γ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. BRENT C. NOSSAMAN, M.D.	ACT AVE		Date of Receipt
Mailing Address 4802 S. 109TH EA	ASTAVE.		05 13 2011
City	State	Zip Code	Transaction ID: SA11.2481
TULSA FEC ID number of contributing federal political committee.	OK C	74146-5822	Amount of Each Receipt this Period 250.00
Name of Employer TULSA BONE & JOINT	Occupation PHYSICI		CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. JOHN M. OLSEWSKI, M.D. Mailing Address 135 BRAMBLE BR	ROOK RD.		Date of Receipt
			05 25 2011
City ARDSLEY	State NY	Zip Code 10502-2206	Transaction ID: SA11.2171
FEC ID number of contributing federal political committee.	C	10302-2200	Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation ORTHOR	PAEDIC SURGEON	- CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. TIMOTHY J. OMARA, M.D.			Date of Receipt
Mailing Address 4400 BITTERROC	OT RD.		05 13 2011
City	State	Zip Code	Transaction ID: SA11.2482
RENO	NV	89519-1670	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00 CONTRIBUTION
Name of Employer RENO ORTHOPAEDIC CLINIC		PAEDIC SURGEON	— CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (option	D		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 98 / 168   (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. ALVIN C. ONG, M.D.  Mailing Address 204 BALFOUR AVE.  City LINWOOD  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	. '	Zip Code 08221-2353 n PAEDIC SURGEON e Year-to-Date ▼	Date of Receipt  M M M / D D / Y 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
Full Name (Last, First, Middle Initial) DR. ROBERT M. ORFALY, M.D.  Mailing Address 13593 STEAMSIDE DI  City  LAKE OSWEGO  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	State OR C Occupatio INFORM	Zip Code 97035-1386  n ATION REQUESTED PER E	Date of Receipt  M M M / D D / Y Y Y Y Y  O 5 1 1 1  Transaction ID: SA11.1973  Amount of Each Receipt this Period  500.00  CONTRIBUTION  BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. FABIO OROZCO, M.D.  Mailing Address 220 BERKSHIRE AVE  City LINWOOD  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	State NJ C Occupatio ORTHOR	Zip Code 08221-2311 n PAEDIC SURGEON e Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 168 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) TODD B. ORVALD  Mailing Address 11502 ZIER RD.			Date of Receipt
City YAKIMA	State WA	Zip Code 98908-9227	Transaction ID: SA11.1975  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼		n ATION REQUESTED PER E Year-to-Date ▼ 250.00	CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) B. TABOR OWEN, JR.  Mailing Address 6500 MAY CREEK	·		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11.2015
MEMPHIS	TN	38119-6529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:		n ATION REQUESTED PER E • Year-to-Date ▼	CONTRIBUTION  BEST EFFORTS
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) ANDREW J. PALAFOX			Date of Receipt
Mailing Address 1700 MURCHISON S	STE. C		05 11 7 2011
City	State	Zip Code	Transaction ID: SA11.1978
EL PASO FEC ID number of contributing federal political committee.	C	79902-2931	Amount of Each Receipt this Period  500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	<del>- , '</del>	ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. LEW W. PAPENDICK, M.D.  Mailing Address 8681 DREAMSCAPE F  City RAPID CITY  FEC ID number of contributing federal political committee.  Name of Employer BLACK HILLS ORTHOPEDICS  Receipt For: Primary General Other (specify)	State Zip Code SD 57702  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  0 4 27 2011  Transaction ID: SA11.1778  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) THOMAS M. PARK, M.D.  Mailing Address 3334 CAPITAL MEDIC  City TALLAHASSEE  FEC ID number of contributing federal political committee.  Name of Employer FEDERAL PACA  Receipt For:  Primary General Other (specify)	AL BLVD. STE. 40  State Zip Code FL 32308-8405  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 1 1 1 2 0 1 1  Transaction ID: SA11.1977  Amount of Each Receipt this Period  250.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. BRIAN PARSLEY, M.D.  Mailing Address 302 PINE SHADOWS  City HOUSTON  FEC ID number of contributing federal political committee.  Name of Employer BAYLOR COLLEGE OF MEDICINE  Receipt For: Primary General Other (specify)	DR.  State Zip Code TX 77056-1319  C  Occupation PHYSICIAN Aggregate Year-to-Date  500.00	Date of Receipt  M M M D D D D Y Y Y Y Y Y  Transaction ID: SA11.2195  Amount of Each Receipt this Period  500.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		1750.00

City State Zip Code GLADWYNE PA 19035-1307  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) DR. SCOTT O. PASCHAL, M.D.  Mailing Address 3816 AMHERST  City State Zip Code Transaction ID: SA11.2483  DALLAS  TX 75225-7104  FEC ID number of contributing federal political committee.  Coccupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Ty Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	01 / 168 12 16
A. Full Name (Last, First, Middle Initial) Date of Receipt  City State Zip Code GLADWYNE PA 19035-1307 FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE OCCUPATION  Receipt For: Primary Other (specify) ▼  State Zip Code Transaction ID: SA11.1760  CONTRIBUTION  Date of Receipt  Toolo.00  CONTRIBUTION  Date of Receipt  Toolo.00  Date of Receipt  Toolo.00  CONTRIBUTION  Date of Receipt  Toolo.00  CONTRIBUTION  Date of Receipt  Toolo.00  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Transaction ID: SA11.2783  Amount of Each Receipt this Peric  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  Transaction ID: SA11.2783  Amount of Each Receipt this Peric  Transaction ID: SA11.1772  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1720  CONTRIBUTION	ions tee.
Date of Receipt  Gity  Gity  State  Gity  State  Gity  State  Gity  State  Sta	
City State Zip Code GLADWYNE PA 19035-1307  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. SCOTT O. PASCHAL, M.D.  Name of Employer TEXAS ORTHOPAEDIC ASSOC. LIP. Receipt For: Queyation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  Tax 75225-7104  FEC ID number of contributing federal political committee.  C C CONTRIBUTION  Date of Receipt  Date of Receipt this Perice Source So	
GLADWYNE  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For:    Primary   General     Occupation ORTHOPAEDIC SURGEON     Aggregate Year-to-Date ▼     October   Occupation ORTHOPAEDIC SURGEON     Aggregate Year-to-Date ▼     Date of Receipt     Of 5	) 1 1
FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For:  Primary General Other (specify) ▼ 1000.00  Full Name (Last, First, Middle Initial) DATE OF PROTHER STATE OF	riod
Receipt For:    Primary	1 1
Primary	
Date of Receipt  Mailing Address 3816 AMHERST  City State Zip Code TX 75225-7104  FEC ID number of contributing federal political committee.  Name of Employer TEXAS ORTHOPAEDIC ASSOC. LLP. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. ROBERT M. PATEK, M.D.  Mailing Address 1390 GETTYSBURG RD.  City State Zip Code LONG GROVE IL 60047-5074  FEC ID number of contributing federal political committee.  Coccupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  Transaction ID: SA11.2483  Amount of Each Receipt this Peric  CONTRIBUTION  Date of Receipt  Transaction ID: SA11.1772  Transaction ID: SA11.1772  Amount of Each Receipt  Transaction ID: SA11.1772  Amount of Each Receipt  Transaction ID: SA11.1772  Amount of Each Receipt this Peric  Transaction ID: SA11.1772  Amount of Each Receipt this Peric  Transaction ID: SA11.1772  Amount of Each Receipt this Peric  Transaction ID: SA11.1772  Amount of Each Receipt this Peric  Transaction ID: SA11.1772  Amount of Each Receipt This Peric  Transaction ID: SA11.1772  Amount of Each Receipt This Peric  Transaction ID: SA11.1772  Amount of Each Receipt This Peric  Transaction ID: SA11.1772  Amount of Each Receipt This Peric  Transaction ID: SA11.1772  Transaction ID: SA11.1772  Transaction ID: SA11.1772  Amount of Each Receipt This Peric  Transaction ID: SA11.1772  Tra	
City State Zip Code DALLAS TX 75225-7104  FEC ID number of contributing federal political committee.  Name of Employer TEXAS ORTHOPAEDIC ASSOC. LLP. Receipt For: Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. ROBERT M. PATEK, M.D. Mailing Address 1390 GETTYSBURG RD.  Full Name (Last, First, Middle Initial) DR. ROBERT M. PATEK, M.D. Mailing Address 1390 GETTYSBURG RD.  City State Zip Code IL 60047-5074  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-T. Receipt For: Primary General  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date ▼  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION	
DALLAS  TX 75225-7104  Amount of Each Receipt this Period FeC ID number of contributing federal political committee.  Name of Employer TEXAS ORTHOPAEDIC ASSOC. LLP. Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. ROBERT M. PATEK, M.D.  Mailing Address 1390 GETTYSBURG RD.  City State Zip Code IL 60047-5074  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-I. Receipt For:  Primary General  Occupation ORTHOPAEDIC SURGEON  Amount of Each Receipt this Period Transaction ID: SA11.1772  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer TEXAS ORTHOPAEDIC ASSOC. LLP. Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. ROBERT M. PATEK, M.D.  Mailing Address 1390 GETTYSBURG RD.  City State Zip Code IL 60047-5074  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-I. Receipt For: Primary General  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  CONTRIBUTION  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General	
TEXAS ORTHOPAEDIC ASSOC.  LLP.  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  DR. ROBERT M. PATEK, M.D.  Mailing Address 1390 GETTYSBURG RD.  City State Zip Code  LONG GROVE IL 60047-5074  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-T.  Receipt For:  Primary General  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  CONTRIBUTION  CONTRIBUTION	1 1
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. ROBERT M. PATEK, M.D.  Mailing Address 1390 GETTYSBURG RD.  City State Zip Code LONG GROVE IL 60047-5074  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-T. Receipt For: Primary General  Date of Receipt  Transaction ID: SA11.1772  Amount of Each Receipt this Period  CONTRIBUTION  CONTRIBUTION	
DR. ROBERT M. PATEK, M.D.  Mailing Address 1390 GETTYSBURG RD.  City State Zip Code  LONG GROVE IL 60047-5074  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-T.  Receipt For:  Primary General  Date of Receipt  Transaction ID: SA11.1772  Amount of Each Receipt this Period CONTRIBUTION  CONTRIBUTION  Aggregate Year-to-Date ▼	
City State Zip Code IL 60047-5074  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-T. Receipt For: Primary General	
LONG GROVE  IL 60047-5074  Amount of Each Receipt this Perior  1000.  Name of Employer ILLINOIS BONE & JOINT INS- T. Receipt For:  Primary  General  Amount of Each Receipt this Perior  CONTRIBUTION  Aggregate Year-to-Date ▼	) 1 1
FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT INS-T. Receipt For: Primary General  COccupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date ▼	
Name of Employer ILLINOIS BONE & JOINT INS- T.  Receipt For:  Primary General  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼	1 1
Primary General	
SUBTOTAL of Receipts This Page (optional)	0.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 168 (check only one)    X   11a
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	ratements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) ASHIT C. PATEL Mailing Address 9612 NE. 38TH ST.  City KIRKLAND FEC ID number of contributing federal political committee.	State Zip Code WA 98033-7893	Date of Receipt  0 5 1 1 2 0 1 1  Transaction ID: SA11.1979  Amount of Each Receipt this Period  250.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date ▼  250.00	CONTRIBUTION BEST EFFORTS
-	Full Name (Last, First, Middle Initial) DR. NIMESH PATEL, M.D. Mailing Address 660 GOLDEN RIDGE I	RD.	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11.2484
	GOLDEN FEC ID number of contributing federal political committee.	CO 80401-9541	Amount of Each Receipt this Period  217.00  CONTRIBUTION
	Name of Employer PANORAMA ORTHOPEDICS & SP- INE Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date  217.00	
	Full Name (Last, First, Middle Initial) DR. MATTHEW D. PEPE, M.D.  Mailing Address 1631 WOODLYNNE B	LVD.	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State Zip Code	Transaction ID: SA11.1759
	LINWOOD	NJ 08221-2239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer ROTHMAN INSTITUTE	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	IIRTOTAL of Receipts This Page (optional)		1467.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) EDWARD A. PEREZ Mailing Address 2385 WOOD BRIDGE	CV.	Date of Receipt  0 5 1 1 2 0 1 1
City MEMPHIS	State Zip Code TN 38119-7642	Transaction ID: SA11.1980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30119-7042	250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupation INFORMATION REQUESTED PER  Aggregate Year-to-Date ▼	CONTRIBUTION BEST EFFORTS
Primary General Other (specify) ▼	250.00	]
Full Name (Last, First, Middle Initial) DR. NICHOLAS POLIFRONI, M.D.  Mailing Address 40 CROSS ST.		Date of Receipt  Date of Receipt  25 25 2011
City	State Zip Code	Transaction ID: SA11.2158
NORWALK  FEC ID number of contributing federal political committee.	CT 06851-4647	Amount of Each Receipt this Period  250.00
Name of Employer COASTAL ORTHOPAEDICS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. SHEVIN POLLYDORE, M.D. Mailing Address 651 HEARDS FERRY	RD.	Date of Receipt  0 5 1 3 2 0 1 1
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2487
ATLANTA FEC ID number of contributing	GA 30328-4722	Amount of Each Receipt this Period 500.00
federal political committee.		CONTRIBUTION
Name of Employer PEACHTREE ORTHOPAEDIC CLI- NIC	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1000.00

