

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343137

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Quarterly Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2004

through

03

31

2004

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

Type or Print Name of Treasurer

James G. Davis, MD

Signature of Treasurer

Electronically Filed by James G. Davis, MD

Date

04

15

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>M</sup> <sup>D</sup>		388850.53
(b) Cash on Hand at Beginning of Reporting Period .....	388850.53	
(c) Total Receipts (from Line 19) .....	306991.98	306991.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	695842.51	695842.51
<hr/>		
7. Total Disbursements (from Line 31) .....	189235.17	189235.17
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	506607.34	506607.34
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2004

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) .....	253515.00	
(ii) Unitemized .....	50120.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	303635.00	303635.00
(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) .....	303635.00	303635.00
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) .....	2356.98	2356.98
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	306991.98	306991.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	306991.98	306991.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2735.17	2735.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2735.17	2735.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	188500.00	188500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	189235.17	189235.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	189235.17	189235.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	303635.00	303635.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	303635.00	303635.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2735.17	2735.17
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2356.98	2356.98
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	378.19	378.19

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

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

FOR LINE NUMBER: PAGE 6 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joseph G Daines, Jr. MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 09 / 2004
Mailing Address 901 N Curtis Rd, #501		Transaction ID: 17710947
City Boise	State ID	Zip Code 83706-1343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer OCI Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Frank P Giammattei, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 09 / 2004
Mailing Address Crozer-Chester Med Ctr, Ste#324 Professional Office Bldg #2		Transaction ID: 17710954
City Upland	State PA	Zip Code 19013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Randall J Lewis, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 09 / 2004
Mailing Address 2021 K St NW Ste 400		Transaction ID: 17710844
City Washington	State DC	Zip Code 20008-1008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Doctors Lewis, Unger and Barth	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Frederick George Lacher, MD</b>		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 274D1 W Highway 22, #125		Transaction ID: 17710943
City Barrington	State IL	Zip Code 60010-5834
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jerry L Markel, MD</b>		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address Ft Wayne Orthopaedics PO Box 2526		Transaction ID: 17710942
City Fort Wayne	State IN	Zip Code 46801-2526
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David G Markel, MD</b>		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 22250 Providence Dr. #401		Transaction ID: 17710945
City Southfield	State MI	Zip Code 48075-6212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Porretta Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Saint Elmo Newton, III, MD		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 801 Broadway 10th Fl		Transaction ID: 17710941
City Seattle	State WA	Zip Code 98122-4396
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott David Segeman, MD		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address Hand Surgery Associates SC 515 W Algonquin Rd		Transaction ID: 17710934
City Arlington Heights	State IL	Zip Code 60005-4411
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hand Surgery Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George William Wood, II, MD		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address Campbell Clinic Inc 1211 Union Ave #500		Transaction ID: 17710848
City Memphis	State TN	Zip Code 38104-6858
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Campbell Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 9 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John M Aversa, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 09 / 2004
Mailing Address 240B Whitney Ave		Transaction ID: 17710951
City Hamden	State CT	Zip Code 06518-3209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael J Goodwin, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 16 / 2004
Mailing Address 118D St Christopher Dr, #202		Transaction ID: 17711128
City Ashland	State KY	Zip Code 41101-7055
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Frank A B Gottschak, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 16 / 2004
Mailing Address UT Southwestern 5323 Harry Hines Blvd		Transaction ID: 17711119
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional) .....	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 107  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David C Napoli, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 16 / 2004
Mailing Address 900 Buffalo Rd		Transaction ID: 17711118
City Lewisburg	State PA	Zip Code 17837-2800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Sun Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. David C Napoli, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 16 / 2004
Mailing Address 900 Buffalo Rd		Transaction ID: 17711122
City Lewisburg	State PA	Zip Code 17837-2800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Sun Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David E Altaman, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 16 / 2004
Mailing Address Duke Health Center/Orthopaedics 3118 N Duke St		Transaction ID: 17711121
City Durham	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Duke University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Maureen A Finnegan, MD</b>		Date of Receipt M / D / Y 01 / 26 / 2004	
Mailing Address Department of Orthopaedics 5323 Harry Hines Blvd		Transaction ID: 17751199	
City Dallas	State TX	Zip Code 75390-0001	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Timothy L Keenan, MD</b>		Date of Receipt M / D / Y 01 / 26 / 2004	
Mailing Address Pacific Spine Specialists 18250 SW 85th Ave Ste 260		Transaction ID: 17751201	
City Tualatin	State OR	Zip Code 97062-7707	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Spine Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. George W Putzman, Jr. MD</b>		Date of Receipt M / D / Y 01 / 26 / 2004	
Mailing Address 689 Sierra Rose Dr, Ste B		Transaction ID: 17751188	
City Reno	State NV	Zip Code 89511-2078	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advanced Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1800.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas C Schuler, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2004
Mailing Address 185D Town Center Pkwy Ste 303		Transaction ID: 17751189
City Reston	State VA	Zip Code 20190-3219
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Virginia Spine Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Andrew A Shinar, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2004
Mailing Address 150D 21st Avenue South Suite 3000		Transaction ID: 17751193
City Nashville	State TN	Zip Code 37212-3160
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Vanderbilt University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert Brick Campbell, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2004
Mailing Address 135B Five Point RD		Transaction ID: 17751198
City Virginia Beach	State VA	Zip Code 23454-1531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 13 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kelly Stephenson, MD</b>		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address 102 Grand Falls Ct		Transaction ID: 17751187
City Dickinson	State TX	Zip Code 77539-6150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Texas Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeffrey C Davis, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 1201 11th Ave S Suite 200		Transaction ID: 17831145
City Birmingham	State AL	Zip Code 35205-3423
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Alabama Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Ray M Fitzgerald, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 17270 Red Oak Dr, #200		Transaction ID: 17831139
City Houston	State TX	Zip Code 77060-2632
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer KSF Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Leroy Robert Fullerton, Jr, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 811 13th Street Ste 20 Bldg 3		Transaction ID: 17831134
City Augusta	State GA	Zip Code 30901-2700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Augusta	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert M Glazer, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 135B Drayton Ln		Transaction ID: 17831165
City Wynnewood	State PA	Zip Code 19066-3311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Dept of Veteran Affairs	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Lee Booth Grant, Jr, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 2500 E Prospect Rd		Transaction ID: 17831130
City Fort Collins	State CO	Zip Code 80525-9773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedic Center of the Rockies	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Wayne R Hardwick, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 8008 Mt Bonnell Cove		Transaction ID: 17831150
City Austin	State TX	Zip Code 78731-3515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert N Hansinger, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address Univ of Michigan Med Ctr 1500 E Medical Ctr Dr		Transaction ID: 17831154
City Ann Arbor	State MI	Zip Code 48106-0328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Michigan Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Kenneth K Ishizu, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 12705 Costa Cordillera		Transaction ID: 17831174
City Salinas	State CA	Zip Code 93508-8542
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Christopher C Kain, MD		Date of Receipt M / D / Y 02 / 05 / 2004	
Mailing Address 2500 Cherry Ave, #304		Transaction ID: 17831142	
City Bremerton	State WA	Zip Code 98310-4202	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Francis Burns Kelly, MD		Date of Receipt M / D / Y 02 / 05 / 2004	
Mailing Address 1600 Forsyth St		Transaction ID: 17831148	
City Macon	State GA	Zip Code 31201-1408	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Forsyth St Orthopaedic Surgery & Rehab	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Robert R Madigan, MD		Date of Receipt M / D / Y 02 / 05 / 2004	
Mailing Address PO Box 51090		Transaction ID: 17831177	
City Knoxville	State TN	Zip Code 37550-1090	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Southeastern Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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



