

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1244924.20
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1346754.38									
(c) Total Receipts (from Line 19)	68560.00	1287316.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1415314.38	2532240.49								
7. Total Disbursements (from Line 31)	2431.56	1119357.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1412882.82	1412882.82								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	60525.00	1166833.00
(ii) Unitemized	8035.00	85545.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68560.00	1252378.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68560.00	1252378.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	17781.76
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	17000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	156.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	68560.00	1287316.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68560.00	1287316.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2431.56	20778.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2431.56	20778.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1092604.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	975.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	975.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2431.56	1119357.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2431.56	1119357.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	68560.00	1252378.00
34. Total Contribution Refunds (from Line 28(d))	0.00	975.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68560.00	1251403.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2431.56	20778.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	17781.76
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2431.56	2996.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Edward H. Kelly, MD		Date of Receipt MM / DD / YYYY 10 / 01 / 2010		
	Mailing Address 5919 Centerville Rd Apt 108		Transaction ID: A4305F056EC1F40A990D		
	City Saint Paul	State MN	Zip Code 55127-6822	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Twin Cities Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) Mark Wesley Hanna, MD		Date of Receipt MM / DD / YYYY 10 / 02 / 2010		
	Mailing Address 3951 Wieuca Rd		Transaction ID: A2C092E9CC7F74CF093C		
	City Atlanta	State GA	Zip Code 30342-4328	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

C.	Full Name (Last, First, Middle Initial) Andrew M. Star, MD		Date of Receipt MM / DD / YYYY 10 / 03 / 2010		
	Mailing Address Orthopaedic Specialty Center 2400 Maryland Rd Ste 20		Transaction ID: A7C13691A364C409D914		
	City Willow Grove	State PA	Zip Code 19090-1732	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OSC	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
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: (check only one)	PAGE 7 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
George R. Bradbury, III, MD

Mailing Address 150 N. Avenida De San Ramon

City Tucson State AZ Zip Code 85710-2112

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

Name of Employer Southern Arizona Orthopedics Occupation Orthopedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2010

Transaction ID: A07C2443788B94B94946

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Sheila Marie Algan, MD

Mailing Address 317 NW 42nd St

City Oklahoma City State OK Zip Code 73118-8401

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

Name of Employer OU Physicians Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2010

Transaction ID: A7837E8CC11054F70A8F

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
William V. Arnold, MD

Mailing Address 1881 Harte Rd

City Jenkintown State PA Zip Code 19046-1532

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

Name of Employer Rothman Institute Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 07 / 2010

Transaction ID: A61262C2944974B75BDO

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William P. Barrett, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 4011 Talbot Rd S. Suite 300	Transaction ID: A4CDE2172D5334379AB3
	City State Zip Code Renton WA 98055-5791	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Jerome A. Behrens, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 4140 Centennial Hills Blvd Suite A	Transaction ID: A35AFB8DC64E94E5CACF
	City State Zip Code Casper WY 82609-3265	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Casper Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Alex B. Bodenstab, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 4745 Ogletown Stanton Rd Suite 225	Transaction ID: AFCAFA274F7D0434EB5B
	City State Zip Code Newark DE 19713-1340	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Melbourne D. Boynton, MD		Date of Receipt	
	Mailing Address 3 Albert Cree Dr		M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: A46223E08B42041CC9CC
	Rutland	VT	05701-4601	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Vermont Ortho Clinic		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Wayne Lynn Bruffett, MD		Date of Receipt	
	Mailing Address 11 St Andrews		M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: A3C70C64703EE4C0787B
	Little Rock	AR	72212-2908	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Arkansas Specialty Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Robert Boyd Carrigan, MD		Date of Receipt	
	Mailing Address 232 Summit Rd		M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: AF3C29DB3DCCC467A85A
	Springfield	PA	19064-1419	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Childrens Surgical Associates		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John R. Chase, MD

Mailing Address 515 W. State Rt 434 Suite 210

City State Zip Code
Longwood FL 32750

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

Name of Employer Occupation
Jewett Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: A5FC3D749D790474A8FA

Amount of Each Receipt this Period
375.00

B.