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 104 / 168   (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. RAVI K. PONNAPPAN, M.D.  Mailing Address 209 ARLINGTON AVE  City LINWOOD  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	State NJ C Occupation ORTHOR	Zip Code 08221-2350	Date of Receipt    M M
Full Name (Last, First, Middle Initial) DR. CHARLES T. PRICE  Mailing Address 1009 GREENTREE DR  City WINTER PARK  FEC ID number of contributing federal political committee.  Name of Employer ORLANDO HEALTH  Receipt For: Primary General Other (specify)	State FL C Occupatio PHYSIC		Date of Receipt    M M
Full Name (Last, First, Middle Initial) SCOTT A. PROTZMAN  Mailing Address 1700 MURCHISON ST  City EL PASO  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	State TX  C  Occupation INFORM	Zip Code 79902-2931  IN IATION REQUESTED PER E	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11.1987  Amount of Each Receipt this Period  500.00  CONTRIBUTION  BEST EFFORTS
SUBTOTAL of Receipts This Page (optional)			1250.00

[	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 168 (check only one)    X
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	e name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) DR. JAMES J. PURTILL, M.D. Mailing Address 651 DARBY PAOLI RI	О.		Date of Receipt    M
	City	State	Zip Code	Transaction ID: SA11.1776
	VILLANOVA	PA	19085-1007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ROTHMAN INSTITUTE	Occupatio ORTHOI	on PAEDIC SURGEON	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) DR. THOMAS J. PUSCHAK, M.D.			Date of Receipt
	Mailing Address 660 GOLDEN RIDGE	05 13 Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11.2447
	GOLDEN	CO	80401-9541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		218.00
	Name of Employer PANORAMA ORTHOPEDICS & SP- INE	Occupation PHYSIC		CONTRIBUTION
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		218.00	
- С.	Full Name (Last, First, Middle Initial) MRS. LEIGH ANN PUSEY	1		Date of Receipt
	Mailing Address 1119 ALEXANDRIA A	VENUE		0 4 2 6 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11.1736
	ALEXANDRIA  FEC ID number of contributing federal political committee.	C	22308-1015	Amount of Each Receipt this Period 2500.00
	Name of Employer AMERICAN INSURANCE ASSOCI- ATION		ENT & CEO	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)	1		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)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any pers- ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MR. ANDREW F. PUZDER  Mailing Address 570 MEADOW WOO	DD LN.	Date of Receipt  0 6 1 3 2 0 1 1
City MONTECITO	State Zip Code CA 93108-2027	Transaction ID: SA11.2702  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer CKE RESTAURANTS INC  Receipt For: Primary General Other (specify) ▼	Occupation CEO  Aggregate Year-to-Date ▼  1000.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. MARIO QUESNDA, M.D. Mailing Address 6455 KOLA CT NW		Date of Receipt  0 6 0 3 2 0 1 1
City	State Zip Code NM 87120-4285	Transaction ID: SA11.2677
ALBUQUERQUE  FEC ID number of contributing federal political committee.	NM 87120-4285	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation INFORMATION REQUESTED PER I  Aggregate Year-to-Date   500.00	CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. ROBERT QUIN, M.D.  Mailing Address 44 CEDAR HILL PL.	NE.	Date of Receipt  0 5 1 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2448
ALBUQUERQUE FEC ID number of contributing federal political committee.	NM 87122-1907	Amount of Each Receipt this Period  250.00
Name of Employer UNIVERSITY OF NEW MEXICO	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. STEVEN M. RAIKIN, M.D.  Mailing Address 221 MERION RD.  City MERION STATION  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	State Zip Code PA 19066-1718  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / 26 2011  Transaction ID: SA11.1756  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. ABDI RAISI, M.D.  Mailing Address 4525 DEAN MARTIN DUNIT 3212  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer DESERT ORTHOPEDIC CLINIC  Receipt For: Primary General Other (specify)	OR.  State Zip Code  NV 89103-8122  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  250.00	Date of Receipt    M   M   D   D   2 0 1 1
Full Name (Last, First, Middle Initial) DR. MATTHEW L. RAMSEY, M.D.  Mailing Address 626 BARON DEKALB  City WAYNE  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	RD.  State Zip Code PA 19087-1302  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M 26 2011  Transaction ID: SA11.1754  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)	)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. FRED REDFERN, M.D. Mailing Address 2218 CHATSWORTH  City HENDERSON  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	CT.  State Zip Code NV 89074-5309  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D M 2 0 1 1  Transaction ID: SA11.2451  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. STUART RICE, M.D.  Mailing Address 2300 SKYLINE RANC  City RAPID CITY  FEC ID number of contributing federal political committee.  Name of Employer BLACK HILLS NEUROSURGERY & SPINE Receipt For: Primary General Other (specify)	H RD.  State Zip Code SD 57701-8944  C  Occupation NEUROSURGEON  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11.2452  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) MR. PETER D. RICH Mailing Address P.O. BOX 1610  City MIDDLEBURG  FEC ID number of contributing federal political committee.  Name of Employer RICH FEVER GROUP  Receipt For: Primary General Other (specify)	State Zip Code VA 20118-1610  C  Occupation CONSULTANT  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M D D D 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

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MR. P. JEROME RICHEY Mailing Address 99 INGLEWOOD	DR.	Date of Receipt
City PITTSBURGH FEC ID number of contributing	State Zip Code PA 15228-1503	Transaction ID: SA11.2950  Amount of Each Receipt this Period  1000.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General	Occupation INFORMATION REQUESTED PER I Aggregate Year-to-Date	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. STEPHEN RIDGEWAY, M.D.  Mailing Address 56 RIDGELAND I	0 0 0 0 0 0 0 0	Date of Receipt  0 5 1 3 2 0 1 1
City  GREENVILLE  FEC ID number of contributing federal political committee.	State         Zip Code           SC         29601-3015	Transaction ID: SA11.2453  Amount of Each Receipt this Period  500.00
Name of Employer PIEDMONT ORTHOPAEDIC ASSO- C. Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. JEFFREY A. RIHN, M.D. Mailing Address 121 BROOKE FA	.RM RD.	Date of Receipt
City WAYNE	State Zip Code PA 19087-4765	Transaction ID: SA11.2454  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	CONTRIBUTION
SUBTOTAL of Receipts This Page (option	nal)	2000.00
TOTAL This Period (last page this line nu	umber only)	

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such or for commercial purposes, othe NAME OF COMMITTEE (In FTFP-FOJB Committee	r than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle DR. WAGDY RIZK Mailing Address 7955 DO  City BEAUMONT  FEC ID number of contributing federal political committee.  Name of Employer BBJI  Receipt For: Primary Gener	State TX  C  Occupat PHYSIC Aggrega		Date of Receipt  M M M / D D / Y 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
Full Name (Last, First, Middle DR. WILLIAM J. ROBB, III, M.D. Mailing Address 23 INDIA  City WINNETKA  FEC ID number of contributing federal political committee.  Name of Employer ILLINOIS BONE & JOINT IN. T.  Receipt For:  Primary General Other (specify)	State IL  C  C  Occupat ORTHO Aggrega	Zip Code 60093-3940	Date of Receipt  M M Z 5 Z 0 1 1  Transaction ID: SA11.1773  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle DR. MITCHEL ROBINSON, M.C Mailing Address 660 GOL STE. 250 City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDIC INE Receipt For:  Primary General Other (specify)	DEN RIDGE RD.  State CO  C  C  C  C  C  C  C  C  C  C  C  C		Date of Receipt    M   M   D   D   Q   Q   Q   Q   Q
SUBTOTAL of Receipts This Pa	age (optional)		1517.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and Si	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. WALTER G. ROBINSON, M.D.  Mailing Address 660 GOLDEN RIDGE I  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SPINE Receipt For: Primary General Other (specify)	RD.  State Zip Code CO 80401-9541  C  Occupation PHYSICIAN Aggregate Year-to-Date  217.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. JANET M. ROBISON, M.D.  Mailing Address 1285 ORANGE AVE.  City WINTER PARK  FEC ID number of contributing federal political committee.  Name of Employer JEWETT ORTHOPAEDIC CLINIC  Receipt For: Primary General Other (specify)	State Zip Code FL 32789-4984  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  300.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 5 1 3 2 0 1 1  Transaction ID: SA11.2457  Amount of Each Receipt this Period  300.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. STEPHEN W. RODRIGUE, M.D.  Mailing Address 26 ARBORSIDE DR.  City FALMOUTH  FEC ID number of contributing federal political committee.  Name of Employer FALMOUTH ORTHOPAEDIC CENT-ER Receipt For:  Primary General Other (specify)	State Zip Code ME 04105-1442  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1017.00