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

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

FOR LINE NUMBER: PAGE 17 / 187  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Evangelos Merganotis, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 96 Edgewood Ave		Transaction ID: 17831171
City Clifton	State NJ	Zip Code 07012-1515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Clifton Orthopaedics PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. M Bryan Neal, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 1100 W Central Rd Ste 304		Transaction ID: 17831164
City Arlington Heights	State IL	Zip Code 60005-2466
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John S Place, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 111 S 11th Ave Ste 320		Transaction ID: 17831170
City Yakima	State WA	Zip Code 98502-5273
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedics Northwest	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 187  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ron D Schechter, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address Paragould Orthopaedics, PLLC 1000 W Kingshighway - Ste 10		Transaction ID: 17831167
City Paragould	State AR	Zip Code 72450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Paragould Orthopaedics, PLLC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas P Sculco, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 17831184
City New York	State NY	Zip Code 10021-4892
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mike G Skoo, III, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 520 S. Santa Fe Ste 400		Transaction ID: 17831138
City Salina	State KS	Zip Code 67401-4190
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Orthopaedic Clinic of Salina	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1400.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David M Smink, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 9303 Adelaide Drive		Transaction ID: 17831163
City Bethesda	State MD	Zip Code 20817-2429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Harvard Vanguard Medical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Harvey E Smires, Jr, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address Princeton Ortho Associates 325 Princeton Ave		Transaction ID: 17831133
City Princeton	State NJ	Zip Code 08540-1617
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Princeton Ortho Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. William B Smith, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address Blount Orthopaedic Clinic 625 E St Paul Ave		Transaction ID: 17831129
City Milwaukee	State WI	Zip Code 53202-5507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Blount Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard W Springstead, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 05 / 2004
Mailing Address 33 Ponce de Leon Blvd		Transaction ID: 17831137
City	State	Zip Code
Brooksville	FL	34601-3217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen G Taylor, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 05 / 2004
Mailing Address 8001 Westown Pkwy		Transaction ID: 17831147
City	State	Zip Code
West Des Moines	IA	50266-7702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Des Moines Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Audrey K Tsao, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 05 / 2004
Mailing Address 2500 N State St Dept Orthopaedics		Transaction ID: 17831157
City	State	Zip Code
Jackson	MS	39218-4500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Univ. of Mississippi Medical Ctr.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 187  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David L Waxman, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 800 Davissan Run Rd, #102		Transaction ID: 17831132
City Clarksburg	State WV	Zip Code 26301-9307
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Eugene Michael Wolf, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 3000 California St 3rd floor		Transaction ID: 17831183
City San Francisco	State CA	Zip Code 94115-2411
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Andrew Matthew Wong, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address Tallahassee Orthopaedic Clinic 3334 Capital		Transaction ID: 17831188
City Tallahassee	State FL	Zip Code 32312-3100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Tallahassee Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Bertram Zarins, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address Massachusetts Gen Hosp 15 Parkman St Ste 514		Transaction ID: 17831178
City Boston	State MA	Zip Code 02114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Massachusetts General Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Brent Allen, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 4780 W. Sunset Blvd.		Transaction ID: 17831126
City Los Angeles	State CA	Zip Code 90027-6063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Dale R. Anderson, MD</b>		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 725 Indiana St		Transaction ID: 17831185
City Rapid City	State SD	Zip Code 57701-5484
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. William Lamont Berger, MD		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 1020 28th Street #450		Transaction ID: 17831187
City Sacramento	State CA	Zip Code 95816-5173
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael J Berck, MD		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 711 Westminster Ave		Transaction ID: 17831181
City Elizabeth	State NJ	Zip Code 07208-2210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Douglas Allen Bernard, MD		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 2309 E Main St Ste 200		Transaction ID: 17831140
City New Iberia	State LA	Zip Code 70560-4048
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1300.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas J Blumenfeld, MD		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 1020 28th St Ste 450		Transaction ID: 17831189
City Sacramento	State CA	Zip Code 95816-5173
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clayton B Brandes, MD		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 9536 NE 31st St		Transaction ID: 17831156
City Bellevue	State WA	Zip Code 98004-1736
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John N Callender, MD		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 2540 Filbert St		Transaction ID: 17831188
City San Francisco	State CA	Zip Code 94123-5318
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer California Pacific Ortho & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1050.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 25 / 107  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Steven B Carr, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 05 / 2004
Mailing Address 800 N Robbins Rd Ste 401		Transaction ID: 17831144
City State Zip Code Boise ID 83702-4565	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Intermountain Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas J Dennis, Jr, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 06 / 2004
Mailing Address 7099 Scenic Hwy		Transaction ID: 17831121
City State Zip Code Pensacola FL 32504-6842	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. C Thomas Hopkins, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 06 / 2004
Mailing Address 717 S 8th St		Transaction ID: 17831110
City State Zip Code Griffin GA 30224-4818	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic & Sports Injury Center, PC Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 107  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Samuel L Miller, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 2000 Normandie Dr		Transaction ID: 17831107
City Montgomery	State AL	Zip Code 36111-2700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert B Nelson, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 308 Oak St		Transaction ID: 17831117
City Livingston	State TN	Zip Code 38570-1728
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Twins Lakes Orthopedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Roberts, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 24723 Detroit Rd		Transaction ID: 17831119
City Westlake	State OH	Zip Code 44145-2528
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 27 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Gregory S Slappey, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 1745 Stripling Chapel Road		Transaction ID: 17831114
City Carrollton	State GA	Zip Code 30116-8845
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Carrollton Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven Brent Smith, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 7321 NE 84th Terrace		Transaction ID: 17831122
City Kansas City	State MO	Zip Code 64157-9584
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James C Strazzeri, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 11550 Indian Hills Rd, #351		Transaction ID: 17831115
City Mission Hills	State CA	Zip Code 91345-1252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 28 / 187

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Edward Toriello, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 78-15 Eliot Ave		Transaction ID: 17831109
City Middle Village	State NY	Zip Code 11378-1300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James G Warmbrod, Jr, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 816 W Forest Ave		Transaction ID: 17831113
City Jackson	State TN	Zip Code 38301-3866
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Jackson Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Isador H Lieberman, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address The Cleveland Clinic A 41 Dept of Ortho Surg		Transaction ID: 17831112
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer The Cleveland Clinic Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 187

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Pamela Filibrown Davis, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 520 Valley View Dr		Transaction ID: 17831234
City Moline	State IL	Zip Code 61265-6152
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ORA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Leslie P Dean, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 328D Providence Dr #200		Transaction ID: 17831256
City Anchorage	State AK	Zip Code 99508-4603
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Anchorage Fracture & Orthopedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas L Erikson, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 184D E Florence Blvd, #A		Transaction ID: 17831281
City Casa Grande	State AZ	Zip Code 85222-5337
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Sierra Orthopaedics PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Steven R. Garfin, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address UCSD Dept. of Orthopaedics 350 Dickinson St MC 8894		Transaction ID: 17831221
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UCSD	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John T. Gil, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 823D Walnut Hill Ln, #708		Transaction ID: 17831210
City Dallas	State TX	Zip Code 75231-4431
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas F. Gleason, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 734 Raleigh Road		Transaction ID: 17831237
City Glenview	State IL	Zip Code 60025-4328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 31 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gabriel Gluck, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 8702 Sudley Rd		Transaction ID: 17831205
City Manassas	State VA	Zip Code 20110-4463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas M Green, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address Virginia Mason Medical Center 1100 9th Avenue		Transaction ID: 17831208
City Seattle	State WA	Zip Code 98101-2756
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Virginia Mason	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Ghaleb Arthur Hussein, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address Olympia Orthopaedic Associates PO Box 368		Transaction ID: 17831263
City Olympia	State WA	Zip Code 98508-0368
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Olympia Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Daniel C Johnson, MD</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2004
Mailing Address Yankton Bone & Joint Center 1000 W 4th St Ste 1		Transaction ID: 17831211
City Yankton	State SD	Zip Code 57078-3700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Yankton Bone and Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Alexandra S Kinds, MD</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2004
Mailing Address 101 3rd Ave S W, #101		Transaction ID: 17831247
City Minot	State ND	Zip Code 58701-3880
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Trinity Health	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. William A Leona, MD</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2004
Mailing Address 3111 NE 27th Ave		Transaction ID: 17831249
City Lighthouse Point	State FL	Zip Code 33064-8107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Holy Cross Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 33 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Neal D Lintecum, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 1112 W 8th St Suite 124		Transaction ID: 17831217
City Lawrence	State KS	Zip Code 66044-2249
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Edward C Littlejohn, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 14911 National Ave, Ste 3		Transaction ID: 17831238
City Los Gatos	State CA	Zip Code 95032-2632
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Peter J Mandel, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 1863 Rollins Rd		Transaction ID: 17831223
City Burlingame	State CA	Zip Code 94010-2301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David R Mauerhan, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address Carolinas Medical Center-Orthop. S 1000 Blythe Boulevard, #503		Transaction ID: 17831213
City Charlotte	State NC	Zip Code 28232
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Miller Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. James A Moore, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 3 Peter Cooper Road Apt 2F		Transaction ID: 17831239
City New York	State NY	Zip Code 10010-6612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bronx Lebanon Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard K Muir, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 3905 Waring Rd		Transaction ID: 17831253
City Oceanside	State CA	Zip Code 92058-4405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 35 / 107