Full Name (Last, First, Middle Initial)
Wesley E. Choy, MD

Mailing Address 400 S. Kennedy Dr Suite 100

City State Zip Code
Bradley IL 60915-2685

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

Name of Employer Occupation
Orthopedic Associates Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: A029DC7843FA44D11A96

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Maurizio Cibischino, MD

Mailing Address 447 Office Plz
600 Plaza Ct Ste C

City State Zip Code
East Stroudsburg PA 18301-8263

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

Name of Employer Occupation
Mountain Valley Orthopedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: A225C5F5CBAF249B6828

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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: (check only one)	PAGE 11 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kieran Daniel Cody, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 800 W. State St Suite 202		Transaction ID: A56029E24A0C74370A10		
	City Doylestown	State PA	Zip Code 18901-5842	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Robert E. Coles, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 201 Lands End Rd		Transaction ID: A7DF6709D4193400E963		
	City Morehead City	State NC	Zip Code 28557-8943	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Carteret Surgical Associa- tes	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) John Daigneault, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 9 Hampton Ct		Transaction ID: A98D815F2017D4A919E6		
	City Guilford	State CT	Zip Code 06437-5012	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Center For Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Norman L. Donati, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 612 W. Gordon St		Transaction ID: A2383B0BDD64549C895E		
	City Thomaston	State GA	Zip Code 30286-3480	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Kenneth A. Egol, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 301 E. 17th St Suite 1402		Transaction ID: AAEBE0A5762584D8090A		
	City New York	State NY	Zip Code 10003-3804	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

C.	Full Name (Last, First, Middle Initial) Frank J. Eismont, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 4201 Palm Ln		Transaction ID: AD913595B093F4849AA2		
	City Miami	State FL	Zip Code 33137-3346	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Of Miami		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
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: (check only one)	PAGE 13 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kurt A. Gasner, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 1225 Prestige Pt	Transaction ID: ACCAD1A5365EF4DB8AD5
	City State Zip Code Oviedo FL 32765-6314	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Jewett Orthopaedic Clinic Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ramesh Gidumal, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 300 East 74th St Apt 2g	Transaction ID: A42A69F75A8C34FA3A7D
	City State Zip Code New York NY 10021-3713	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Steven Scott Goldberg, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 5867 Whisperwood Ct	Transaction ID: ADF82DFAA6E6E467FAF2
	City State Zip Code Naples FL 34110-2301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1125.00
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: (check only one)	PAGE 14 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brett Raymond Grebing, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 719 Schwarz Rd	Transaction ID: A637524DE740442AFB74
	City State Zip Code Edwardsville IL 62025-2467	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Thomas David Greider, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 5210 Brae Burn	Transaction ID: A5F5B0CF76F694925B2F
	City State Zip Code Bellaire TX 77401-4815	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Warren Grossman, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 10662 Zurich St	Transaction ID: A83D8A42BBA9C4E9A814
	City State Zip Code Hollywood FL 33026-4830	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ortho Assoc Of South Broward	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Alan S. Hilibrand, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 925 Chestnut St- 5th Fl		Transaction ID: AC9B71EE087384620996		
	City Philadelphia	State PA	Zip Code 19107-4206	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Reconstruction Orthopaedic Assoc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 2000.00		

B.	Full Name (Last, First, Middle Initial) Mark W. Hollmann, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 3865 Bird Dog Ln		Transaction ID: A9EDBD3047E174EDAB82		
	City Deland	State FL	Zip Code 32724-7426	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florida Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 375.00		

C.	Full Name (Last, First, Middle Initial) Richard A. Hosten, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 2901 Locklear Ct		Transaction ID: A6431AD33C4A1433E953		
	City Plano	State TX	Zip Code 75093-5946	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Gregory M. Hrasky, MD

Mailing Address PO Box 2767

City State Zip Code
Scottsdale AZ 85252-2767

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: ACCF7856ABBF845689C2
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
James C Karegeannes, MD

Mailing Address 123 Skyview Dr

City State Zip Code
Asheville NC 28804-2720

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: A571D5012183745DC993
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
John J. Larkin, Jr, MD