City State Zip Code TALLAHASSEE FL 32308-8405  FEC ID number of contributing federal political committee.  Name of Employer FEDERAL PACA Receipt For: Primary General Other (specify) ▼  City State Zip Code PA 17543-8377  FEC ID number of contributing federal political committee.  Date of Receipt Times  Transaction ID: SA11.1991  Amount of Each Receipt this P  Date of Receipt Times  Transaction ID: SA11.1991  Date of Receipt Times  Transaction ID: SA11.291  Date of Receipt Times  Transaction ID: SA11.291  Date of Receipt Times  Transaction ID: SA11.291  Date of Receipt Times  Transaction ID: SA11.1991  Amount of Each Receipt this P  Transaction ID: SA11.1755  Amount of Each Receipt Times  Transaction ID: SA11.1755  Transaction ID: SA11.1755  Amount of Each Receipt Times  Transaction ID: SA11.1755  Transaction ID: SA11.1755  Amount of Each Receipt Times  Transaction ID: SA11.1755  Transaction ID: SA11.1755  Transaction ID: SA11.1755  Transaction ID: SA11.1755	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Date of Receipt   Sale   Sa	commercial purposes, other than using the n AME OF COMMITTEE (In Full)	tements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
TALLAHASSEE  FL 32308-8405  FEC ID number of contributing federal political committee.  Name of Employer Orthogon Orthogon Orthopedical committee.  Name of Employer Orthopedic Associates of Dotter (specify) ▼  Full Name (Last, First, Middle Initial) DR. GERALD W. ROTHACKER, JR., M.D.  Mailing Address 817 WOODFIELD DR.  Clty State Zip Code PA 17543-8377  FEC ID number of contributing federal political committee.  Name of Employer Orthopedic Associates of Dotter (specify) ▼  Full Name (Last, First, Middle Initial) DR. RICHARD H. ROTHMAN, M.D.  Mailing Address 925 CHESTNUT ST. FL. 5  City State Zip Code PA 19107-4206  FEID number of contributing federal political committee.  Cliy State Zip Code PA 19107-4206  FEC ID number of contributing federal political committee.  Contribution Contributing federal political committee.  Contribution Contributing federal political committee.  Contribution Contribution Contributing federal political committee.  Name of Employer Occupation Orthopedic Surgeon Orthopedical Committee.  Name of Employer Occupation Orthopedic Surgeon Orthopedic Surg	ARRISON A. ROLLE, M.D. ailing Address 3334 CAPITAL MEDICA		0 5 1 1 Y Y Y Y Y
FEC ID number of contributing federal political committee.    Name of Employer FEDERAL PACA   ORTHOPAEDIC SURGEON		<u>-</u> .	
State   Zip Code   Transaction ID: SA11.2194	EC ID number of contributing		500.00
DR. GERALD W. ROTHACKER, JR., M.D.  Mailing Address 817 WOODFIELD DR.  City State Zip Code Transaction ID: SA11.2194  LITITZ PA 17543-8377  FEC ID number of contributing federal political committee.  C STHOPEDIC ASSOCIATES OF LANCASTER Receipt For: Primary General Other (specify) ▼ State Zip Code DR. RICHARD H. ROTHMAN, M.D.  Mailing Address 925 CHESTNUT ST. FL. 5  City State Zip Code ORTHOPEDIC SURGEON  Mailing Address 925 CHESTNUT ST. FL. 5  City State Zip Code Transaction ID: SA11.1755  PHILADELPHIA PA 19107-4206  Receipt For: Primary General Occupation ORTHOPEDIC SURGEON  Aggregate Year-to-Date ▼  Transaction ID: SA11.1755  Amount of Each Receipt For: Date of Receipt Transaction ID: SA11.1755  Amount of Each Receipt For: Document of Employer Scale State Sip Code Transaction ID: SA11.1755  Amount of Each Receipt this P  C CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION	eceipt For: Primary General	ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	CONTRIBUTION
LITITZ  PA 17543-8377  Amount of Each Receipt this P  FEC ID number of contributing federal political committee.  Name of Employer ORTHOPEDIC ASSOCIATES OF LANCASTER Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. RICHARD H. ROTHMAN, M.D.  Mailing Address 925 CHESTNUT ST. FL. 5  City State Zip Code PA 19107-4206  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:  Primary General  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  CONTRIBUTION	R. GERALD W. ROTHACKER, JR., M.D.		M M / D D / Y Y Y Y
LITITZ PA 17543-8377  Amount of Each Receipt this P  FEC ID number of contributing federal political committee.  Name of Employer ORTHOPEDIC ASSOCIATES OF LANCASTER Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. RICHARD H. ROTHMAN, M.D.  Mailing Address 925 CHESTNUT ST. FL. 5  City State Zip Code PHILADELPHIA PA 19107-4206  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  CONTRIBUTION	ty	State Zip Code	
Name of Employer ORTHOPEDIC ASSOCIATES OF LANCASTER Receipt For: Primary General Other (specify) ▼  State Zip Code PHILADELPHIA PA 19107-4206  PEU D number of contributing federal political committee.  Name of Employer SELF EMIPLOYED  Receipt For: Primary General  Occupation ORTHOPEDIC SURGEON Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TITZ	PA 17543-8377	Amount of Each Receipt this Period
Name of Employer  Secipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DR. RICHARD H. ROTHMAN, M.D.  Mailing Address 925 CHESTNUT ST. FL. 5  City State Zip Code PHILADELPHIA PA 19107-4206  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:  Occupation ORTHOPEDIC SURGEON  Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D D / Y Y Y O A D D D / Y Y Y O A D D D D D D D D D D D D D D D D D D	deral political committee.	C	500.00
DR. RICHARD H. ROTHMAN, M.D.  Mailing Address 925 CHESTNUT ST. FL. 5  City State Zip Code PHILADELPHIA PA 19107-4206  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General  Date of Receipt  M M / D D / Y Y Y O A 2 6  Transaction ID: SA11.1755  Amount of Each Receipt this P  C 10  CONTRIBUTION  CONTRIBUTION	ANCASTER eceipt For: Primary General	ORTHOPEDIC SURGEON  Aggregate Year-to-Date ▼	
City State Zip Code PHILADELPHIA PA 19107-4206  FEC ID number of contributing federal political committee.  C	R. RICHARD H. ROTHMAN, M.D. ailing Address 925 CHESTNUT ST.		M M / D D / Y Y Y Y
PHILADELPHIA PA 19107-4206  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary  General  Amount of Each Receipt this P  C  CONTRIBUTION  CONTRIBUTION  Aggregate Year-to-Date ▼		State Zip Code	
FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary  General  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date		·	Amount of Each Receipt this Period
Receipt For:  Primary  General  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date		C	1000.00
Primary General		1	CONTRIBUTION
	Primary General		
SUBTOTAL of Receipts This Page (optional)	TOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. EDMUND ROWLAND, M.D.  Mailing Address 660 GOLDEN RIDGE  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SP-	RD.  State Zip Code CO 80401-9541  C	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
INE Receipt For:  Primary General  Other (specify) ▼	PHYSICIAN  Aggregate Year-to-Date ▼  217.00	
Full Name (Last, First, Middle Initial) MATTHEW I. RUDLOFF Mailing Address 356 FOUNTAIN LAKE	DR.	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11.1992
MEMPHIS  FEC ID number of contributing federal political committee.	TN 38120-1836	Amount of Each Receipt this Period  300.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER B Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) THOMAS A. RUSSELL		Date of Receipt
Mailing Address 240 LAGRANGE CRE	EK DR.	05 11 2011
City EADS	State Zip Code TN 38028-8014	Transaction ID: SA11.1993  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER II Aggregate Year-to-Date  250.00	CONTRIBUTION BEST EFFORTS
	•	

Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  MR. JOSEPH M. SAGGESE  Mailing Address TEN SHERRY HILL LN.  City  State  MANHASSET  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Aggree  Aggree  Aggree  C  Occup	Zip Code 33141	Date of Receipt    Date of Receipt   Date of Rec
Full Name (Last, First, Middle Initial) DR. CESAR SAENZ, M.D.  Mailing Address 40169TH ST. APT. 610  City State MIAMI FL  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)  City State MANHASSET  FEC ID number of contributing federal political committee.  City State MANHASSET  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Aggree  Occup INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Aggree	ation HOPAEDIC SURGEON gate Year-to-Date ▼  500.00	Transaction ID: SA11.2461  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR. JOSEPH M. SAGGESE Mailing Address TEN SHERRY HILL LN.  City State MANHASSET NY  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Occup INFO	OPAEDIC SURGEON gate Year-to-Date ▼ 500.00	
MR. JOSEPH M. SAGGESE  Mailing Address TEN SHERRY HILL LN.  City State  MANHASSET NY  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Aggree		
MANHASSET  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Aggree		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Aggree	Zip Code 11030-3221	Transaction ID: SA11.3434  Amount of Each Receipt this Period  1000.00
Other (specify) ▼	ation RMATION REQUESTED PER gate Year-to-Date ▼ 1000.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. JOHN P. SALVO, M.D.  Mailing Address 29 RADCLIFFE DR.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	•	Transaction ID: SA11.2462
VOORHEES NJ  FEC ID number of contributing federal political committee.  C	08043-3733	Amount of Each Receipt this Period  500.00
Name of Employer ROTHMAN INSTITUTE ORTH	ation IOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	gate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 168 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT H. SANDMEIER  Mailing Address 2038 NW. 127TH PL		Date of Receipt    M
City PORTLAND	State Zip Code OR 97229-8552	Transaction ID: SA11.1994  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupation INFORMATION REQUESTED PER I Aggregate Year-to-Date	CONTRIBUTION BEST EFFORTS
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) MR. JAMES A. SARTUCCI Mailing Address 10116 LIMESTONE (	DT.	Date of Receipt  0 6 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11.3435
POTOMAC	MD 20854-3945	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER I Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DR. AKHILESH SASTRY, M.D.  Mailing Address 25 WASHINGTON R		Date of Receipt
		05 13 2011
City RYE	State Zip Code NH 03870-2439	Transaction ID: SA11.2463  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation ORTHOPAEDIC DOCTOR	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	-	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. TIMOTHY G. SCHACHERER, M.D.  Mailing Address 8210 WALNUT HIL STE 130  City DALLAS  FEC ID number of contributing	L LN.  State Zip Code TX 75231-4418	Date of Receipt    M M
Name of Employer TEXAS ORTHOPAEDIC ASSOC.  Receipt For:  Primary  Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. ROBERT R. SCHEINBERG, M.D. Mailing Address 6338 PRESTONSH City	IRE LN. State Zip Code	Date of Receipt    M
DALLAS  FEC ID number of contributing federal political committee.  Name of Employer TEXAS ORTHOPAEDIC ASSOC. LLP. Receipt For: Primary General	TX 75225-2111  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DAVID L. SCHLACTUS  Mailing Address 30417 SW. HEATE	500.00 R RD.	Date of Receipt
City SHERWOOD FEC ID number of contributing federal political committee.	State Zip Code OR 97140-5056	Transaction ID: SA11.1997  Amount of Each Receipt this Period  500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  500.00	CONTRIBUTION BEST EFFORTS
CURTOTAL of Descints This Daws (entires	l)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. RAND L. SCHLEUSENER, M.D. Mailing Address 13389 BONE PATH  City RAPID CITY  FEC ID number of contributing federal political committee.	State Zip Code SD 57702-6215	Date of Receipt    M M M
Name of Employer BLACK HILL'S ORTHOPEDIC & SPINE CTR. Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date   500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) HARRY W. SCHMALTZ Mailing Address P.O. BOX 702		Date of Receipt  Date of Receipt  1 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11.1998
FEC ID number of contributing federal political committee.	PA 18471-0702  C Occupation	Amount of Each Receipt this Period  250.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	INFORMATION REQUESTED PER  Aggregate Year-to-Date ▼  250.00	BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. TODD A. SCHMIDT, M.D.		Date of Receipt
Mailing Address 2865 LAKE PARK DR		05 13 2011
City	State Zip Code	Transaction ID: SA11.2433
JONESBORO FEC ID number of contributing federal political committee.	GA 30236-4133	Amount of Each Receipt this Period 250.00
Name of Employer SOUTHERN ORTHOPAEDIC SPEC- IALISTS Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date   250.00	CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. HOWARD L. SCHUELE, M.D.  Mailing Address 32 WINSTON DR.  City BELLEAIR  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code FL 33756-1646  C  Occupation ORTHOPAEDIC SURGEON Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. JOHN P. SCHUTTE, M.D.  Mailing Address 1448 S. COLLEGE RE  City  LAFAYETTE  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:  Primary General Other (specify)	State Zip Code LA 70503-2920  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  250.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) DR. EDWARD SEADE  Mailing Address 4601 DUSIK LN.  City AUSTIN  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code TX 78746-7369  C  Occupation SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 5
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   119 / 168   (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
TFP-FOJB Committee  Full Name (Last, First, Middle Initial)			
DR. WAYNE J. SEBASTIANELLI, M.D.  Mailing Address 251 MEADOW LARK	LN.		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City BOALSBURG	State PA	Zip Code 16827-1804	Transaction ID: SA11.2000  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST BEST BEST BEST BEST BEST BEST BEST	<del>, '</del>	ATION REQUESTED PER E	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MATTHEW SHAPIRO Mailing Address 3946 BRAE BURN DF	R.		Date of Receipt
City EUGENE	State OR	Zip Code 97405-4973	Transaction ID: SA11.2002  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	· ·	ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. STEVEN L. SHAPIRO, M.D.			Date of Receipt
Mailing Address 18 CAPTAINS CROSS	SING		05 13 7 2011
City SAVANNAH	State GA	Zip Code 31411-2104	Transaction ID: SA11.2421  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupatio PHYSIC		CONTRIBUTION
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number	only)	·······	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL SHEERIN Mailing Address 8 ANNAPOLIS DR.  City	State Zip Code	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MARLTON	NJ 08053-3861	Transaction ID: SA11.2422  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ROTHMAN INSTITUTE  Receipt For:  Primary General  Other (specify) ▼	Occupation EXECUTIVE  Aggregate Year-to-Date   500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) PAUL S. SHERBONDY Mailing Address 507 BEAUMONT DR.		Date of Receipt  0 5 1 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2003
STATE COLLEGE	PA 16801-8311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) DR. NAOMI SHIELDS		Date of Receipt
Mailing Address 2910 N. FOX POINTE		05 25 7 2011
City WICHITA	State Zip Code KS 67226-2164	Transaction ID: SA11.2192
FEC ID number of contributing federal political committee.	KS 67226-2164	Amount of Each Receipt this Period  500.00
Name of Employer ADVANCED ORTHOPAEDIC ASSO- CIATES Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	CONTRIBUTION
Primary General Other (specify) ▼	500.00	
		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT M. SHIPMAN Mailing Address 2792 MILLSTONE PLA	ANTATION RD.	Date of Receipt    M
City TALLAHASSEE	State Zip Code FL 32312-3880	Transaction ID: SA11.2004  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR. RICHARD L. SHURE, M.D. Mailing Address 1285 ORANGE AVE.		Date of Receipt  0 5 1 3 2 0 1 1
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2423
WINTER PARK	FL 32789-4984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	500.00  CONTRIBUTION
Name of Employer JEWETT ORTHOPAEDIC CLINIC	Occupation ORTHOPAEDIC SURGEON	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) ERIC E. SIDES		Date of Receipt
Mailing Address 1700 MURCHISON ST	Ē. C	05 11 2011
City EL PASO	State Zip Code TX 79902-2931	Transaction ID: SA11.2005  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER I	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·	1250.00
	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions
TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. DANIEL H. SILCOX, M.D.		Date of Receipt
Mailing Address 725 TANGLEWOO		05 13 2011
City ATLANTA	State Zip Code GA 30327-4523	Transaction ID: SA11.2434  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PEACHTREE ORTHOPAEDIC CLI- NIC	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) IRA J. SINGER		Date of Receipt
Mailing Address 22 INTERVALE RD	•	05 11 2011
City	State Zip Code	Transaction ID: SA11.2006
PROVIDENCE	RI 02906-3734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) DR. RICHA SINGH, M.D.		Date of Receipt
Mailing Address 401 N. WABASH A UNIT 67E.		05 13 7 2011
City <u>CHICAGO</u>	State Zip Code IL 60611-3893	Transaction ID: SA11.2435  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MIDWEST ORTHOPEDICS AT RU- SH	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (optiona	l)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. NEIL SKEA, M.D.  Mailing Address 3203 TAHOE PEAK P  City RAPID CITY  FEC ID number of contributing federal political committee.  Name of Employer RAPID CITY MEDICAL CENTER  Receipt For: Primary General Other (specify)	L.  State Zip Code SD 57702-5238  C  Occupation PODIATRIST  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) DR. GREGORY S. SLAPPEY, M.D.  Mailing Address 139 FAIRWAY DR.  City CARROLLTON  FEC ID number of contributing federal political committee.  Name of Employer CARROLLTON ORTHOPAEDIC CL-INIC Receipt For: Primary General Other (specify)	State Zip Code GA 30117-4134  C  Occupation PHYSICIAN  Aggregate Year-to-Date  250.00	Date of Receipt    M   M   D   D   2 0 1 1     Transaction ID: SA11.2437   Amount of Each Receipt this Period   250.00   CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. JOHN M. SMALL, M.D.  Mailing Address 13020 N. TELECOM F  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	PKWY.  State Zip Code FL 33637-0925  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 124 / 168   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DR. ERIC B. SMITH, M.D.  Mailing Address 348 MERION RD.  City MERION STATION  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)		Zip Code 19066-1532 n PAEDIC SURGEON e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LYLE S. SORENSEN  Mailing Address 4120 MERIDIAN AVE  City SEATTLE  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify)	State WA  C  Occupation INFORM	Zip Code 98103-8308  n ATION REQUESTED PER E	Date of Receipt    M M
Full Name (Last, First, Middle Initial) DR. DAVID T. SOWA, M.D.  Mailing Address 301 CENTER MEETI  City CENTREVILLE  FEC ID number of contributing federal political committee.  Name of Employer FIRST STATE ORTHOPAEDICS  Receipt For: Primary General Other (specify)	State DE  C  Occupation ORTHOR	Zip Code 19807-1307 n PAEDIC SURGEON e Year-to-Date ▼	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	<u>'</u>	<b>)</b>	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 168 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
TFP-FOJB Committee			1
Full Name (Last, First, Middle Initial) DR. LANE D. SPERO, M.D.			Date of Receipt
Mailing Address 32 HOFFMANN RD.			05 25 2011
City CANTON	State CT	Zip Code 06019-2123	Transaction ID: SA11.2174
FEC ID number of contributing federal political committee.	C	00019-2123	Amount of Each Receipt this Period  1000.00
Name of Employer LHOA	Occupation		CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DR. ERIC J. STAHL, M.D.			Date of Receipt
Mailing Address 660 GOLDEN RIDGE F		7:- Ondo	05 13 2011
City <u>GOLDEN</u>	State CO	Zip Code 80401-9541	Transaction ID: SA11.2442  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		218.00
Name of Employer PANORAMA ORTHOPEDICS & SP- INE	Occupation PHYSICI		CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 218.00	
Full Name (Last, First, Middle Initial) MR. DANIEL C. STATLER			Date of Receipt
Mailing Address 745 MUIRFIELD DR.			0 6 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: SA11.2707
GREENSBURG  FEC ID number of contributing federal political committee.	PA C	15601-8949	Amount of Each Receipt this Period  2500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	-	ATION REQUESTED PER E	CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)			3718.00
TOTAL This Period (last page this line number of	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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JACK R. STEEL, M.D.  Mailing Address 630 FERN ST.  City HUNTINGTON  FEC ID number of contributing federal political committee.  Name of Employer SCOTT ORTHOPEDIC CENTER  Receipt For: Primary General Other (specify)	State Zip Code WV 25701-4807  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. KRIS D. STOWERS, M.D.  Mailing Address 3334 CAPITAL MEDIC  City TALLAHASSEE  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	State Zip Code FL 32308-8405  C  Occupation INFORMATION REQUESTED PER B  Aggregate Year-to-Date  250.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) DR. DOUGLAS J. STRAEHLEY, M.D.  Mailing Address 660 GOLDEN RIDGE  City GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PANORAMA ORTHOPEDICS & SPINE Receipt For: Primary General Other (specify)	RD.  State Zip Code CO 80401-9541  C  Occupation PHYSIATRIST  Aggregate Year-to-Date  218.00	Date of Receipt  M M M O D D O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)		718.00