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Daniel J Nagle, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 448 E Ontario, #500		Transaction ID: 17831242
City Chicago	State IL	Zip Code 60611-7108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles Turner Price, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address Nemours Children's Clinic 83 W Columbia St		Transaction ID: 17831254
City Orlando	State FL	Zip Code 32806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Nemours Children's Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark J Rosen, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 2020 Palomino Ln, #220		Transaction ID: 17831222
City Las Vegas	State NV	Zip Code 89108-4891
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Samuel R. Rosenfeld, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 131 D W Stewart Dr, #5D8		Transaction ID: 17831231
City Orange	State CA	Zip Code 92868-3856
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer APOS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven Douglas K. Ross, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address Dept of Orthopaedics-UCI 101 City Drive South		Transaction ID: 17831203
City Orange	State CA	Zip Code 92868
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer UCI	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark J. Ginnreleh, MD		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address Extremity Preservation, Inc 4701 Meridian Ave		Transaction ID: 17831280
City Miami Beach	State FL	Zip Code 33140-2510
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Extremity Preservation, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert R Slater, Jr, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2004
Mailing Address 2057 Boulder Mine Way		Transaction ID: 17831248
City	State	Zip Code
Gold River	CA	95670-8365
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Andrew L Terrano, Jr, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2004
Mailing Address 125 Parker Hill Ave		Transaction ID: 17831258
City	State	Zip Code
Boston	MA	02120-2850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas H Thompson, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2004
Mailing Address 250B N W Medical Park Dr		Transaction ID: 17831202
City	State	Zip Code
Roseburg	OR	97470-5505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 38 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David B Thorderson, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2004
Mailing Address 151D San Pablo Street Suite 322		Transaction ID: 17831282
City Los Angeles	State CA	Zip Code 90089-0207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer USC Ortho Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Allen F Anderson, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2004
Mailing Address 423D Harding Rd, #1D00 St. Thomas Medical Building		Transaction ID: 17831215
City Nashville	State TN	Zip Code 37205-2098
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer TOA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael J Arehibeck, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2004
Mailing Address 4409 Chinlee Ave		Transaction ID: 17831219
City Albuquerque	State NM	Zip Code 87110-5715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 38 / 187  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Charles M Blitzer, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address New Hampshire Ortho Society 237 Route 108, #205		Transaction ID: 17831220
City Somersworth	State NH	Zip Code 03878-1517
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer New Hampshire Ortho Society	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert H Blitzer, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 1414 W Fair Ave Ste 149		Transaction ID: 17831259
City Marquette	State MI	Zip Code 49855-2675
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Surgery Associates of Marq	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Harold G Boyd, MD</b>		Date of Receipt M / D / Y 02 / 09 / 2004
Mailing Address 1280 Center St N E		Transaction ID: 17831251
City Salem	State OR	Zip Code 97301-4113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 107  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Brian C Brenner, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2004
Mailing Address 1921 18th St		Transaction ID: 17831226
City Bakersfield	State CA	Zip Code 93301-4287
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kern Bone & Joint Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Leroy H Cooley, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2004
Mailing Address Mohawk Valley Ortho 1803 Sunset Ave		Transaction ID: 17831245
City Utica	State NY	Zip Code 13501-4196
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert M Dimick, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 3901 Central Pike Ste 351		Transaction ID: 17839238
City Hermitage	State TN	Zip Code 37078-5422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Midsouth Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 41 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stephen M Cyphers, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 4300 Golden Center Dr Suite C		Transaction ID: 17839257
City Placerville	State CA	Zip Code 95667-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Douglas M Gouras, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 35 Kosciuszko St		Transaction ID: 17839265
City Manchester	State NH	Zip Code 03101-1608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert A Gutter, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 2182 Wagon Trail Rd		Transaction ID: 17839299
City White Heath	State IL	Zip Code 61884-9314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 42 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert H. Hanson, III, MD, M</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address Southeastern Orthopaedics, PC 260 Ft. Sanders West Blvd., Suite		Transaction ID: 17846182
City Knoxville	State TN	Zip Code 37822
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Larry D. Haron, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 862 Meinecke Ave, #100		Transaction ID: 17839293
City San Luis Obispo	State CA	Zip Code 93405-3701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Central Coast Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Charles D. Hummer, III, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1 Medical Center Blvd Ste 324		Transaction ID: 17839258
City Upland	State PA	Zip Code 19013-3502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1050.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 43 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. William Charles Jacobson, MD		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1801 NW 114th Street Suite 142		Transaction ID: 17839284
City Des Moines	State IA	Zip Code 50325-7007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Central Iowa Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Floyd R. Jaggars, MD		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 2795 Millstone Plantation Rd		Transaction ID: 17839280
City Tallahassee	State FL	Zip Code 32312-3881
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Tallahassee Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Frank R. Joseph, MD		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1285 Hembra Rd Suite 200A		Transaction ID: 17848179
City Roswell	State GA	Zip Code 30078-5720
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 44 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Lawrence Leventhal, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 801 W Temple Ave		Transaction ID: 17839251
City	State	Zip Code
Effingham	IL	62401-2168
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Howard J Luks, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 38 Fieldstone Dr		Transaction ID: 17839273
City	State	Zip Code
Katonah	NY	10526-3342
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Alan R McCall, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 7447 W Talcott Ave, #500		Transaction ID: 17839285
City	State	Zip Code
Chicago	IL	60631-3718
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 45 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stephen M McCollam, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 2001 Peachtree Rd #705		Transaction ID: 17839242
City Atlanta	State GA	Zip Code 30309-1476
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Peachtree Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeffrey Brian McIntosh, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address Amelt Clinic PO Box 5545		Transaction ID: 17839264
City Lafayette	State IN	Zip Code 47909-5545
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Amelt Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard F McKay, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 8 Medical Dr		Transaction ID: 17839252
City Amarillo	State TX	Zip Code 79108-4168
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 46 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Daniel D Morgan, Jr. MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 38800 Stivers St Ste A		Transaction ID: 17839280
City Fremont	State CA	Zip Code 94536-5387
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Fremont Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. J Michael Moses, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 2 Celeste Dr		Transaction ID: 17839280
City Johnstown	State PA	Zip Code 15805-2832
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer W.P.A Orthopaedic & Sports Med.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Saint Elmo Newton, III, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 801 Broadway 10th Fl		Transaction ID: 17839289
City Seattle	State WA	Zip Code 98122-4358
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1550.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 47 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. J Lockwood Ochsner, Jr, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1514 Jefferson Hwy		Transaction ID: 17839275
City New Orleans	State LA	Zip Code 70121-2483
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Ochsner Clinic Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeffrey A Rodgers, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address Des Moines Orthopaedic Surgeons 8001 Westown Parkway		Transaction ID: 17839295
City West Des Moines	State IA	Zip Code 50266-7702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DMOS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Alan S Roubman, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address North Ridge Medical Plaza 5801 North Dixie Highway		Transaction ID: 17839254
City Fort Lauderdale	State FL	Zip Code 33334
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 48 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Carlton G Savory, MD, FACS</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 8282 Veterans Pkwy		Transaction ID: 17846178
City	State	Zip Code
Columbus	GA	31809-3540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Hughston Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Andrew H Schmidt, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 363D Rosewood Lane		Transaction ID: 17839298
City	State	Zip Code
Plymouth	MN	55441-1126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Hennepin Faculty Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Edward C Tanner, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 1445 Portland Ave Ste 210		Transaction ID: 17846183
City	State	Zip Code
Rochester	NY	14621-3008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 48 / 187

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Richard Edmund Topping, MD		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1502 Harrison Ave		Transaction ID: 17846178
City Elkins	State WV	Zip Code 26241-3327
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Tygarts Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lawrence R Walker, MD		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address P O Box 925		Transaction ID: 17839289
City Lake Arrowhead	State CA	Zip Code 92352-0925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer OMG Riverside CA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen C Weber, MD		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 2801 K Street, Suite 310		Transaction ID: 17839287
City Sacramento	State CA	Zip Code 95818-5119
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 50 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Julie Wehner, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 916 Merry Lane		Transaction ID: 17846186
City	State	Zip Code
Oak Brook	IL	60523-1422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>475.00</b>
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ <b>475.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. William Bradley White, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address Monadnock Ortho Assoc The Wellness Ctr Ste 100		Transaction ID: 17839240
City	State	Zip Code
Peterborough	NH	03458
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gerald R. Williams, Jr, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 1 Cupp Pavilion, Presbyterian Hosp 39th & Market Sts		Transaction ID: 17846181
City	State	Zip Code
Philadelphia	PA	19104-4228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer Hospital of the Univ of Pennsylvania	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ <b>1000.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts TNs Page (optional) .....	<b>1725.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 51 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joseph N Wilson, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 4701 85th St		Transaction ID: 17846175
City Lubbock	State TX	Zip Code 79424-4104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Bernard R Bach, Jr, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1029 Franklin Ave		Transaction ID: 17846175
City River Forest	State IL	Zip Code 60305-1339
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Midwest Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jafer M Bazh, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1919 S Wheeling, #504		Transaction ID: 17839282
City Tulsa	State OK	Zip Code 74104-5634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Tulsa Bone and Joint Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 52 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James Frank Bethea, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address Columbia Orthopaedic Specialists 1301 Taylor St., Ste. 3-0		Transaction ID: 17846180
City Columbia	State SC	Zip Code 29201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Columbia Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. John Thomas Bolger, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1111 Delafield St #120		Transaction ID: 17846185
City Waukesha	State WI	Zip Code 53188-3402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Waukesha	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven L Bueley, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 6007 Macon Court		Transaction ID: 17839288
City Huntsville	State AL	Zip Code 35802-1531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 53 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Jorge Manuel Cabrera, MD		Date of Receipt M / D / Y 02 / 10 / 2004	
Mailing Address 8341 Sunset Dr, #100		Transaction ID: 17846184	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
South Miami	FL	33143-4842	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Imtiaz Ahmad Chaudhary, MD		Date of Receipt M / D / Y 02 / 10 / 2004	
Mailing Address 736 Amboy Ave		Transaction ID: 17839266	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Edison	NJ	08837-3224	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Jerry D Clark, MD		Date of Receipt M / D / Y 02 / 10 / 2004	
Mailing Address 3850 Laurel St		Transaction ID: 17839248	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Beaumont	TX	77707-2287	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Beaumont Bone and Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 54 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Kieran Daniel Cody, MD		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 800 W State St Ste 202		Transaction ID: 17846172
City Doylestown	State PA	Zip Code 18001-5842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mackel-Cody Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark W Diehl, MD		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 111D Hazeltine Lane		Transaction ID: 17846264
City Kennesaw	State GA	Zip Code 30152-4742
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pinnacle Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles Phillip Dahl, MD		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 310 N. 9th St P O Box 1397		Transaction ID: 17846251
City Bismarck	State ND	Zip Code 58501-4508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bone & Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 55 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Burel C Gaddy, Jr. MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address Midwest Orthopaedics, P.A. 9119 W. 74th Street		Transaction ID: 17846282
City Shawnee Mission	State KS	Zip Code 66204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Midwest Orthopaedics, P.A.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Joe L Gerold, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 701 Richard M. Scrushy Pkwy		Transaction ID: 17846256
City Fairfield	State AL	Zip Code 35064-2638
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Victor Goldberg, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 11100 Euclid Ave		Transaction ID: 17846228
City Cleveland	State OH	Zip Code 44108-1738
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UHC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 66 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Melburn K Huebner, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1901 Medi Park Dr, #10		Transaction ID: 17846215
City Amarillo	State TX	Zip Code 79106-2105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Martin R Hulender, Jr, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 304 S Park Ln		Transaction ID: 17846257
City Altus	State OK	Zip Code 73521-5700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Cassin M Igram, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address Iowa Orthopaedic Ctr 411 Laurel St, #3300		Transaction ID: 17846259
City Des Moines	State IA	Zip Code 50314-5005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Iowa Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 57 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Joshua J Jacobs, MD		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1725 W Harrison St, #1083		Transaction ID: 17846206
City Chicago	State IL	Zip Code 60612-1155
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Midwest Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David A Kelchian, MD		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 13983 Covington Dr		Transaction ID: 17846226
City Plymouth	State MI	Zip Code 48170-2450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Douglas W Kurz, MD		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 2301 South Ingram		Transaction ID: 17846223
City Sedalia	State MO	Zip Code 65301-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Brian E Kazer, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 2000 Tenth Ave Ste 270		Transaction ID: 17846203
City Columbus	State GA	Zip Code 31801-3700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Columbus Orthopaedic Care Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. S Gopal Krishnan, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1331 E 8th St		Transaction ID: 17846191
City Weslaco	State TX	Zip Code 78596-6688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Krishnan and Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Allen G Lang, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1100 British Columbia Ave		Transaction ID: 17846258
City Ames	State IA	Zip Code 50014-5730
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Veteran's Administration	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 187