Mailing Address 2845 Chancellor Dr

City State Zip Code
Crestview Hills KY 41017-3418

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: A77026580D4644E1F91E
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel Lee, MD

Mailing Address 2260 Hot Oak Ridge St

City State Zip Code
Las Vegas NV 89134-5520

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: AD5FD21982E334A9CBBF

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Norman B. Livermore, III, MD

Mailing Address 120 La Casa Via Suite 206

City State Zip Code
Walnut Creek CA 94598-3007

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: A2E069F413DD54135A14

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey L. Lovallo, MD

Mailing Address 7025 Benjamin St

City State Zip Code
Mc Lean VA 22101-1550

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

Name of Employer Occupation
Anderson Clinic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: A2A08552CFDF743F8880

Amount of Each Receipt this Period
750.00

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: (check only one)	PAGE 18 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert John Maddalon, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 903 Mariner Way		Transaction ID: AD0A8D67E7B8C4406887		
	City Tampa	State FL	Zip Code 33602-5759	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Brandon Orthopaedic Associates		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Alexander M. Marcus, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 205 May St Suite 202		Transaction ID: A11259221C9F442EBABB		
	City Edison	State NJ	Zip Code 08837-3267	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Orthopaedic Associates		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Daniel J. Martin, Jr, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 621 S. New Ballas Rd Suite 5015b		Transaction ID: AB4673D37FC174F3A89D		
	City Saint Louis	State MO	Zip Code 63141-8270	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul C. Matson, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 1431 Premier Dr Po Box 4369	Transaction ID: A26A34A11395A42EDA41
	City Mankato State MN Zip Code 56001-6076	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Orthopedic & Fracture Clinic Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 375.00	

B.	Full Name (Last, First, Middle Initial) David S. Matthews, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 3010 N. Circle Dr Suite 100a	Transaction ID: A4599771EB3C8440DA05
	City Colorado Springs State CO Zip Code 80909-1182	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Colorado Springs Ortho Group Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 500.00	

C.	Full Name (Last, First, Middle Initial) Charles J. Matuszak, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 3618 Lantana Rd Suite 100	Transaction ID: A22F0CEA8220147E886E
	City Lake Worth State FL Zip Code 33462-2247	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Orthopaedics Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 500.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Evangelos Megariotis, MD

Mailing Address 21 Ravona St

City State Zip Code
Clifton NJ 07012

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

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

Transaction ID: A2060FF85F7794C4BBE0

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert C. Meisterling, MD

Mailing Address 12590 72nd St N.

City State Zip Code
Stillwater MN 55082-9322

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

Name of Employer Occupation
Retired Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: AA7A25D2DA4F54E7690D

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michael A. Milek, MD

Mailing Address 520 Harpeth Trace Dr

City State Zip Code
Nashville TN 37221-3128

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

Name of Employer Occupation
Tennessee Ortho Alliance Orthopaedic Surgeon

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

Date of Receipt

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

Transaction ID: A460EAACF540F4A9888C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Edward L. Morgan, MD		Date of Receipt
	Mailing Address 420 Regency Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Shreveport	LA	71106-7675
	FEC ID number of contributing federal political committee. C		Transaction ID: AB40A4D54B59B42A1991
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mayo Noerdlinger, MD		Date of Receipt
	Mailing Address 1 Edward Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	York	ME	03909-5791
	FEC ID number of contributing federal political committee. C		Transaction ID: A63328D5A99E94185A3A
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Thomas John Noonan, MD		Date of Receipt
	Mailing Address 101 Falcon Hills Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Highlands Ranch	CO	80126-2911
	FEC ID number of contributing federal political committee. C		Transaction ID: AC1E19097652542ECA35
Name of Employer Steadman Hawkins Clinic		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Vikram Singh Parmar, MD

Mailing Address 11406 The Gardens Dr

City State Zip Code
Baton Rouge LA 70810-2052

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

Name of Employer Occupation
Ochsner Medical Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: A86D7032952274ECE935