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)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. BENJAMIN D. SUTKER, M.D. Mailing Address 2 HIBERNIA RD.  City SAVANNAH FEC ID number of contributing federal political committee.  Name of Employer SOUTHEASTERN ORTHOPEDIC	State Zip Code GA 31411-1452  C Occupation	Date of Receipt    M M M
CENTER Receipt For: Primary Other (specify)	ORTHOPAEDIC SURGEON  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  MR. VICTOR P. SVEC  Mailing Address 1914 WHITE BIRCH	LN.	Date of Receipt  O 6 1 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2701
FEC ID number of contributing federal political committee.	C 62226-7833	Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary  General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER B Aggregate Year-to-Date 1000.00	BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. G. MARK SYLVAIN, M.D.	.1	Date of Receipt
Mailing Address 1050 RANCHO CIR.		0 5 1 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2409
LAS VEGAS  FEC ID number of contributing federal political committee.	NV 89107-4623	Amount of Each Receipt this Period  500.00
Name of Employer ORTHOPAEDICS SPECIALIST	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
	.1	1750.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso	
TFP-FOJB Committee	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. REGINALD L. TALL, M.D.  Mailing Address 1285 ORANGE AVE.  City WINTER PARK  FEC ID number of contributing federal political committee.	State Zip Code FL 32789-4984  C	Date of Receipt    M
Name of Employer JEWETT ORTHOPAEDIC CLINIC  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   400.00	
ROBERT TATSUM  Mailing Address 14167 TAYLORS CRE	EST LN.	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City  LAKE OSWEGO  FEC ID number of contributing	State Zip Code OR 97035-1831	Transaction ID: SA11.2013  Amount of Each Receipt this Period  500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. DAVID TEMPLEMAN  Mailing Address 1180 TOUKAWA RD.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ORONO	State Zip Code MN 55356-9240	Transaction ID: SA11.2172  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer HFCA	Occupation ORTHO. TRAUMA	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1400.00

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 168 (check only one)    X
Any information copied from or for commercial purposes,  NAME OF COMMITTEE  TFP-FOJB Committe	other than using the name and a (In Full)	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mi RICHARD M. TEREK Mailing Address 536 V City PROVIDENCE  FEC ID number of contrib federal political committee Name of Employer INFORMATION REQUE	VAYLAND AVE.  State RI  cutting	Zip Code 02906-4723	Date of Receipt    M M
BEST EFFORTS Receipt For:	INFOR	MATION REQUESTED PER E te Year-to-Date ▼ 250.00	BEST EFFORTS
Full Name (Last, First, Mi DR. DAVID D. TEUSCHER Mailing Address 825 T	, M.D.		Date of Receipt  0 5 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: SA11.2411
BEUMONT	TX	77706-4618	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee	. C		500.00  CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupati ORTHO	on DPAEDIC SURGEON	OCIVITIEDITION
Receipt For:  Primary  Other (specify) ▼	eneral Aggrega	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Mi DR. DAVID THOMPSON, Mailing Address 650 T			Date of Receipt  0 5 2 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11.2182
BEAUMONT FEC ID number of contrib federal political committee		77706-6416	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUE BEST EFFORTS Receipt For:	IORTHO	on DPEDIC SURGEON te Year-to-Date ▼	CONTRIBUTION
	eneral	500.00	
SUBTOTAL of Receipts Th	in December (authors)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. WILLIAM H. THOMPSON, M.D.  Mailing Address 3334 CAPITAL MEDIC  City TALLAHASSEE  FEC ID number of contributing federal political committee.  Name of Employer FEDERAL PACA  Receipt For: Primary General Other (specify)	State Zip Code FL 32308-8405  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y 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
Full Name (Last, First, Middle Initial) DR. STEVEN J. THORNTON, M.D.  Mailing Address 10750 BUSHIRE DR.  City DALLAS  FEC ID number of contributing federal political committee.  Name of Employer TEPA ORTHOPAEDIC ASSOC. LLP. Receipt For: Primary General Other (specify)	State Zip Code TX 75229-5329  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11.2412  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. CURTIS THORPE, M.D.  Mailing Address 4820 CHRISTINA LN.  City BEAUMONT  FEC ID number of contributing federal political committee.  Name of Employer BEAUMONT BONE & JOINT  Receipt For:  Primary General Other (specify)	State Zip Code TX 77706-7703  C  Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 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