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Peter A Matsuzaki, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 870 Ponahawaii St #214		Transaction ID: 17846230
City	State	Zip Code
Hilo	HI	96720-2860
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Henry Reikon McCarroll, Jr, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 2351 Clay St, #510		Transaction ID: 17846260
City	State	Zip Code
San Francisco	CA	94115-1831
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. George @ M2, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 5540 West 111th St		Transaction ID: 17846231
City	State	Zip Code
Oak Lawn	IL	60453-5035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Manuel M Monasterio, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address PD Box 7401		Transaction ID: 17846229
City	State	Zip Code
Ponce	PR	00732-7401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert W Nolan, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 111 Wakelee Ave		Transaction ID: 17846247
City	State	Zip Code
Ansonia	CT	06401-1151
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Kenneth M Oates, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 351 B W 3rd St		Transaction ID: 17846193
City	State	Zip Code
Anacortes	WA	98221-1215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Orthopaedic Sur- geons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 61 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kent A Reinker, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 13637 Bluff Circle		Transaction ID: 17846254
City San Antonio	State TX	Zip Code 78216-1803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Peter B Salamon, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 333 E Alpine		Transaction ID: 17846200
City Stockton	State CA	Zip Code 95204-3407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert Sehnberg, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address Sta 130 8210 Walnut Hill Ln		Transaction ID: 17846237
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 62 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stephen W Shick, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 14577 Faucet Ln		Transaction ID: 17846190
City Fortville	State IN	Zip Code 46040-9476
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Lex A Simpson, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 10763 Blackhawk Street		Transaction ID: 17846199
City Plantation	State FL	Zip Code 33324-2181
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Rolf C Schiberg, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 9427 SW Barnes Rd, #490 Mother Joseph Plaza		Transaction ID: 17846253
City Portland	State OR	Zip Code 97225-6852
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Orho and Fracture Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 63 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Todd V Swanson, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address Desert Orthopaedic Center, LTD 2800 E. Desert Inn Road		Transaction ID: 17846283
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Desert Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. James H Van Olet, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 3955 NW Lincoln Ave		Transaction ID: 17846211
City Corvallis	State OR	Zip Code 97330-2359
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Stuart L Weinstein, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address Dept of Ortho 200 Hawkins Dr, #01028 JPP		Transaction ID: 17846243
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of Iowa Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 64 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Clay M Wertheimer, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1100 Pacific Ave, #300 Everett Bone and Joint		Transaction ID: 17846212
City Everett	State WA	Zip Code 98201-4261
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Proliance Surgeons, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Alan H Wilde, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 8542 Windsor Way		Transaction ID: 17846255
City Broadview Heights	State OH	Zip Code 44147-1790
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Stulberg, Wilda Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Edward W Younger, III, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 6403 Coyle Ave, #17D		Transaction ID: 17846188
City Camichael	State CA	Zip Code 95608-0363
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Northern California Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1900.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 65 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Peter C Amadio, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address Mayo Clinic 200 1st St S W		Transaction ID: 17846232
City Rochester	State MN	Zip Code 55902-3008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Frederick M Azar, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 2976 Gardens Way		Transaction ID: 17846218
City Memphis	State TN	Zip Code 38111-2647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John A Barbaso, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 4140 Centennial Hills Blvd. Ste A		Transaction ID: 17846192
City Casper	State WY	Zip Code 82609
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 66 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeffrey A. Baum, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 200 Delafield Rd Ste 1040		Transaction ID: 17846220
City	State	Zip Code
Pittsburgh	PA	15215-3234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Three Rivers Orthopaedics Associates U	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert J. Benz, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 2500 E Prospect Rd		Transaction ID: 17846204
City	State	Zip Code
Fort Collins	CO	80525-9773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Center of the Rockies	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert J. Berek, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 1445 Raritan Rd		Transaction ID: 17846217
City	State	Zip Code
Clark	NJ	07066-1230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 67 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas F Bliss, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 124 Waterman St		Transaction ID: 17846241
City Providence	State RI	Zip Code 02806-2052
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer East Side Orthopaedics, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Alberto Antonio Bolanos, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 50 South San Mateo Drive Suite 470		Transaction ID: 17846244
City San Mateo	State CA	Zip Code 94401-3857
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jonathan L Chang, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2004
Mailing Address 500 N Garfield Ave #204		Transaction ID: 17846213
City Monterey Park	State CA	Zip Code 91754-1242
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Pacific Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 68 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark J Conkin, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1702 Sand Lily Dr		Transaction ID: 17846187
City Golden	State CO	Zip Code 80401-8503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Woodridge Orthopaedic & Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Shannon E Cooke, MD</b>		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1749 Pine		Transaction ID: 17846214
City Abilene	State TX	Zip Code 79601-3043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gary Drilling, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 1777 Hamburg Turnpike #305		Transaction ID: 17868804
City Wayne	State NJ	Zip Code 07470-5243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 187

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Scott Goldman, MD		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 400 N Mountain Ave Ste 310		Transaction ID: 17868808
City Upland	State CA	Zip Code 91786-5182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Martin Jacob Greenberg, MD		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 916 Merry Ln		Transaction ID: 17868786
City Oak Brook	State IL	Zip Code 60523-1422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 475.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen S Hurst, MD		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 618 Gloucester Ln		Transaction ID: 17868793
City Foster City	State CA	Zip Code 94404-3615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer San Mateo Ortho Med Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1975.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 70 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Shepard R. Hunzick, MD		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address Univ of Virginia Med Ctr Department of Orthopaedics		Transaction ID: 17868790
City Charlottesville	State VA	Zip Code 22908-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Health Services Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Abbott Kagan, II, MD		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address Florida Orthopaedic Society 8710 College Pky		Transaction ID: 17868781
City Fort Myers	State FL	Zip Code 33919-4811
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Florida Orthopaedic Society	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert S. Kramer, MD		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 8 Vouga Lane		Transaction ID: 17868801
City Saint Louis	State MO	Zip Code 63131-2628
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Metropolitan Orthopedics LTD	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1050.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 71 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Paul N Krap, MD		Date of Receipt M / D / Y 02 / 12 / 2004	
Mailing Address 230 Clearfield Ave Ste 124		Transaction ID: 17868807	
City Virginia Beach	State VA	Zip Code 23462-1832	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. J Wesley Masko, MD		Date of Receipt M / D / Y 02 / 12 / 2004	
Mailing Address 2901 Stabler St		Transaction ID: 17868795	
City Lansing	State MI	Zip Code 48910-3022	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Keith W Miller, MD		Date of Receipt M / D / Y 02 / 12 / 2004	
Mailing Address Central Indiana Ortho 3600 W Bethel Ave		Transaction ID: 17868788	
City Muncie	State IN	Zip Code 47304	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Central Indiana Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 72 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James E Mullen, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 24331 El Toro Rd # 200		Transaction ID: 17868796
City Laguna Woods	State CA	Zip Code 92653-2753
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer South County Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. R Scott Oliver, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address Mass Orthopaedic Assoc Plymouth Bay Orthopaedics		Transaction ID: 17868799
City Duxbury	State MA	Zip Code 02332-5315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mass Orthopaedic Assoc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John M Olsewak, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 135 Bramble Brook Rd		Transaction ID: 17868798
City Ardsley	State NY	Zip Code 10502-2208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 73 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Tye Ouzounian, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 5620 Wilbur Ave, #216		Transaction ID: 17866803
City Tarzana	State CA	Zip Code 91356-1309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Ray Payne, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 230 Clearfield Ave Ste 124		Transaction ID: 178668787
City Virginia Beach	State VA	Zip Code 23462-1832
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Atlantic Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael P Rubinstein, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 1801 W Romneya Dr, #208		Transaction ID: 178668782
City Anaheim	State CA	Zip Code 92801-1825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 74 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dempsey S Springfield, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 12 / 2004
Mailing Address Mt Sinai School of Medicine 5 E 98th St		Transaction ID: 17868780
City New York	State NY	Zip Code 10029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Mt Sinai School of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Edward A Stokol, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 12 / 2004
Mailing Address PO Box 616		Transaction ID: 17868794
City Petoskey	State MI	Zip Code 49770-0616
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Cooper L Terry, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 12 / 2004
Mailing Address 497 Azalea Dr Ste 102		Transaction ID: 17868800
City Oxford	State MS	Zip Code 38655-7501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Oxford Orthopaedic & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 75 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. George R Bradbury, III, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address Premier Care Orthopedics 12277 Depaul Dr, Ste 305		Transaction ID: 17868789
City Bridgeton	State MO	Zip Code 63044-2529
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Premier Care Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles D Cardenas, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address Calallen Orthopaedics LLP 14317 Northwest Blvd		Transaction ID: 17868784
City Corpus Christi	State TX	Zip Code 78410-5123
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Roger B Collins, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 105 N Greenleaf St		Transaction ID: 17868797
City Gurnee	State IL	Zip Code 60031-5328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1150.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 76 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John P Colman, Jr, MD</b>		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 800 Pollard Rd		Transaction ID: 17886809
City Los Gatos	State CA	Zip Code 95032-1437
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Marybeth Ezaki, MD</b>		Date of Receipt M / D / Y 02 / 13 / 2004
Mailing Address 2222 Welborn St		Transaction ID: 17901408
City Dallas	State TX	Zip Code 75219-3883
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Leonard Thomas Flecko, MD</b>		Date of Receipt M / D / Y 02 / 13 / 2004
Mailing Address 1514 K-98 Highway		Transaction ID: 17901415
City Great Bend	State KS	Zip Code 67530-5012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Central Kansas Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 77 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard Johnston, MD</b>		Date of Receipt M / D / Y 02 / 13 / 2004
Mailing Address 1050 Old Des Peres Rd Ste 100		Transaction ID: 17877282
City Saint Louis	State MO	Zip Code 63131-1865
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Anthony E Melonakos, MD</b>		Date of Receipt M / D / Y 02 / 13 / 2004
Mailing Address Anthony E Melonakos MD PC 1420 North Monroe Street		Transaction ID: 17901413
City Monroe	State MI	Zip Code 48162-4211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard J Stenberg, MD</b>		Date of Receipt M / D / Y 02 / 13 / 2004
Mailing Address 1200 Norman Eskridge Hwy Ste 100		Transaction ID: 17901410
City Seaford	State DE	Zip Code 19573-1728
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 78 / 107