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Philip G. Ploska, MD

Mailing Address 392 Wylde Woode Dr

City State Zip Code
McDonough GA 30253-7737

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

Name of Employer Occupation
Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: A5892DA386F464E4581E

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Matthew C. Reckmeyer, MD

Mailing Address Lincoln Ortho Ctr
Po Box 6939

City State Zip Code
Lincoln NE 68506-0939

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

Name of Employer Occupation
Lincoln Orthopaedic Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: A80A5853D3CEB4ADF98E

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Michael F. Regan, MD

Mailing Address 38 Sunnyfield Ln

City State Zip Code
Cumberland Center ME 04021-3529

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: AA7C6686C589F45899FD

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lars C. Richardson, MD

Mailing Address 1101 Beacon St Suite 5 West

City State Zip Code
Brookline MA 02446-5587

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: A2BFBB09AC5F34C2EBF2

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Craig S. Roberts, MD

Mailing Address 5803 Apache Rd

City State Zip Code
Louisville KY 40207-1760

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

Name of Employer Univ Of Louisville Occupation
Univ Of Louisville Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: A87900D813D2A400FA69

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kenneth Sabbag, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 800 S. Raymond St Suite 300	Transaction ID: A7387EAB425874B5E9A4
	City Pasadena State CA Zip Code 91105-3256	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Wilbur Gene Sandbulte, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 4422 55th Ave NE	Transaction ID: A2B1FEFDE662647DC988
	City Seattle State WA Zip Code 98105-4952	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Christopher C. Schmidt, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 11 Murfield Ct	Transaction ID: A2CBA10026BF249C2A10
	City Bridgeville State PA Zip Code 15017-1074	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Alleghany Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Franklyn E. Seabrooks, II, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 1750 River Oaks Circle		Transaction ID: AA64F4060C65E41D6B7E		
	City Fairfield	State CA	Zip Code 94533-7799	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Solano Regional Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Robert Allen Sellards, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 101 S. Seas Dr Apt 502		Transaction ID: A7CC5E2EC663D4531AA5		
	City Jupiter	State FL	Zip Code 33477-1140	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florida Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Benjamin Shaffer, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 4522 Lingan Way NW		Transaction ID: A3FD4270296354F1F859		
	City Washington	State DC	Zip Code 20007-2549	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Washington Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	875.00
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: (check only one)	PAGE 26 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Myron W. Smith, III, MD

Mailing Address 54 Forest Rd

City Asheville State NC Zip Code 28803-2940

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

Name of Employer Blue Ridge Bone & Joint Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2010
Transaction ID: A7179A20B1C564D039D3
 Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Craig P. Smith, MD

Mailing Address 4140 Centennial Hills Blvd Suite A

City Casper State WY Zip Code 82609-3265

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2010
Transaction ID: A7D1E38B7AD0745929BE
 Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Ronald W. Smith, MD

Mailing Address 2651 Elm Ave Suite 205

City Long Beach State CA Zip Code 90806-1638

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 07 / 2010
Transaction ID: A8536C957557444AC9A2
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Harrison B. Solomon, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 6224 Clearwood Rd	Transaction ID: A8710E381C3B343CCA16
	City State Zip Code Bethesda MD 20817-5633	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Montgomery Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Douglas J. Straehley, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 14590 W. 58th Place	Transaction ID: A9DE9AAFA884F4ADBA67
	City State Zip Code Arvada CO 80004-3764	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Panorama Ortho & Spine Ce- nter Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

C.	Full Name (Last, First, Middle Initial) Felipe Sullivan, MD	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address Bayamon Medical Plz 1845 Can #2 Ste 701	Transaction ID: AB2D2F9408300490392A
	City State Zip Code Bayamon PR 00959-7200	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Kenneth L. Vandervoort, MD

Mailing Address 731 Leighton Ave Suite 300

City State Zip Code
Anniston AL 36207-5762

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

Name of Employer: Anniston Orthopedic Assoc
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: A07E1C053211049CEA75
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Jerald P. Waldman, MD