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)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any pers name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. THOMAS W. THROCKMORTON, M.D. Mailing Address 4901 FAIRFIELD CIR.		Date of Receipt  Date of Receipt  1 1 2 0 1 1
City MEMPHIS	State Zip Code TN 38117-4209	Transaction ID: SA11.2018
FEC ID number of contributing federal political committee.	TN 38117-4209	Amount of Each Receipt this Period  250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date ▼	EEST EFFORTS
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) PATRICK TLUSTOS Mailing Address 3357 BROADMOOR [	PR.	Date of Receipt  Date of Receipt  1 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2414
RAPID CITY	SD 57702-5308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer NORTHWESTERN ENGINEERING CO.	Occupation PRESIDENT	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DR. WILLIAM V. TOBEL, M.D. Mailing Address 5 ISLEWORTH DR.	I	Date of Receipt
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11.2405
HENDERSON	NV 89052-6458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00 CONTRIBUTION
Name of Employer PMAC	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. JOHN R. TONGUE, M.D.  Mailing Address 930 SW. W. POINT R	D.	Date of Receipt  0 5 1 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2019
LAKE OSWEGO FEC ID number of contributing federal political committee.	OR 97034-3748	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PATRICK TOY Mailing Address 447 SHELLEY RENEE	E LN.	Date of Receipt
City	State Zip Code	0 5 1 1 2 0 1 1 Transaction ID: SA11.2020
CORDOVA	TN 38018-4310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:	Occupation INFORMATION REQUESTED PER  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) DR. BRADFORD S. TUCKER, M.D.		Date of Receipt
Mailing Address 220 CLIPPER DR.		0 4 2 5 Y Y Y Y Y Y
City OCEAN CITY	State Zip Code NJ 08226-1114	Transaction ID: SA11.1758  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ROTHMAN INSTITUTE	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUPTOTAL of Pagainta This Paga (antional)		1800.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 168 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	ts and Statements may not be sold or used by any person sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MR. CHARLES C. UNGUREAN Mailing Address 2375 CAMBRID  City COSHOCTON  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General	State Zip Code OH 43812-9133	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) DR. RENNY UPPAL Mailing Address 555 N. ARLING  City RENO FEC ID number of contributing federal political committee.  Name of Employer RENO ORTHOPAEDIC CLINIC  Receipt For:		Date of Receipt    M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) LUIS H. URREA Mailing Address 1700 MURCHIS  City EL PASO FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General	State Zip Code TX 79902-2931  C  Occupation INFORMATION REQUESTED PER B Aggregate Year-to-Date ▼	Date of Receipt    M M
Other (specify) ▼  SUBTOTAL of Receipts This Page (op	500.00	5750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any personal statements may not be sold or used by any personal statements.	FOR LINE NUMBER: PAGE 134 / 168 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	e name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. ROBERT E. URREA, M.D.  Mailing Address 6211 EDGEMERE ST  City EL PASO	FE. 1 State Zip Code TX 79925-3413	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER I Aggregate Year-to-Date   500.00	CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. KATHERINE VADASDI, M.D. Mailing Address 1 BENJAMIN ST.  City OLD GREENWICH	State Zip Code CT 06870-1803	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer ONS  Receipt For:  Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date  250.00	250.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. WILLIAM R. VANDIVER, M.D.  Mailing Address 709 W. HIGHWAY 24 STE. B  City  KAUFMAN	13 State Zip Code TX 75142-1878	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER I Aggregate Year-to-Date   500.00	500.00 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 168 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. THOMAS VATER  Mailing Address 7200 W. CATHEDRAL SUITE 210  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer VATER SPINE SURGICAL ASSO-	State Zip Code NV 89128-1121  C Occupation PHYSICIAN	Date of Receipt    M M
C. Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) DR. MICHAEL B. VESSELY, M.D. Mailing Address 522 2ND ST.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2023
LAKE OSWEGO  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	OR 97034-3129  C  Occupation INFORMATION REQUESTED PER B	Amount of Each Receipt this Period  250.00  CONTRIBUTION  BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAN C. VEST Mailing Address 281 FOUNTAIN DR.		Date of Receipt
011	7'. 0.4	05 11 2011
City GLEN CARBON	State Zip Code IL 62034-1389	Transaction ID: SA11.2024  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation INFORMATION REQUESTED PER B Aggregate Year-to-Date ▼ 500.00	EST EFFORTS
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)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any per ne name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) CARLOS O. VIESCA  Mailing Address 1700 MURCHISON S  City EL PASO  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	STE. C  State Zip Code TX 79902-2931  C  Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. PETER E. VONDERAU, M.D.  Mailing Address 7109 PRESTWICK R  City RAPID CITY  FEC ID number of contributing federal political committee.  Name of Employer REHAB DOCTORS  Receipt For: Primary General Other (specify)	State Zip Code SD 57702-9528  C  Occupation PHYSIATRIST  Aggregate Year-to-Date  500.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) DR. ANAND VORA  Mailing Address 1375 KURTIS LANE  City LAKE FOREST  FEC ID number of contributing federal political committee.  Name of Employer IBJT  Receipt For: Primary General Other (specify)	State Zip Code IL 60045-4306  C  Occupation PHYSICIAN  Aggregate Year-to-Date  250.00	Date of Receipt  M M J D D J Z D J Z D 1 1  Transaction ID: SA11.2211  Amount of Each Receipt this Period  250.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 168 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DANIEL WALSH  Mailing Address 925 CHESTNUT ST.  City PHILADELPHIA  FEC ID number of contributing federal political committee.  Name of Employer ROTHMAN INSTITUTE  Receipt For: Primary General Other (specify)	State Zip Code PA 19107  C  Occupation EXECUTIVE  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  O 5 1 3 2 0 1 1  Transaction ID: SA11.2425  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. ERIC F. WALSH, M.D.  Mailing Address 11 GEORGE ST.  City BARRINGTON  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify)	State Zip Code RI 02806-1719  C  Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DR. JAMES WALTER, M.D.  Mailing Address 2053 REMINGTON LN  City FRISCO FEC ID number of contributing federal political committee.  Name of Employer TEXAS ORTHOPAEDIC ASSOC.  Receipt For: Primary General Other (specify)	State Zip Code TX 75034-7636  C  Occupation PHYSICIAN Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D D Y Y Y Y Y Y  Transaction ID: SA11.2424  Amount of Each Receipt this Period  500.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. MICHAEL A. WASYLIK, M.D. Mailing Address 10303 RECLINATA L  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED	N.  State Zip Code FL 33618-4434  C  Occupation ORTHOPAEDIC SURGEON	Date of Receipt    M M M
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOHN C. WEINLEIN, IV Mailing Address 931 SPANISH TRAIL	LN.	Date of Receipt  Date of Receipt  1 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2029
CORDOVA	TN 38018-2846	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	Occupation INFORMATION REQUESTED PER  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) DR. STEVEN B. WERTHEIM, M.D.		Date of Receipt
Mailing Address 70 OLD STRATTON	CHASE NW.	M M / D D / Y Y Y Y Y O D D / 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2427
ATLANTA  FEC ID number of contributing federal political committee.	GA 30328-3652	Amount of Each Receipt this Period 500.00
Name of Employer RESURGEONS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 139 / 168   (check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	Tiamo ana aa	political definition to	, concil contributions from cool committees.
TFP-FOJB Committee			
Full Name (Last, First, Middle Initial) DR. MICHAEL E. WEST, M.D.			Date of Receipt
Mailing Address 3512 TUSCANY DR.			04 25 2011
City	State	Zip Code	Transaction ID: SA11.1777
PHILADELPHIA	PA	19145-5742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ROTHMAN INSTITUTE	Occupation EXECUT		CONTRIBUTION
Receipt For:	Aggregate	Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) RICHARD S. WESTBROOK			Date of Receipt
Mailing Address 42 STRATFORD HALL	. CIR.		05 11 2011
City	State	Zip Code	Transaction ID: SA11.2030
EL PASO	TX	79912-4150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00  CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER	Occupation	n ATION REQUESTED PER I	
BEST EFFORTS Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00	]
Full Name (Last, First, Middle Initial) GERALD R. WILLIAMS, JR., M.D.			Date of Receipt
Mailing Address 859 LESLEY RD.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11.2036
VILLANOVA	PA	19085-1117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORM	1 ATION REQUESTED PER I	CONTRIBUTION  BEST EFFORTS
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00
TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. GERALD R. WILLIAMS, JR., M.D. Mailing Address 859 LESLEY RD.  City VILLANOVA FEC ID number of contributing federal political committee.	State Zip Code PA 19085-1117  C	Date of Receipt  M M M / 25 / 2011  Transaction ID: SA11.1775  Amount of Each Receipt this Period  1500.00
Name of Employer ROTHMAN INSTITUTE  Receipt For:  Primary General Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   1500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) DR. CHARLES H. WINGO, M.D. Mailing Address 3334 CAPITAL MEDI	CAL BLVD. STE. 40	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2035
TALLAHASSEE	FL 32308-8405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  500.00	
Full Name (Last, First, Middle Initial) DR. ROLAND H. WINTER, M.D.	<u> </u>	Date of Receipt
Mailing Address 5660 E. ACORN CT.		05 11 2011
City	State Zip Code	Transaction ID: SA11.2034
STOCKTON  FEC ID number of contributing federal political committee.	CA 95212-2633	Amount of Each Receipt this Period  500.00
Name of Employer FEDERAL PACA	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	-	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 168 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. DOUGLAS WONG, M.D.		Date of Receipt
Mailing Address 660 GOLDON RIDGE	ERD.	05 13 2011
City	State Zip Code	Transaction ID: SA11.2429
GOLDEN	CO 80401-9541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	217.00
Name of Employer PANORAMA ORTHOPEDICS & SP- INE	Occupation PHYSICIAN	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	217.00	
Full Name (Last, First, Middle Initial) GEORGE WOOD		Date of Receipt
Mailing Address 4515 WALNUT GRO	VE RD.	05 11 2011
City	State Zip Code	Transaction ID: SA11.2041
MEMPHIS	TN 38117-2449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER	CONTRIBUTION BEST EFFORTS
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) DR. RICHARD WULFF, M.D.		Date of Receipt
Mailing Address 305 BAYSWATER C	Г.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2430
LAS VEGAS	NV 89145-8667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF EMPLOYED	Occupation ORTHOPAEDIC SURGEON	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		967.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any personal parties and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. E. SCOTT YERGER, M.D.  Mailing Address 1448 SOUTH COLLE	GE RD.	Date of Receipt  0 5 2 5 2 0 1 1
City LAFAYETTE	State Zip Code LA 70503-2920	Transaction ID: SA11.2212  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED  Receipt For:  Primary General  Other (specify) ▼	Occupation ORTHOPAEDIC SURGEON  Aggregate Year-to-Date   250.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) MR. JUNG U. YOO Mailing Address 2606 NW. LOVEJOY	ST.	Date of Receipt  0 5 2 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11.2345
PORTLAND  FEC ID number of contributing federal political committee.	OR 97210-2808	Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼	Occupation INFORMATION REQUESTED PER I Aggregate Year-to-Date   500.00	CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) DEANA YOUNG		Date of Receipt
Mailing Address 2 CASCADE LAKE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAS VEGAS	State Zip Code NV 89148-2791	Transaction ID: SA11.2173  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER I	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 168 (check only one)    X   11a
Ar or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TFP-FOJB Committee		
<u>/</u>	Full Name (Last, First, Middle Initial) FOREST COUNTY POTAWATOMI COMMUNI	TY	Date of Receipt
	Mailing Address P.O. BOX 340		M M / D D / Y Y Y Y Y Y 1 1 1 2 0 1 1
	City	State Zip Code	Transaction ID: SA11.1848
	CRANDON	WI 54520-0340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5000.00
	Name of Employer	Occupation	CONTRIBUTION
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	5000.00	Partner Attribution Requested
	Full Name (Last, First, Middle Initial) MONTEREY PENINSULA SURGERY CENTER	R, LLC	Date of Receipt
	Mailing Address 966 CASS ST. STE. 210		06 13 2011
	City	State Zip Code	Transaction ID: SA11.2708
	MONTEREY	CA 93940-4522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2500.00
	Name of Employer	Occupation	CONTRIBUTION
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	SEE ATTRIBUTION BELOW
	Full Name (Last, First, Middle Initial) DR. JON BENNER, M.D.		Date of Receipt
	Mailing Address 966 CASS ST. STE. 210		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11.2710
	MONTEREY	CA 93940-4522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION  BEST EFFORTS
	Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼	250.00	Partnership
			7500.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 168 (check only one)    X
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TFP-FOJB Committee		
Full Name (Last, First, Middle Initial) DR. MARK HOWARD, M.D.		Date of Receipt
Mailing Address 966 CASS ST. STE. 210		06 13 2011
City MONTEREY	State Zip Code CA 93940-4522	Transaction ID: SA11.2709  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	[MEMO ITEM] Partnership
Full Name (Last, First, Middle Initial) DR. MICHAEL KLASSEN, M.D.	<b>-</b>	Date of Receipt
Mailing Address 966 CASS ST. STE. 210		06 13 7 2011
City MONTEREY	State Zip Code CA 93940-4522	Transaction ID: SA11.2712
FEC ID number of contributing federal political committee.	C 33340-4322	Amount of Each Receipt this Period  1750.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION BEST EFFORTS
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	1750.00	Partnership
Full Name (Last, First, Middle Initial) MR. THOMAS D. WILSON	<u> </u>	Date of Receipt
Mailing Address 966 CASS ST. STE. 210		0 6 1 3 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.2711
MONTEREY  FEC ID number of contributing federal political committee.	CA 93940-4522	Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION BEST EFFORTS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	[MEMO ITEM] Partnership
	tional)	0.00

PAGE 145 / 168 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TFP-FOJB Committee Full Name (Last, First, Middle Initial) ORTHOPEDIC SCIENCES LLC Date of Receipt Mailing Address 3020 OLD RANCH PKWY. STE. 325 05 2011 11 Zip Code City State Transaction ID: SA11.1974 SEAL BEACH CA 90740-2765 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. CONTRIBUTION Name of Employer Occupation Receipt For: Aggregate Year-to-Date General Primary Partner Attribution Reque-1000.00 Other (specify) Full Name (Last, First, Middle Initial) В. PACIFIC RIM ORTHOPAEDIC SURGEONS LLC Date of Receipt Mailing Address 2979 SQUALICUM PKWY. STE. 203 0 5 11 2011 City State Zip Code Transaction ID: SA11.1976 **BELLINGHAM** WA 98225-1811 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. CONTRIBUTION Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Aggregate Year-to-Date Primary General Partner Attribution Reque-400.00 sted Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1400.00
TOTAL This Period (last page this line number only)	<b></b>	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)  11a 11b X 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN GILL Mailing Address P.O. BOX 25455  City DALLAS FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code TX 75225-1455  C  Occupation  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial)  AETNA INC PAC  Mailing Address 20 F ST. NW  STE. 350  City  WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20001-6700  C C00181826  Occupation  Aggregate Year-to-Date  10000.00	Date of Receipt  M M / 26 / 2011  Transaction ID: SA11.1741  Amount of Each Receipt this Period  10000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) ALLIANCE COAL PAC Mailing Address P.O. BOX 22027  City TULSA  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code OK 74121-2027  C C00330233  Occupation  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 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)	<b>&gt;</b>	15500.00

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 168 (check only one)  11a 11b X 11c 12  13 14 15 16 1
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
. <u>/</u> 	TFP-FOJB Committee  Full Name (Last, First, Middle Initial)  AMERICAN ACADEMY OF OTOLARYNGOLOGO	GY- ENT PAC	Date of Receipt
	Mailing Address 1650 DIAGONAL RD  City	State Zip Code	0 6 1 3 2 0 1 1 Transaction ID: SA11.2695
	ALEXANDRIA	VA 22314-2857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00306449	10000.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER	CONTRIBUTION BEST EFFORTS
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	
	Full Name (Last, First, Middle Initial)  AMERICAN ACADEMY OF OPHTHALMOLOG		Date of Receipt
	Mailing Address 1101 VERMONT AVE STE. 700		06 / 13 / 2011
	City WASHINGTON	State Zip Code DC 20005-3526	Transaction ID: SA11.2696
	FEC ID number of contributing federal political committee.	<b>C</b> C00196246	Amount of Each Receipt this Period  10000.00
	Name of Employer	Occupation	CONTRIBUTION
	Receipt For:  Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	10000.00	
	Full Name (Last, First, Middle Initial)  AMERICAN COLLEGE OF RADIOLOGY ASSO	CIATION PAC	Date of Receipt
	Mailing Address 1891 PRESTON WH	TE DR.	06 13 7 2011
	City	State Zip Code	Transaction ID: SA11.2691
	RESTON FEC ID number of contributing federal political committee.	VA 20191-4326 C C00343459	Amount of Each Receipt this Period 7500.00
	Name of Employer	Occupation	CONTRIBUTION
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	7500.00	
	SURTOTAL of Receipts This Page (optional)		27500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 168 (check only one)  11a 11b X 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  AMERICAN INSURANCE ASSOCIATION PAC  Mailing Address 1130 CONNECTICUT  STE. 1000  City  WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	AVE. NW  State Zip Code DC 20036-3910  C C00103143  Occupation  Aggregate Year-to-Date  2500.00	Date of Receipt  M M / 26 / 2011  Transaction ID: SA11.1742  Amount of Each Receipt this Period  2500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial)  AMERICAN MEAT INST. PAC  Mailing Address 1150 CONNECTICUT  FL. 12  City  WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General  Other (specify)	AVE. NW.  State Zip Code DC 20036-4104  C C00024281  Occupation  Aggregate Year-to-Date   5000.00	Date of Receipt    M   M   24   2011   Transaction ID: SA11.2346   Amount of Each Receipt this Period   5000.00   CONTRIBUTION
Full Name (Last, First, Middle Initial)  AMERICAN SOCIETY OF PENSION PROFESSION  Mailing Address 4245 N. FAIRFAX DR.  STE. 750  City  ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General  Other (specify)	State Zip Code VA 22203-1648  C C00333104  Occupation  Aggregate Year-to-Date  2500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		10000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 168 (check only one)  11a 11b X 11c 12 13 14 15 16 1
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TFP-FOJB Committee	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  AMERICAN WATERWAYS OPERATORS PAC  Mailing Address 801 N. QUINCY ST.  STE. 200  City  ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State Zip Code VA 22203-1708  C C00034678  Occupation  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  M M M D D D Y Y Y Y Y Y Y  Transaction ID: SA11.3440  Amount of Each Receipt this Period  2500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) AMO VOLUNTARY PAC  Mailing Address 2 W DIXIE HWY.  City DANIA BEACH  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code FL 33004-4312  C C00027532  Occupation  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  M M M / D D D 2 0 1 1  Transaction ID: SA11.2693  Amount of Each Receipt this Period  5000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) ARIZONA ORTHOPAEDIC SOCIETY PAC  Mailing Address 810 W. BETHANY HON  City PHOENIX  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	ME RD.  State Zip Code AZ 85013-1654  C C00279836  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M D D D D Y Y Y Y Y Y  Transaction ID: SA11.1779  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		8500.00