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John C Bax</b>		Date of Receipt M / D / Y 02 / 13 / 2004
Mailing Address 2323 North Casaloma Drive P.O.Box 7700		Transaction ID: 17901404
City <b>Appleton</b>	State <b>WI</b>	Zip Code <b>54913-8284</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer Self Employed	Occupation <b>Orthopaedic Surgeon</b>	Aggregate Year-to-Date ▼ <b>1000.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert William Bucholz, MD</b>		Date of Receipt M / D / Y 02 / 13 / 2004
Mailing Address 5323 Harry Hines Blvd		Transaction ID: 17901409
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75390-7216</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer UT Southwestern	Occupation <b>Orthopaedic Surgeon</b>	Aggregate Year-to-Date ▼ <b>500.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas J Dittloff, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 6900 Orchard Lake Rd #103		Transaction ID: 17901460
City <b>West Bloomfield</b>	State <b>MI</b>	Zip Code <b>48322-5424</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self Employed	Occupation <b>Orthopaedic Surgeon</b>	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 78 / 187

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Frank A Cordasco, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 17901433
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. J William Fellows, Jr, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 120D 1st Ave E, #C		Transaction ID: 17901432
City Spencer	State IA	Zip Code 51301-4342
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NWIB	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Kimberly Lee Fury, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 375 E Park Ave, #200		Transaction ID: 17901438
City Durango	State CO	Zip Code 81301-5012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Durango Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 80 / 107  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Martin Gillespie, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 2414 Harbor Island Dr		Transaction ID: 17901468
City New Bern	State NC	Zip Code 28562-7376
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert S Gomb, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200		Transaction ID: 17901450
City Orange	State CA	Zip Code 92668
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Specialty Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Sigvard T Hansen, Jr, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address Harborview Medical Ctr Foot & Ankle, Box 350790		Transaction ID: 17901427
City Seattle	State WA	Zip Code 98104-2499
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Washington	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 81 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Robert H Hamington, MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 237 Route 1D8, #2D5		Transaction ID: 17901467
City Somersworth	State NH	Zip Code 03878-1517
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Seacoast Orthopaedics and Sports Medici	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard Justin Hayes, MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 6977 Main St		Transaction ID: 17901455
City Houston	State TX	Zip Code 77030-3701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Shriners Hospitals	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. A Lee Hunter, Jr. MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address PO Box 618 1321 S Locust Ave		Transaction ID: 17901443
City Lawrenceburg	State TN	Zip Code 38464-0618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 82 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) A. Dr. Paul Alan Kammerlocher, MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 111 D N Lee		Transaction ID: 17901477
City Oklahoma City	State OK	Zip Code 73103-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer McBride Clinic Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Darin T Leelun, MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 808 Victory Lane		Transaction ID: 17901475
City Maryville	State MO	Zip Code 64468-3800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lawrence G Lenke, MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address Washington Univ Med Ctr One Barnes Jewish Hospital Plaza		Transaction ID: 17901458
City Saint Louis	State MO	Zip Code 63110-1064
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 83 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas M Loeb, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 4003 Kresge Way Ste 22B		Transaction ID: 17901449
City	State	Zip Code
Louisville	KY	40207-4652
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeffrey L Lovello, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 1411 Woodhurst Blvd.		Transaction ID: 17901469
City	State	Zip Code
Mc Lean	VA	22102-2234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Anderson Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Ernest B Meraldis, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 2835 Drummond		Transaction ID: 17901418
City	State	Zip Code
Shaker Heights	OH	44120-1829
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University Anesthesia, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 84 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James D McKinney, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 404 N Hickory Ave		Transaction ID: 17901420
City	State	Zip Code
Cookeville	TN	38501-2431
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Mark F Mills, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 860 Golden Ridge Rd		Transaction ID: 17901421
City	State	Zip Code
Golden	CO	80401-9541
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Panorama Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Roberto A Moya, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 2140 W 68th St #A		Transaction ID: 17902567
City	State	Zip Code
Hialeah	FL	33010-1815
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 85 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John W Nable, Jr. MD		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 1717 Oak Park Blvd 3rd Floor		Transaction ID: 17901423
City Lake Charles	State LA	Zip Code 70601-8891
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ward Sayra Oakley, Jr. MD		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address PO Box 2000		Transaction ID: 17901417
City Pinehurst	State NC	Zip Code 28370-2000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Douglas Gerald Pankratz, MD		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 1080 S Van Dyke		Transaction ID: 17901438
City Bad Axe	State MI	Zip Code 48413-9635
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 86 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. R William Petty, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 2320 NW 68th Ct		Transaction ID: 17901459
City Gainesville	State FL	Zip Code 32653-1630
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Dalein E Quanzar, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 5604 Glen Oaks Pointe		Transaction ID: 17901465
City West Des Moines	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Des Moines Orthopaedic Surgeons, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John C Richmond, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address New England Baptist Hospital 125 Parker Hill Avenue		Transaction ID: 17901440
City Boston	State MA	Zip Code 02120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pratt Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 87 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas S Samuelson, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004	
Mailing Address 400B W 123rd St		Transaction ID: 17901454	
City Leawood	State KS	Zip Code 66209-2218	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kansas City Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Albert E Sanders, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004	
Mailing Address 7107 Brookside		Transaction ID: 17901434	
City San Antonio	State TX	Zip Code 78209-3519	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven M Sanders, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004	
Mailing Address 2020 Palomino Ln, #220		Transaction ID: 17901478	
City Las Vegas	State NV	Zip Code 89108-4891	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts TNs Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 88 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James L. Scales, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 280 Newton Sparta Rd, #4 Andover Orthopaedic Surgery		Transaction ID: 17901463
City State Zip Code Newton NJ 07860-2775	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Andover Orthopaedic Surgery Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles P. Schneider, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 206 E Elm St		Transaction ID: 17901424
City State Zip Code Caldwell ID 83605-4894	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David D. Tauscher, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 3850 Laurel Ave		Transaction ID: 17901479
City State Zip Code Beaumont TX 77707-2218	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 88 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Steven M. Theiss, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 510 20th Street FOT 940		Transaction ID: 17901472
City Birmingham	State AL	Zip Code 35294-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Martin Shelton Tullus, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 4011 Talbot Rd S, #300		Transaction ID: 17901426
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. James K. Ushiba, MD</b>		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 11823 Spur Road		Transaction ID: 17901458
City Monterey	State CA	Zip Code 93940-6888
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Precision Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 00 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Ted J Waller, MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 194 Doctors Dr		Transaction ID: 17901431
City Boone	State NC	Zip Code 28607-5079
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard P Whitaker, MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 1603 E High St		Transaction ID: 17901464
City Pottstown	State PA	Zip Code 19664-5061
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialists of Pottstown	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Roland H Wither, MD		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 5409 Covey Creek Cir		Transaction ID: 17901473
City Stockton	State CA	Zip Code 95207-5341
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1300.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 01 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Daniel L Zimet, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 842 N. Shenandoah Ave		Transaction ID: 17901470
City Front Royal	State VA	Zip Code 22630-3543
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles H Alexander, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 5549 Green Oak Dr		Transaction ID: 17901435
City Los Angeles	State CA	Zip Code 90068-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas R Highland, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 400 Keene St P O Box 0		Transaction ID: 17902581
City Columbia	State MO	Zip Code 65201-8151
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 02 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael A House, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 2515 Scripture Ste 100		Transaction ID: 17902569
City Denton	State TX	Zip Code 76201-2311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeffrey Einer Johnson, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address Washington Univ School of Med Dept of Ortho Surgery		Transaction ID: 17902590
City Saint Louis	State MO	Zip Code 63110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Washington University School of Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard P Lawellen, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 2300 12th Ave N Ste 100E		Transaction ID: 17902582
City Billings	State MT	Zip Code 59101-7504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 800.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1800.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 03 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Frederick T Lehr, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 100 Brown St		Transaction ID: 17902568
City Chestertown	State MD	Zip Code 21620-1435
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. David C Loken, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address Grand Itasca Clinic and Hospital 128 SE 1st Ave.		Transaction ID: 17902568
City Grand Rapids	State MN	Zip Code 55744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Grand Itasca Clinic and Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Rolf S Lutoff, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 252D Betty Ct		Transaction ID: 17904862
City Green Bay	State WI	Zip Code 54301-1815
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Prevea Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 04 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Rowland Brook Mayor, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1 Church St 4th Fl		Transaction ID: 17904960
City New Haven	State CT	Zip Code 06510-3330
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Daniel J McKernan, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 735 S Shoop Ave		Transaction ID: 17902572
City Wauseon	State OH	Zip Code 43567-1735
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David R Morawski, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 2525 Kanerville Rd		Transaction ID: 17902570
City Geneva	State IL	Zip Code 60134-2578
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 05 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Patrick F O'Leary, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 1015 Madison Ave 4th floor		Transaction ID: 17902577
City	State	Zip Code
New York	NY	10021-0261
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Anthony F Pascheli, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 201 Cedar SE Ste 6600		Transaction ID: 17904967
City	State	Zip Code
Albuquerque	NM	87106-4915
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer New Mexico Orthopaedic As- sociates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Timothy S Petacha, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 2525 Kanerville Road		Transaction ID: 17902571
City	State	Zip Code
Geneva	IL	60134-2578
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1550.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 06 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joshua A Siegel, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address One Hampton Road		Transaction ID: 17904963
City Exeter	State NH	Zip Code 03833-4848
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Access Sports Medicine & Orthopaedics Receipt For: Primary      General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Owen Britt Tabor, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 8005 Park Ave, #608		Transaction ID: 17902583
City Memphis	State TN	Zip Code 38119-5216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Tabor Orthopaedics Receipt For: Primary      General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Paul L Asdourian, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 3333 N Calvert St, #400		Transaction ID: 17902573
City Baltimore	State MD	Zip Code 21218-6501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed Receipt For: Primary      General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 07 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Marshall G Baca, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 241 D W Pierce		Transaction ID: 17905193
City Carlsbad	State NM	Zip Code 88220-3512
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen E Blythe, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 1403 N Green Way Dr		Transaction ID: 17904961
City Coral Gables	State FL	Zip Code 33134-4774
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. James T Chandler, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address PO Box 21389 4064 Postal Drive, SW		Transaction ID: 17905192
City Roanoke	State VA	Zip Code 24018-0548
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 08 / 107