Mailing Address 26401 Crown Valley Prkwy Suite 101

City State Zip Code
Mission Viejo CA 92691-6302

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

Name of Employer: Community Orthopedic
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: A2073444EC9134D29964
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Steven B. Warren, MD

Mailing Address 6500 66th St

City State Zip Code
Pinellas Park FL 33781

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

Name of Employer: Tampa Bay Orthopaedic Specialists
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: AE7C53C11B5C6487E9E6
Amount of Each Receipt this Period: 50.00

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John H. Wolf, Jr, MD
Mailing Address 1410 Hunting Dow Rd
City Abington State PA Zip Code 19001-2104
FEC ID number of contributing federal political committee. **C**
Name of Employer OSC Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 07 / 2010
Transaction ID: AE4B67E6CD4014D27847
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Demian M. Yakel, DO
Mailing Address 3321 Valley Rd
City Casper State WY Zip Code 82604-4909
FEC ID number of contributing federal political committee. **C**
Name of Employer Casper Orthopaedic Associates Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 07 / 2010
Transaction ID: ACA650C8C77AA42478C9
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Michael P. Young, MD
Mailing Address 350 Fox Hunt Trail
City Barrington State IL Zip Code 60010-3423
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 07 / 2010
Transaction ID: AF6BF2A46D64D44C3A6C
Amount of Each Receipt this Period 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 30 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dale R. Anderson, MD

Mailing Address 101 E. Minnesota St Suite 210

City State Zip Code
Rapid City SD 57701-7758

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2010

Transaction ID: A82169F54CFE14459B89

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
August R. Buerkle, Jr, MD

Mailing Address 6846 Buckley Rd Suite 1

City State Zip Code
North Syracuse NY 13212-4275

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2010

Transaction ID: A21F4F275D56F4E8AB27

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael T. Diment, MD

Mailing Address 7448 Oak Hill Dr

City State Zip Code
Sylvania OH 43560-1312

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

Name of Employer Occupation
Southeastern Orthopedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2010

Transaction ID: AA1BFC76E61F641FCB49

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
David A. Fisher, MD

Mailing Address 351 Breakwater Dr

City Fishers State IN Zip Code 46037-9508

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

Name of Employer Orthopaedics Indianapolis Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: AA2C7C2C1E59343C0A55
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Evan L. Flatow, MD

Mailing Address 390 Riverside Dr #3g

City New York State NY Zip Code 10025-1867

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

Name of Employer Mt Sinai Medical School Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: A1BBB0CEE47344E5B9D1
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Clayton T. Gibson, MD

Mailing Address 899 Concord Place

City Coshocton State OH Zip Code 43812-2727

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

Name of Employer Medical Services of Coshocton Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: AB0BAF3BA00C24372897
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Elliott Hershman, MD		Date of Receipt
	Mailing Address Dept Of Orthopaedic Surgery 130 East 77th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10075-1851
	FEC ID number of contributing federal political committee. C		Transaction ID: AA683470A41F84246A0C
Name of Employer Lenox Hill Hospital		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Jim K. Hudson, MD		Date of Receipt
	Mailing Address 3635 Bienville Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Ocean Springs	MS	39564-5711
	FEC ID number of contributing federal political committee. C		Transaction ID: A9A994BC1B5D443ED818
Name of Employer Bienville Orthopaedic Speciali		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Daniel G. Kalbac, MD		Date of Receipt
	Mailing Address 6701 Sunset Dr Suite 201 Po Box 430430		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	South Miami	FL	33143-4529
	FEC ID number of contributing federal political committee. C		Transaction ID: ADC603625409C4C0B94A
Name of Employer Ortho & Sports Med Ctr of Miami		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
James B. MacDougall, MD

Mailing Address 38608 128th St

City Aberdeen State SD Zip Code 57401-8158

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: A0988EB5F249F460C9D6
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
John S. Mahoney, MD

Mailing Address 1882 Foxfire Rd

City Martinsville State VA Zip Code 24112-8764

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

Name of Employer Bone & Joint Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: A3BEE8709AC2C408A84B
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Richard A. Morvant, Jr, MD