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)  11a 11b X 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRAIN PAC AMERICAN ACADEMY OF NEURO Mailing Address 1080 MONTREAL AVE  City ST. PAUL  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) CAREMARK RX INC. PAC  Mailing Address 1300 I ST. NW STE. 525 W.  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20005-3306  C C00384818  Occupation  Aggregate Year-to-Date  2500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) CEI & CNX GAS PAC  Mailing Address 1000 CONSOL ENERGY  City CANONSBURG  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	GY DR.  State Zip Code PA 15317-6506  C C00279331  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M C 23 2 2011  Transaction ID: SA11.2946  Amount of Each Receipt this Period  5000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		10000.00

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 X 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) COALPAC  Mailing Address 101 CONSTITUTION STE. 500 E.  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	State Zip Code DC 20001-2133  C C00109819  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y 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
Full Name (Last, First, Middle Initial) CONSUMER BANKERS ASSOCIATION PAC Mailing Address 1000 WILSON BLVE STE 2500 City ARLINGTON FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	State Zip Code VA 22209-3909  C C00035535  Occupation  Aggregate Year-to-Date	Date of Receipt  M M / 26 2011  Transaction ID: SA11.1746  Amount of Each Receipt this Period  10000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) CONSUMER HEALTHCARE PRODUCTS AS Mailing Address 900 19TH ST. NW. STE. 700 City WASHINGTON FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary Other (specify)	SSOC. PAC  State Zip Code DC 20006-2127  C C00040584  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y  0 6 28 2011  Transaction ID: SA11.3442  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		16000.00

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) 11a 11b X 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CORINTHIAN COLLEGES INC. PAC  Mailing Address 6 HUTTON CENTRE E STE. 400  City SANTA ANA  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	OR.  State Zip Code CA 92707-8762  C C00357640  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: SA11.3443  Amount of Each Receipt this Period  2500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) CROWLEY MARITIME CORPORATION FEDER Mailing Address 9487 REGENCY SQ. E  City  JACKSONVILLE  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	AL PAC	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 6 28 2011  Transaction ID: SA11.3439  Amount of Each Receipt this Period  2500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) DELTA AIR LINES PAC  Mailing Address 1212 NEW YORK AVE STE 200  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20005-6609  C C00104802  Occupation  Aggregate Year-to-Date  5000.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  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

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)  11a 11b X 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GREAT LAKES DREDGE & DOCK COMPANY F Mailing Address 2122 YORK RD.  City OAK BROOK FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code IL 60523-1930  C C00264937  Occupation  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 28 2011  Transaction ID: SA11.3444  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) HERBALIFE INTERNATIONAL PAC Mailing Address 1800 CENTURY PARK  City LOS ANGELES  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code CA 90067-1501  C C00393298  Occupation  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M C 28 2011  Transaction ID: SA11.3438  Amount of Each Receipt this Period  2500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) HORIZON LINES PAC  Mailing Address 4064 COLONY RD. STE. 200  City CHARLOTTE  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code NC 28211-5108  C C00385179  Occupation INFORMATION REQUESTED PER B Aggregate Year-to-Date  2500.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		5500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 168 (check only one)  11a 11b X 11c 12 13 14 15 16 17  Page 154 / 168
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MEDCO HEALTH PAC  Mailing Address 2350 KERNER BLV  STE. 250	ľD.	Date of Receipt  0 4 2 6 2 0 1 1
City	State Zip Code	Transaction ID: SA11.1744
SAN RAFAEL	CA 94901-5596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00384362	5000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	]
Full Name (Last, First, Middle Initial)  MINEPAC  Mailing Address of the CONDITITION	NI AVE NIM	Date of Receipt
Mailing Address 101 CONSTITUTIO STE. 500 E.	N AVE. NW	06 13 7 2011
City	State Zip Code	Transaction ID: SA11.2687
WASHINGTON FEC ID number of contributing federal political committee.	DC 20001-2133  C C00304634	Amount of Each Receipt this Period  5000.00  CONTRIBUTION
Name of Employer	Occupation	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) NATIONAL ELECTRICAL MANUFACTUREF Mailing Address 1300 17THST. N. STE. 1752	RS ASSOCIATION PAC	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11.3445
ROSSLYN  FEC ID number of contributing federal political committee.	VA 22209-3801  C C00331173	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional	l)	12500.00
TOTAL This Period (last page this line num	ber 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 X 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NATIONAL MULTI HOUSING COUNCIL PAC Mailing Address 1850 M ST. NW. STE. 540 City WASHINGTON FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20036-5816  C C00130773  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) NATIONAL PROPANE GAS ASSOCIATION PAC Mailing Address 1150 17THST. NW. STE. 310  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20036-4623  C C00079681  Occupation  Aggregate Year-to-Date ▼	Date of Receipt    M   M   28   2011   Transaction ID: SA11.3446   Amount of Each Receipt this Period   10000.00   CONTRIBUTION
Full Name (Last, First, Middle Initial) OHIO COAL PAC Mailing Address 17 S. HIGH ST. SUITE  City COLUMBUS  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	215  State Zip Code OH 43215-3413  C C00381277  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 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

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 X 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) OVERSEAS SHIPHOLDING GROUP, INC. PAC Mailing Address 666 THIRD AVE.  City NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 10017-4011  C C00411389  Occupation  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) PITNEY BOWES INC PAC  Mailing Address 1 ELMCROFT ROAD MSC 63-20  City STAMFORD  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code CT 06926-0700  C C00339499  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) RJ REYNOLDS PAC  Mailing Address 401 N. M AIN ST. P.O. BOX 718  City WINSTON SALEM  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NC 27102-0718  C C00042002  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  O 5
SUBTOTAL of Receipts This Page (optional)		12500.00

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 X 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SEAFARERS PAC Mailing Address 5201 AUTH WY.  City CAMP SPRINGS  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code MD 20746-4211  C C00004325  Occupation  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SHIPBUILDERS COUNCIL OF AMERICA INC. I Mailing Address 1455 F ST. NW. STE. 225  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20002-5421  C C00374355  Occupation  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) STINSON MORRISON HECKER PAC  Mailing Address 1201 WALNUT ST. STE. 2900  City KANSAS CITY  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code MO 64106-2178  C C00459065  Occupation  Aggregate Year-to-Date  2000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	9500.00

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 X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TFP-FOJB Committee	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THE AMERICAN GAMING ASSOCIATION PAC Mailing Address 1299 PENNSYLVANIA STE. 1175 City WASHINGTON FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2426  C C00309146  Occupation  Aggregate Year-to-Date  2500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) THE SHAW GROUP INC. PAC  Mailing Address 1050 K ST. NW. STE. 620  City  WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20001-4456  C C00104885  Occupation  Aggregate Year-to-Date  2500.00	Date of Receipt    M   M   28   2011   Transaction ID: SA11.3449   Amount of Each Receipt this Period   2500.00   CONTRIBUTION
Full Name (Last, First, Middle Initial) TIME WARNER CABLE FEDERAL PAC  Mailing Address 901 F ST. NW STE. 800  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20004-1477  C C00431551  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M Z G Z G Z D 1 1  Transaction ID: SA11.1745  Amount of Each Receipt this Period  5000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		10000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 168 (check only one)  11a 11b X 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) TFP-FOJB Committee  Full Name (Last, First, Middle Initial)		
TRIANGLE ORTHOPAEDIC ASSOCIATES F Mailing Address 120 WILLIAM PENI City		Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
DURHAM	NC 27704-2150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00418582	2000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	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)  11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) TFP-FOJB Committee				
A.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK Milling Address 44445 A LANCHUM NAME				Date of Receipt
	Mailing Address 1445-A LAUGHLIN AVE				06 02 2011
	City	State	Zip Code	L	Transaction ID: SB15
	MCLEAN	VA	22101		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			245.00
	Name of Employer	Occupation	n		VENDOR REFUND - BANK FEE
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 0.00		

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	245.00
TOTAL This Period (last page this line number only)	<b>•</b>	245.00

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C.