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gregory P Charka, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 2124 Morris Ave Ste 203		Transaction ID: 17902575
City	State	Zip Code
Union	NJ	07083-6006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Kenneth O Cho, MD</b>		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address Surgical Service Veterans Affairs Med Ctr		Transaction ID: 17902574
City	State	Zip Code
Martinsburg	WV	25401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Veterans Affairs Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Douglas A Dennis, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address Colorado Joint Replacement 2425 S Colorado Blvd, Ste 280		Transaction ID: 17942830
City	State	Zip Code
Denver	CO	80222
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:        PAGE 08 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gregory P Duff, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address 2800 Wheaton Way #311		Transaction ID: 17942851
City Bremerton	State WA	Zip Code 98310-3319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert J Hagen, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address 1411 South Creasy Lane Suite 120		Transaction ID: 17942821
City Lafayette	State IN	Zip Code 47905-7433
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Lafayette Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Harry N Herkowitz, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address 3535 W 13 Mile Rd Ste 604		Transaction ID: 17942843
City Royal Oak	State MI	Zip Code 48073-6700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 100 / 197

(check only one)

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

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Dr. Jefferson J. Keye, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004	
Mailing Address 1514 Jefferson Hwy LT-7		Transaction ID: 17942846	
City Jefferson	State LA	Zip Code 70121-2483	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Dalores K. Kirkpatrick, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004	
Mailing Address 5671 Peachtree-Dunwoody Rd Suite 700		Transaction ID: 17942805	
City Atlanta	State GA	Zip Code 30342-5000	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Sheldon S. Lin, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004	
Mailing Address 90 Bergen St Ste 7300 DOC Building		Transaction ID: 17942834	
City Newark	State NJ	Zip Code 07103-2425	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UMDNJ	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 101 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Edward R McDevitt, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address 3118 Drogue Ct		Transaction ID: 17942819
City	State	Zip Code
Annapolis	MD	21403-4328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. John K Manson, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address 848 Miranda Creek Ct		Transaction ID: 17942818
City	State	Zip Code
Alamo	CA	94507-1467
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer East Bay Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Rafat Nashed, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address 2885 Netherton Drive		Transaction ID: 17942828
City	State	Zip Code
Saint Louis	MO	63138-4674
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 102 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Edward F Quinn, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address 800 N DuPont Hwy		Transaction ID: 17942835
City Milford	State DE	Zip Code 19963-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Delaware Bone & Joint Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Ronald R Romanelli, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address Ortho Center of Illinois Ste 150		Transaction ID: 17942825
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Center of Illinois	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Benjamin N Rosenberg</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address 1436 Exchange St		Transaction ID: 17942848
City Middlebury	State VT	Zip Code 05753-1185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Champlain Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 103 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James W Scott, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address PD Box 7630		Transaction ID: 17942797
City	State	Zip Code
Tifton	GA	31783-7630
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Georgia Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Scott Beecher Sculchfield, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address 1591 Lexington Rd		Transaction ID: 17942809
City	State	Zip Code
Danville	KY	40422-9735
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert B Stephenson, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address 4550 Lee Highway PO Box 1617		Transaction ID: 17942840
City	State	Zip Code
Dublin	VA	24084-1617
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Valley Orthopaedics & Sports Medicine.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 104 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael A Thorpe, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004	
Mailing Address 297B Squalicum Parkway Ste#203		Transaction ID: 17942802	
City Bellingham	State WA	Zip Code 98225-1851	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Michael Vener, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004	
Mailing Address 1201 Mickelson Dr		Transaction ID: 17942849	
City Watertown	State SD	Zip Code 57201-7231	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Stuart Winkler, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004	
Mailing Address 8322 Bellona Ave		Transaction ID: 17942832	
City Towson	State MD	Zip Code 21204-2012	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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



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

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

FOR LINE NUMBER: PAGE 105 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. LeRoy Scott Atkins, Jr, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address P.O. Box 2447		Transaction ID: 17942822
City Tuscaloosa	State AL	Zip Code 35403-2447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Steven Berkowitz, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address 204D Sixth Ave		Transaction ID: 17942833
City Neptune	State NJ	Zip Code 07753-6101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Seaview Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. James Vincent Bruno, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004
Mailing Address 37832 Atkins Knoll		Transaction ID: 17942817
City Oconomowoc	State WI	Zip Code 53068-4702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Aurora Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 106 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. J Kenneth Burkus, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004	
Mailing Address PD Box B517 6262 Veterans Pkwy		Transaction ID: 17942807	
City State Zip Code Columbus GA 31908-9517	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hughston Clinic	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. David J Caucci, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004	
Mailing Address 1325 North Main Street		Transaction ID: 17942841	
City State Zip Code Honesdale PA 18431-2003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Honesdale Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey H Charen, MD</b>		Date of Receipt M / D / Y Y Y Y 02 / 26 / 2004	
Mailing Address Orthopaedic Associates of Central 205 May St, #202		Transaction ID: 17942829	
City State Zip Code Edison NJ 08837	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopaedic Associates of Central NJ	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ron Clark, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address Valparaiso Ortho Clinic 2501 Cumberland Dr		Transaction ID: 17942824
City Valparaiso	State IN	Zip Code 46383
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Valparaiso Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Koursh Jafarizadeh, MD</b>		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address 2 Marilane		Transaction ID: 17942838
City Houston	State TX	Zip Code 77007-7046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jack W Grosland, III, MD</b>		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 5405 S 500 East, #203		Transaction ID: 17969337
City Ogden	State UT	Zip Code 84405-7417
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ogden Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 108 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas G Friemood, MD</b>		Date of Receipt M / D / Y 03 / 03 / 2004	
Mailing Address 880 Golden Ridge Rd #250		Transaction ID: 17969326	
City Golden	State CO	Zip Code 80401-9541	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Panorama Orthopedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. John W Gainer, MD</b>		Date of Receipt M / D / Y 03 / 03 / 2004	
Mailing Address P O Box 1200		Transaction ID: 17969329	
City Santa Barbara	State CA	Zip Code 93102-1200	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Santa Barbara Medical Clinic	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. James O Gemmer, MD</b>		Date of Receipt M / D / Y 03 / 03 / 2004	
Mailing Address 11 Country Club Dr		Transaction ID: 17969325	
City Fairfield	State CA	Zip Code 94534-1305	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 100 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jan Marc Kadyk, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2004
Mailing Address Boone Ortho Assoc 184 Doctors Dr		Transaction ID: 17969331
City Boone	State NC	
Zip Code 28607-5000		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Boone Orthopaedic Assoc. PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. E Michael Olin, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2004
Mailing Address 914D A Academy Rd		Transaction ID: 17969335
City Philadelphia	State PA	
Zip Code 19114-2853		Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Delaware Valley Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Stewart Shanfield, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2004
Mailing Address 101 Laguna Rd, #A		Transaction ID: 17969333
City Fullerton	State CA	
Zip Code 92835-3688		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fullerton Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1650.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 110 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Samuel E Smith, MD</b>		Date of Receipt M / D / Y 03 / 03 / 2004	
Mailing Address Front Range Orthopedic Surgery 1551 Professional Ln		Transaction ID: 17969332	
City Longmont	State CO	Zip Code 80501-6862	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Front Range Orthopedic	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Randolph Copeland, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004	
Mailing Address 1609 Red Rock Dr		Transaction ID: 17969738	
City Gallup	State NM	Zip Code 87301-5651	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US Public Health Service, IHS	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. William B Dial, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004	
Mailing Address 501 West Oneida Street P. O. Box 2267		Transaction ID: 17969367	
City Waycross	State GA	Zip Code 31501-5337	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dial Orthopaedic Clinic, PC	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