Mailing Address 806 Bayou Ln

City Thibodaux State LA Zip Code 70301-4906

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: A0A4E7A8AF628498E995
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John P. Nash, MD		Date of Receipt MM / DD / YYYY 10 / 08 / 2010		
	Mailing Address 14 Turnberry Ln		Transaction ID: A0368EE86E663425FBFF		
	City Lookout Mountain	State GA	Zip Code 30750-2700	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Chattanooga Bone & Joint Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Lynn M. Nelson, MD		Date of Receipt MM / DD / YYYY 10 / 08 / 2010		
	Mailing Address Des Moines Ortho Surgeons 6001 Westtown Pkwy		Transaction ID: A807218EE5A844D9BA82		
	City West Des Moines	State IA	Zip Code 50266-7702	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Des Moines Ortho Surgeons	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Calvin S. Oishi, MD		Date of Receipt MM / DD / YYYY 10 / 08 / 2010		
	Mailing Address 1966 Ala Mahamoe St		Transaction ID: A8C9A4F6AF0DE4ADDAE6		
	City Honolulu	State HI	Zip Code 96819-1611	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael J. Prayson, MD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Mailing Address Miami Valley Hospital 30 E Apple St Ste 2200	Transaction ID: AD467119AA87943B593A
	City Dayton State OH Zip Code 45409-2939	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wright State University Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Paul Charles Siffri, MD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Mailing Address 5 Downington Ct	Transaction ID: A3F95C1AECE2247A5B65
	City Greenville State SC Zip Code 29615-3735	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) William B. Smith, MD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Mailing Address 433 W. Appletree	Transaction ID: A930C203F5D664BD5B2D
	City Mequon State WI Zip Code 53092-6201	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Blount Orthopaedic Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark E. Werner, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0		
	Mailing Address 11310 Carmel Ave NE		Transaction ID: AEF37AFF1C5C942A0A91		
	City Albuquerque	State NM	Zip Code 87122-1543	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VHA	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) J. Criss Yelton, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0		
	Mailing Address 471 Klutey Park Plz Dr		Transaction ID: A86D8CDB93DB846BDBC7		
	City Henderson	State KY	Zip Code 42420-3347	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Methodist Hospital	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Charles M. Davis, III, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0		
	Mailing Address 30 Hope Dr Ec089		Transaction ID: A5CAD72849C89493E901		
	City Hershey	State PA	Zip Code 17033-2036	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Milton S Hershey Medical C	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ray Payne, MD

Mailing Address 230 Clearfield Ave Suite 124

City Virginia Beach State VA Zip Code 23462-1832

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

Name of Employer Atlantic Orthopedic Specialist Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2010

Transaction ID: A2A63712EA7844D4C8DA

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Robert L. Barrack, MD

Mailing Address Dept Of Ortho Campus Box 8233
660 S Euclid Ave

City Saint Louis State MO Zip Code 63110-1010

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

Name of Employer Washington University Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2010

Transaction ID: AD72A9120DFE04AAE8E0

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Gregg Berkowitz, MD

Mailing Address 5 Russell Rd

City Freehold State NJ Zip Code 07728-8582

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

Name of Employer Advanced Orthopaedic Centers Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2010

Transaction ID: AB41EB33F9D4941B0B64

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Gary David Botimer, MD

Mailing Address 13753 Locust Ln

City Nampa State ID Zip Code 83686-9367

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

Name of Employer Loma Linda University Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2010

Transaction ID: A1BF83E152E3C4366B50

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
William G. DeLong, Jr, MD

Mailing Address 344 Kings Hwy East

City Haddonfield State NJ Zip Code 08033-1205

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

Name of Employer St Lukes Hospital & Health Ne Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2010