**SCHEDULE B (FEC Form 3X)** FOR LINE NUMBER: PAGE 161 / 168 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 24 25 26 Detailed Summary Page 27 28a 28b 28c 29 30b 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 Full Name (Last, First, Middle Initial) Transaction ID: SB21B.1 ACCURATE WORD LLC Date of Disbursement 0 3้ 0 6 2011 Mailing Address 4481 SOUTHERN BUSINESS PARK DR. City Zip Code State Amount of Each Disbursement this Period WHITE PLAINS MD 20695 255.68 Purpose of Disbursement **PRINTING** Candidate Name Category/ Type Office Sought: 2012 Disbursement For: House DISBURSEMENT SOLELY ON BEHALF OF JFC. X Primary Senate General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.2 **BIGHORN GOLF CLUB** Date of Disbursement 0 5 2011 Mailing Address 255 PALOWET DR. City State Zip Code Amount of Each Disbursement this Period PALM DESERT 92260 CA 22787.82 Purpose of Disbursement FACILITY RENTAL/CATERING Candidate Name Category/ Type Office Sought: House Disbursement For: 2012 Senate X Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.3 CHAIN BRIDGE BANK Date of Disbursement 2011 Mailing Address 1445-A LAUGHLIN AVE. City State Zip Code Amount of Each Disbursement this Period **MČLEAN** VA 22101 250.00 Purpose of Disbursement BANK FEE Candidate Name Category/ Type Office Sought: House Disbursement For: 2012 Senate X Primary General President Other (specify) State: District: 23293.50 SUBTOTAL of Disbursements This Page (optional) ...  $\triangleright$ 

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

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CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 162 / 168 y one)
LIMIZED DISDONSLIMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
y Information copied from such Reports and Sta for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) TFP-FOJB Committee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name (Last, First, Middle Initial)			
CHAIN BRIDGE BANK			Transaction ID: SB21B.4 Date of Disbursement
Mailing Address 1445-A LAUGHLIN AV	Æ.		$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City MCLEAN	State Zip Code VA 22101		Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE			250.00
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President State: District:	rsement For: 2012  X Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.5
CHAIN BRIDGE BANK			Date of Disbursement
Mailing Address 1445-A LAUGHLIN AV	/E.		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City MCLEAN	State Zip Code VA 22101		Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE		0 0	45.25
Candidate Name		Category/ Type	
Senate President	rsement For: 2012  X Primary General  Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: CD01D C
CHARLIE PALMER STEAK			Transaction ID: SB21B.6 Date of Disbursement
Mailing Address 101 CONSTITUTION	AVE. #150		$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City WASHINGTON	State Zip Code DC 20001		Amount of Each Disbursement this Period
Purpose of Disbursement CATERING			4356.00
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President	rsement For: 2012  X Primary General Other (specify)		
State: District:			

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

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			E NUMBER: PAGE 16							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Cite	ck only 21b	one) 22	<u> </u>	3	24		25		26
			27	28a		3b	28c		29		30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan										S	
NAME OF COMMITTEE (In Full)											
TFP-FOJB Committee											
Full Name (Last, First, Middle Initial)				T			: SB21	D 7			
COMPLIANCE CONSULTING					action of Disb			В./			
Mailing Address PO BOX 365				0 <sup>M</sup> 5	M /	<sup>D</sup> 3	3 <b>1</b>	Ý Ž	01	1	
City	State Zip Code			Amou	nt of E	ach	Disburse	emen	t this	Period	_
MCLEAN	VA 22101							20	00.00	,	٦
Purpose of Disbursement COMPLIANCE CONSULTING					-			20	00.00	,	_
Candidate Name		Catego	ry/								
0/6 0 11 0 1	. 5	Туре									
š 🗎 📗	ement For: 2012  C Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING							: SB21	B.8			
				M	of Disb		ement 6	Y <u>Y</u>	′ . Y .	. Y	
Mailing Address PO BOX 365				0 6		1	6	2	0 1 ·	1	
City MCLEAN	State Zip Code VA 22101			Amou	nt of E	ach	Disburse	emen	t this I	Period	_
Purpose of Disbursement	22101		_					20	00.00	)	
COMPLIANCE CONSULTING		<u> </u>									
Candidate Name		Catego Type	ry/								
9 🗎	ement For: 2012										
Senate >	C Primary General Other (specify) ▼										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)							: SB21	B.10	)		
ELAVON					of Disb м /			v - v	/ ° \/ °	V	
Mailing Address ONE CONCOURSE PK	WY. STE. 300			0 6	М /	2	20 /	, 2	0 1 -	1	
City ATLANTA	State Zip Code GA 30328			Amou	nt of E	ach	Disburse	emen	t this	Period	_
Purpose of Disbursement			$\neg$	L.				5	00.00	)	
CREDIT CARD MERCHANT FEE		Catana	/								
Candidate Name		Catego Type	y/								
š 🗎 📗	ement For: 2012										
Senate President	C Primary General Other (specify) ▼										
State: District:	_ Califor (Specify) \										
'							• • •	A = -	00.01		ī
SUBTOTAL of Disbursements This Page (optional)								45	00.00	,	_

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

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 164 / 168				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 2	24 25 26 28c 29 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person fo	or the purpose of soliciting	ng contributions				
NAME OF COMMITTEE (In Full) TFP-FOJB Committee								
Full Name (Last, First, Middle Initial) ELAVON			Transaction ID: SE Date of Disbursemen	=				
Mailing Address ONE CONCOURSE PKW	/Y. STE. 300		$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix}$	2011				
,	State Zip Code GA 30328		Amount of Each Disb	ursement this Period				
Purpose of Disbursement CREDIT CARD MERCHANT FEE				1617.88				
Candidate Name		Category/ Type						
Senate X President	ment For: 2012 Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) EPIPHANY PRODUCTIONS			Transaction ID: SE Date of Disbursemen	t				
Mailing Address 104 HUME AVE.			05 04	2011				
,	State Zip Code VA 22301		Amount of Each Disb					
Purpose of Disbursement FUNDRAISING CONSULTING				4517.63				
Candidate Name		Category/ Type						
	ment For: 2012 Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) EPIPHANY PRODUCTIONS			Transaction ID: SE Date of Disbursemen					
Mailing Address 104 HUME AVE.			$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix}$	2011				
	State Zip Code VA 22301		Amount of Each Disb	ursement this Period				
Purpose of Disbursement TRAVEL				9546.57				
Candidate Name		Category/ Type						
Senate X President	ment For: 2012 Primary General Other (specify)							
State: District:								
SURTOTAL of Dishursements This Page (ontional)				15682.08				

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

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age# 11931901763			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		
Any Information copied from such Reports and State or for commercial purposes, other than using the nar		y any person for t	he purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TFP-FOJB Committee			
Full Name (Last, First, Middle Initial) EPIPHANY PRODUCTIONS			Transaction ID: SB21B.13 Date of Disbursement
Mailing Address 104 HUME AVE.			06 06 7 2011
City ALEXANDRIA	State Zip Code VA 22301	,	Amount of Each Disbursement this Period
Purpose of Disbursement FUNDRAISING CONSULTING Candidate Name		Category/ Type	6176.11
	ement For: 2012  ( Primary General Other (specify)		
Full Name (Last, First, Middle Initial) EPIPHANY PRODUCTIONS			Transaction ID: SB21B.14 Date of Disbursement
Mailing Address 104 HUME AVE.			0 6 2 0 1 1
City ALEXANDRIA	State Zip Code VA 22301	,	Amount of Each Disbursement this Period
Purpose of Disbursement FUNDRAISING CONSULTING			6287.08
Candidate Name		Category/ Type	
Senate President	ement For: 2012  R Primary General  Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)  EQUINOX			Fransaction ID: SB21B.15 Date of Disbursement
Mailing Address 818 CONNECTICUT AV	/E. NW		$ \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix}                                   $
City WASHINGTON	State Zip Code DC 20006	,	Amount of Each Disbursement this Period
Purpose of Disbursement CATERING		• •	6324.14
Candidate Name	,	Category/ Type	
	ement For: 2012  ( Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<b>.</b>	18787.33

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

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	NAME OF COMMITTEE (In Full) FP-FOJB Committee	e and addres	ss of any politica	COII	imillee	10 80	iicit conti	Ibulio	ons m	om such	COMI	iiilee	
J	Full Name (Last, First, Middle Initial)									SB21	B.16		
	IW MARRIOTT HOTEL						M	of Dis		ement	Y Y	Y	Υ
M	Mailing Address 1331 PENNSYLVANIA A	VE. NW					0 4		0	5 /	2	0 1 1	_
	,	State DC	Zip Code 20004				Amou	int of	Each	Disburse			eriod
	Purpose of Disbursement FACILITY RENTAL						L.	_			400	00.00	
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M	Mailing Address 49-499 EISENHOWER D	PR.					0 6	M /	<sup>D</sup> 1	<sup>D</sup> 4	ž	0 1 1	Y
	,	State CA	Zip Code 92253				Amou	int of	Each	Disburse	ement	this P	erio
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C	Candidate Name				ategory Type								
		ement For: Primary Other (spe	2012 General										
	Full Name (Last, First, Middle Initial) MOBY DICK AIRWAYS LTD.									SB21 ement	B.18		
M	Mailing Address 23800 WIND SOCK DR.						0 5	M /	<sup>D</sup> 0	5 /	ž	0 1 1	Y
	Dity STERLING	State VA	Zip Code 20166				Amou	int of	Each	Disburse	ement	this P	erio
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SUE	BTOTAL of Disbursements This Page (optional)	<u></u>	<u></u>	<u></u>		<u> </u>					1643	32.87	

В.

President

District:

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 167 / 168 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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 Full Name (Last, First, Middle Initial) Transaction ID: SB21B.19 NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Date of Disbursement 06 0 5 2011 Mailing Address 320 FIRST ST. SE City State Zip Code Amount of Each Disbursement this Period WASHINGTON DC 20003 2704.97 Purpose of Disbursement **TRAVEL** Candidate Name Category/ Type Office Sought: Disbursement For: 2012 House X Primary Senate General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.20 VIPS CATERING Date of Disbursement 2 2 0 6 2011 Mailing Address 1750 PENNSYLVANIA AVE. NW City State Zip Code Amount of Each Disbursement this Period WASHINGTON 20006 DC 1245.48 Purpose of Disbursement CATERING Candidate Name Category/ Type Office Sought: 2012 House Disbursement For: Senate X Primary General

SUBTOTAL of Disbursements This Page (optional)	•	3950.45
TOTAL This Period (last page this line number only)	<b>•</b>	87297.48

Other (specify)

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SCHEDULE B (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE (check only	
11	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) TFP-FOJB Committee			
	Full Name (Last, First, Middle Initial) THE FREEDOM PROJECT			Transaction ID: SB22.2 Date of Disbursement  M 6 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 631-B PENNSYLVANIA	AVE. SE		06 30 2011
	,	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSFER OF NET JFC PROCEEDS			162803.19
	Candidate Name THE FREEDOM PROJECT		Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER			Transaction ID: SB22.1 Date of Disbursement
	Mailing Address 7908 CINCINNATI DAYT	ON RD., STE. I		$\begin{bmatrix} 0 & 6 & M & M & M & M & M & M & M & M & M$
	WÉST CHESTER	State Zip Code OH 45069		Amount of Each Disbursement this Period
	Purpose of Disbursement TRANSFER OF NET JFC PROCEEDS			162803.19
	Candidate Name JOHN BOEHNER		Category/ Type	
	X	ement For: 2012 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	325606.38
TOTAL This Period (last page this line number only)	<b>•</b>	325606.38

State: OH