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

FOR LINE NUMBER: PAGE 111 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John R Denton, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004
Mailing Address 88-25 153rd St Dept of Ortho		Transaction ID: 17969768
City Jamaica	State NY	Zip Code 11432-3731
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. John D Frest, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004
Mailing Address 4100 Lake Otis Pkwy Ste 302		Transaction ID: 17969358
City Anchorage	State AK	Zip Code 99508-5200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Daniel M Gannon, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004
Mailing Address Bridger Ortho & Sports Med PC 1450 Ellis St Ste 201		Transaction ID: 17969775
City Bozeman	State MT	Zip Code 59715-6813
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Bridger Ortho & Sports Med PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 112 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeffrey W Grosskopf, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address 2525 Kaneville Rd		Transaction ID: 17969960
City Geneva	State IL	Zip Code 60134-2578
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. John H Healey, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address Chief Orthopaedic Service Memorial Sloan-Kettering Cancer Ce		Transaction ID: 17969764
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jim K Hudson, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address 3835 Bienville Blvd		Transaction ID: 17969752
City Ocean Springs	State MS	Zip Code 39564-5711
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Bienville Orthopaedic Spe- cialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 113 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stephen T Icard, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address P.O. Box 2447		Transaction ID: 17969368
City Tuscaloosa	State AL	Zip Code 35403-2447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Antoine J Jabbour, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address Orthopedic Surgery Center 1819 S Wheeling Ave Ste 500		Transaction ID: 17969742
City Tulsa	State OK	Zip Code 74104-5634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Tulsa Bone & Joint Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven Harris Jones, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address 500 Hoaks Rd STE B		Transaction ID: 17969741
City Richmond	State VA	Zip Code 23225-4081
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer West End Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 114 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Charles A Lefebvre, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address 4 Hospital Plaza		Transaction ID: 17969362
City Clarksburg	State WV	Zip Code 26301-9327
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Darla A Marx, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address 10 Medical Park Ste 203		Transaction ID: 17969743
City Wheeling	State WV	Zip Code 26009-6389
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas Wendell Marshall, MD</b>		Date of Receipt M / D / Y 03 / 05 / 2004
Mailing Address 940 N Marr Rd		Transaction ID: 17969364
City Columbus	State IN	Zip Code 47201-2609
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Southern Indiana Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1525.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 115 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David P Mesna, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2004
Mailing Address 3704 Camino Codorniz		Transaction ID: 17969770
City	State	Zip Code
Calabasas	CA	91302-3043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph T Moskal, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2004
Mailing Address 4064 Postal Dr, SW PO Box 21369		Transaction ID: 17969773
City	State	Zip Code
Roanoke	VA	24018-6438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jon F Robinson, MD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2004
Mailing Address Bridger Orthopedic and Sports Medi 1450 Ellis St Ste 201		Transaction ID: 17969778
City	State	Zip Code
Bozeman	MT	59715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Bridger Orthopedic and Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1740.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 116 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James B Slattery, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004	
Mailing Address 250 StW 131st Street		Transaction ID: 17969747	
City Tioga	State FL	Zip Code 32669-3074	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Peter J Stam, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004	
Mailing Address University of Cincinnati College of Medicine		Transaction ID: 17969745	
City Cincinnati	State OH	Zip Code 45267-0001	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Cincinnati College of Medicine	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Jerold P Waldman, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004	
Mailing Address 28401 Crown Valley Prkwy, #101		Transaction ID: 17969751	
City Mission Viejo	State CA	Zip Code 92691-6350	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer COMG	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 117 / 117

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert Henry Belding, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004	
Mailing Address 191D Blanding St		Transaction ID: 17969765	
City Columbia	State SC	Zip Code 29201-3500	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midlands Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. James C Binski, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004	
Mailing Address 1786 Kylemore Court		Transaction ID: 17969763	
City Dayton	State OH	Zip Code 45459-1465	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Donald William Bryan, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004	
Mailing Address 4403 Harrison Blvd Suite 2600		Transaction ID: 17969762	
City Ogden	State UT	Zip Code 84403-5271	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 118 / 197  
(check only one)  
 11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John D Campbell, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004
Mailing Address: Bridger Ortho & Sports Med PC 1450 Ellis St		Transaction ID: 17969767
City: Bozeman	State: MT	Zip Code: 59715
FEC ID number of contributing federal political committee: <b>C</b>		Amount of Each Receipt this Period: 500.00
Name of Employer: Bridger Orthopaedic and Sports Medicine Receipt For: Primary General Other (specify) ▼	Occupation: Orthopaedic Surgeon Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeffrey W Cook, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004
Mailing Address: Franklin Ortho & Sports Med 3310 Aspen Grove Dr, #102		Transaction ID: 17969772
City: Franklin	State: TN	Zip Code: 37067
FEC ID number of contributing federal political committee: <b>C</b>		Amount of Each Receipt this Period: 500.00
Name of Employer: Franklin Ortho & Sports Medicine Receipt For: Primary General Other (specify) ▼	Occupation: Orthopaedic Surgeon Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) <b>C. David Lovatt</b>		Date of Receipt M / D / Y Y Y Y 03 / 10 / 2004
Mailing Address: 5480 Fillmore Avenue		Transaction ID: 18075777
City: Alexandria	State: VA	Zip Code: 22311-1348
FEC ID number of contributing federal political committee: <b>C</b>		Amount of Each Receipt this Period: 500.00
Name of Employer: American Academy of Orthopaedic Surgeons Receipt For: Primary General Other (specify) ▼	Occupation: Director, Washington Office Aggregate Year-to-Date ▼	500.00

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 118/119

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark C Gebhardt, MD</b>		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address Beth Israel Deaconess Med Ctr Dept of Ortho Surgery-Shapiro 2		Transaction ID: 18075774
City Boston	State MA	Zip Code 02215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Children's Hospital Orthopaedic Founda	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Matthew L Jimenez, MD</b>		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 150 North River Road Suite 100		Transaction ID: 18075775
City Des Plaines	State IL	Zip Code 60016-1272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Brian E McGrath, MD</b>		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address Buffalo General Hospital-Orthopaed 100 High St, Rm B-280		Transaction ID: 18075773
City Buffalo	State NY	Zip Code 14203-1128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Buffalo General Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 120 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Saul M Bernstein, MD		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 8815 Noble Ave		Transaction ID: 18075772
City Van Nuys	State CA	Zip Code 91405-3796
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer So. California Orthopaedic Inst.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles H Classen, Jr, MD		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address Kinston Orthopaedic Kinston Clinic North,		Transaction ID: 18075769
City Kinston	State NC	Zip Code 28501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Kinston Orthopaedic & Sports Med. Ctr.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul Calvin Collins, MD		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 613 West Sandstone Court		Transaction ID: 18075778
City Boise	State ID	Zip Code 83702-6509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Intermountain Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	5800.00
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 121 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David W Edehain, MD</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 2727 W Holcombe		Transaction ID: 18075779
City	State	Zip Code
Houston	TX	77025-1669
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Kelsay Seyhold Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas B Grollman, MD</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address PO Box 1807		Transaction ID: 18075781
City	State	Zip Code
Lihue	HI	96766-5607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert M Jarrett, MD</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 535 Roxbury Rd		Transaction ID: 18075778
City	State	Zip Code
Rockford	IL	61107-5078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 122 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. S Glen Neale, MD</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 530 Washington Hwy Ste 8		Transaction ID: 18075780
City Morrisville	State VT	Zip Code 05661-8716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mansfield Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph Benevenis, MD</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 80 Bergen St, #7400		Transaction ID: 18075782
City Newark	State NJ	Zip Code 07109-2425
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Patrick Allen Dowling, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004
Mailing Address Medical Mutual Insurance Company One City Center		Transaction ID: 18075787
City Portland	State ME	Zip Code 04112-5275
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Medical Mutual Insurance Company	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 123 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jerald Roger Goldman, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004
Mailing Address 4032 Happy Valley Rd		Transaction ID: 18075793
City Lafayette	State CA	Zip Code 94549-2409
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Wm Richard Hayes, Jr, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004
Mailing Address Alpine Bone & Joint Clinic 845 Aitken St		Transaction ID: 18075788
City Reno	State NV	Zip Code 89502-1313
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Alpine Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas G Kemphan, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004
Mailing Address 5991 North Golden Eagle Drive		Transaction ID: 18075791
City Tucson	State AZ	Zip Code 85750-0818
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 124 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark G Murphy, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004	
Mailing Address P O Box 688		Transaction ID: 18075792	
City Douglas	State WY	Zip Code 82633-0688	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard F Searles, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004	
Mailing Address 8008 Frost St Ste 300		Transaction ID: 18075785	
City San Diego	State CA	Zip Code 92123-4205	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Ira Joel Singer, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004	
Mailing Address 725 Reservoir Ave Ste 1D1		Transaction ID: 18075795	
City Cranston	State RI	Zip Code 02910-4448	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 125 / 197

(check only one)

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

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Dr. Douglas G Smith, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004	
Mailing Address Anchorage Medical & Surgical Clini 718 K Street		Transaction ID: 18075786	
City Anchorage	State AK	Zip Code 99501-3331	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anchorage Medical & Surgical Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Dr. Bert G Tardieu, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004	
Mailing Address 240 San Jose St		Transaction ID: 18075790	
City Salinas	State CA	Zip Code 93901-3898	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Precision Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Dr. Robert J Githelone, MD</b>		Date of Receipt M / D / Y 03 / 12 / 2004	
Mailing Address Midatlantic Orthopaedic Specialist 1120 A Professional Ct		Transaction ID: 18075794	
City Hagerstown	State MD	Zip Code 21740-5848	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midatlantic Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