Transaction ID: A555876007948463A9AF

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Douglas A. Drake, MD

Mailing Address 4703 Golf Terr

City Minneapolis State MN Zip Code 55424-1514

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2010

Transaction ID: AEC4D269B0C6F4828960

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Sanford E. Emery, MD, MBA	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3958 Eastlake Dr	Transaction ID: A419FF7D0744341CFB57
	City State Zip Code Morgantown WV 26508-8673	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation West Virginia University Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Matthew Thomas Gorman, MD	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 4441 E. 24th St	Transaction ID: AE2C25E9946E64042AB7
	City State Zip Code Casper WY 82609-3287	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Casper Orthopaedic Associates Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Patrick J. Halpin, MD	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3125 Anchor Ln NW	Transaction ID: A9519943793184E728F0
	City State Zip Code Olympia WA 98502-3929	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Olympia Orthopaedic Associates Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles A. Hope, II, MD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 8 Bent Tree Circle	Transaction ID: A5473E788BB694270A27
	City Savannah State GA Zip Code 31411-3019	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Southeastern Ortho Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00	

B.	Full Name (Last, First, Middle Initial) Michael Leathers, MD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 2801 K St Suite 330	Transaction ID: A32A7ABEC1D244E6BA94
	City Sacramento State CA Zip Code 95816-5119	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Thomas L. Mehlhoff, MD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 3217 Georgetown St	Transaction ID: A085958E6C9934CC59C9
	City Houston State TX Zip Code 77005-2905	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jeffrey N. Metzmaker, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0		
	Mailing Address 231 Turkey Hill Rd		Transaction ID: A2604DA45960D4227BE9		
	City Rutland	State MA	Zip Code 01543-2247	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Arthritis & Joint Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Todd R. Parry, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0		
	Mailing Address Suite 150 1490 E Foremaster Dr		Transaction ID: A83DBC44D81C24457A6C		
	City Saint George	State UT	Zip Code 84790-4495	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Christopher Patrick Piller, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0		
	Mailing Address 118 S. Cloudview Rd SE		Transaction ID: A8C758FD03F0644A3BF4		
	City Rome	State GA	Zip Code 30161-3913	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Harbin Clinic	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William M. Price, MD		Date of Receipt MM / DD / YYYY 10 / 13 / 2010		
	Mailing Address #10 Doctors Park		Transaction ID: A31609424F89C481CACD		
	City Gibson City	State IL	Zip Code 60936-2009	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Provena Medical Group	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Stephen W. Ripple, MD		Date of Receipt MM / DD / YYYY 10 / 13 / 2010		
	Mailing Address 7999 W. Villa Chula Ln		Transaction ID: A1A182C9D77214EA5A62		
	City Peoria	State AZ	Zip Code 85383-1606	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OSNA	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) T. Clark Robinson, MD		Date of Receipt MM / DD / YYYY 10 / 13 / 2010		
	Mailing Address PO Box 1942		Transaction ID: A6F7D96C26218420D87D		
	City Nampa	State ID	Zip Code 83653-1942	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Saltzer Medical Group	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

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 43 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Patrick A. Smith, MD

Mailing Address 1305 Westview Terr

City Columbia State MO Zip Code 65203-5200

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2010

Transaction ID: AA6BA7D099AE44F51B2D

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Martin Stauber, MD

Mailing Address 16611 Yorba Linda Blvd

City Yorba Linda State CA Zip Code 92886-2046

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2010

Transaction ID: A90ECCB03BB284953BA6

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Joseph C. Tauro, MD

Mailing Address 9 Hospital Dr

City Toms River State NJ Zip Code 08755-6425

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 13 / 2010

Transaction ID: AD62CF3AB89B0464C8B5

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Michael R. Ugino, MD		Date of Receipt
Mailing Address 1910 Blanding St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Columbia SC 29201-3520		<input type="text"/> 1 0 / <input type="text"/> 1 3 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: ACED0AC3E821B434B92F
Name of Employer Midlands Orthopaedics		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 250.00

B.

Full Name (Last, First, Middle Initial) Daniel T. Weber, MD		Date of Receipt
Mailing Address 1230 Braeburn Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Flossmoor IL 60422-1621		<input type="text"/> 1 0 / <input type="text"/> 1 3 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: A1531E0DE915E4056ACF
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/> 60525.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCE9CB81F9EEE414FA28 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 954.12
B. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. Lasalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3A5C1974CF834BCE8C7 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1477.44

SUBTOTAL of Disbursements This Page (optional) ►

2431.56

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

2431.56