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

FOR LINE NUMBER: PAGE 126 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard P Mackessy, MD</b>		Date of Receipt M / D / Y 03 / 13 / 2004
Mailing Address 17 Hickory Road		Transaction ID: 18101863
City Short Hills	State NJ	Zip Code 07078-1289
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jerald L Cooper, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 7801 W. Jefferson Blvd.		Transaction ID: 18079820
City Fort Wayne	State IN	Zip Code 46804-4133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David M Dine, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 935 Northern Blvd, #303		Transaction ID: 18079855
City Great Neck	State NY	Zip Code 11021-5309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1550.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 127 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Daneca M Dipaolo</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 809 Morris Ave		Transaction ID: 18079833
City Springfield	State NJ	Zip Code 07081-1511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Liberty Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Frank A Cordasco, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 18079858
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Chris John Dangles, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 802 W University		Transaction ID: 18079837
City Urbana	State IL	Zip Code 61801-2530
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Carr Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 128 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael David Deubs, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Orthopaedic Specialists of NV 701 S. Tonopah Drive		Transaction ID: 18079954
City Las Vegas	State NV	Zip Code 89106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Specialists of Nevada	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Dirk H Dugan, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 1301 Trumansburg Rd Ste R		Transaction ID: 18079893
City Ithaca	State NY	Zip Code 14850-1397
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. J Ollie Edmunds, Jr, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Tidewater Pl 1440 Canal St, #1500		Transaction ID: 18102540
City New Orleans	State LA	Zip Code 70112-2715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2300.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 129 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Frank J Eismont, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Univ of Miami PO Box 016960 (D-27)		Transaction ID: 18079882
City Miami	State FL	Zip Code 33101-6960
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Neal S ElAttrache, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 8901 Park Terrace Dr		Transaction ID: 18079895
City Los Angeles	State CA	Zip Code 90045-1539
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Karlun Joba Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark E Fahey, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Tallahassee Orthopaedic Clinic 3334 Capitol Medical Blvd, #400		Transaction ID: 18079825
City Tallahassee	State FL	Zip Code 32308-4470
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Tallahassee Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1300.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 130 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joe Frank Fellows, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 8001 Westown Pkwy		Transaction ID: 18079918
City	State	Zip Code
West Des Moines	IA	50266-7702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Terry I Finleyson, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 2380 N 400 E Ste A		Transaction ID: 18079833
City	State	Zip Code
Logan	UT	84341-1756
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David A Fisher, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 1801 N Senata Blvd, #200		Transaction ID: 18079891
City	State	Zip Code
Indianapolis	IN	46202-1243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedics of Indianapo- lis	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 131 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy Charles Fitzgibbons, MD		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 771 D Mercy Rd, #224		Transaction ID: 18079841
City Omaha	State NE	Zip Code 68124-2346
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer GIKK, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Roger A Forbes, Jr, MD		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 106 Lake Mead Drive Suite # 10B		Transaction ID: 18079805
City Henderson	State NV	Zip Code 89015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark A Franke, MD		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Attn: Derek Pupello 13020 Telecom Pkwy N		Transaction ID: 18079851
City Temple Terrace	State FL	Zip Code 33637
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 132 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jonathan P Garino, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address Presbyterian Medical Center Dept. of Orthopaedic Surgery		Transaction ID: 18102529
City Philadelphia	State PA	Zip Code 19104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University of Pennsylvania	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard W Garner, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 328D Providence Dr, Ste 200		Transaction ID: 18079831
City Anchorage	State AK	Zip Code 99508-4603
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Anchorage Fracture & Orthopaedic Clnl	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Daniel E Gebel, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address University of Maryland Orthopaedic Associates PA		Transaction ID: 18101868
City Baltimore	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Maryland	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 133 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Cyrus Ghavam, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 2508 Darville Rd Ste 201		Transaction ID: 18079865
City State Zip Code Decatur AL 35603-4232	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1500.00
Name of Employer Sportsmed, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Jay P Ginther, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 1753 West Ridgeway #103		Transaction ID: 18079822
City State Zip Code Waterloo IA 50701-4544	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Cedar Valley Medical Specialists, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Scott Goldman, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 400 N Mountain Ave Ste 310		Transaction ID: 18079822
City State Zip Code Upland CA 91788-5182	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 134 / 197  
(check only one)  
 11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeffrey A. Greenberg, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 8501 Harcourt Rd.		Transaction ID: 18079936
City Indianapolis	State IN	Zip Code 46260-2089
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Indiana Hand Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard Alan Greisman, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 2002 12th Street NW Suite B		Transaction ID: 18079866
City Ardmore	State OK	Zip Code 73401-1206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bone & Joint Clinic of So- uth Oklahoma	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Benjamin Gull, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 3366 Oakdale Avenue N. Suite 103		Transaction ID: 18079830
City Minneapolis	State MN	Zip Code 55422-2548
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Twin Cities Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 135 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Sigvard T Hansen, Jr. MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address Harborview Medical Ctr Foot & Ankle, Box 358769		Transaction ID: 18102537
City Seattle	State WA	Zip Code 98104-2499
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Washington	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. John G Haller, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 2185 N Decatur Rd		Transaction ID: 18079838
City Decatur	State GA	Zip Code 30033-5371
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Emory Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Eric Duntway Hoffman, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 33 Sewall St PO Box 126D		Transaction ID: 18079824
City Portland	State ME	Zip Code 04102-2638
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Portland	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 136 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stanley G Hopp, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address 301 21st Ave, N		Transaction ID: 18079946	
City Nashville	State TN	Zip Code 37203-1898	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Orthopedic Alliance	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert H Hame, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address 9844 S 1300 East, #30D		Transaction ID: 18079944	
City Sandy	State UT	Zip Code 84094-4693	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Raymond L Horwood, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address 1575 Balmoral Way		Transaction ID: 18101872	
City Westlake	State OH	Zip Code 44145-2418	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

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



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

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

FOR LINE NUMBER: PAGE 137 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dolf R Ichtertz, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 1803 W Charles St		Transaction ID: 18079935
City	State	Zip Code
Grand Island	NE	68803-5804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer NHSI, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael A Jacobs, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 5601 Loch Raven Blvd Ste 405		Transaction ID: 18101864
City	State	Zip Code
Baltimore	MD	21239-2805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Clinical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven Harris Jones, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 500 Hioaks Rd STE B		Transaction ID: 18079831
City	State	Zip Code
Richmond	VA	23225-4061
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer West End Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 138 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John F Josephson, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 143D Terrace Dr		Transaction ID: 18079932
City Tulsa	State OK	Zip Code 74104-4647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Tulsa Bone & Joint Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Abbott Kagan, II, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Florida Orthopaedic Society 8710 College Pky		Transaction ID: 18079943
City Fort Myers	State FL	Zip Code 33919-4811
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Florida Orthopaedic Society	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Andrew Peter Kent, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 17270 Red Oak Dr, #200		Transaction ID: 18079859
City Houston	State TX	Zip Code 77060-2632
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1550.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 130 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert A Kelly, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004	
Mailing Address 440 Barrett Pkwy, #65		Transaction ID: 18101865	
City Kennesaw	State GA	Zip Code 30144-4818	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. David Michael Klein, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004	
Mailing Address 5741 Bee Ridge Road Suite 280		Transaction ID: 18079876	
City Sarasota	State FL	Zip Code 34233-5064	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kennedy-White Orthopaedic Center	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Kenneth J Kraus, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004	
Mailing Address 5871 Peachtree Dunwoody Rd NE #900		Transaction ID: 18079860	
City Atlanta	State GA	Zip Code 30342-5000	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Resurgens PC	Occupation Orthopaedic Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **1400.00**

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

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

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

FOR LINE NUMBER: PAGE 140 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John W Lamb, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 201 D Church St Ste 720		Transaction ID: 18079867
City Nashville	State TN	Zip Code 37203-2012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Peter G Lohwin, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 350 Sparta Ave		Transaction ID: 18079811
City Sparta	State NJ	Zip Code 07871-1150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Walter R Lova, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 6560 Fannin, #400		Transaction ID: 18079847
City Houston	State TX	Zip Code 77030-2730
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 141 / 197  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Fred G McQueary, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 1228 E Seminole St		Transaction ID: 18101869
City	State	Zip Code
Springfield	MO	65804-2227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer St John's Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Kenneth L Moors, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 1228 1/2 Trotwood Ave		Transaction ID: 18079868
City	State	Zip Code
Columbia	TN	38401-6430
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Mid-Tennessee Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. William C Nesh, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 1113 Woodland Dr		Transaction ID: 18079881
City	State	Zip Code
Elizabethtown	KY	42701-2797
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Elizabethtown Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 142 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James V Nepola, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Univ Of Iowa Hosp Dept of Ortho		Transaction ID: 18079912
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University of Iowa Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Spiro N Pappas, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 200 Delafield Rd Ste 1040		Transaction ID: 18079839
City Pittsburgh	State PA	Zip Code 15215-3200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark D Perry, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address UT Southwestern Medical Ctr Dept of Orthopaedics		Transaction ID: 18079868
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 143 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Anthony V. Petrosini, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 310 Passaic Ave		Transaction ID: 18079941
City Spring Lake	State NJ	Zip Code 07762-1341
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Institute of Central Jersey	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Ralph F. Resbaum, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Texas Back Institute 8300 W Parker Rd		Transaction ID: 18079843
City Plano	State TX	Zip Code 75069-8100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Linda J. Reamussen, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 649 Kanaha St		Transaction ID: 18079840
City Kailua	State HI	Zip Code 96734-1541
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Windward Ortho Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 144 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. K Thomas Reichard, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 4001 Kresge Way, #100		Transaction ID: 18079888
City Louisville	State KY	Zip Code 40207-4640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Louisville Bone & Joint Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Dennis P. Rivara, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Dept of Orthopaedics UNM Health Science Ctr		Transaction ID: 18079889
City Albuquerque	State NM	Zip Code 87131-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David P. Rouben, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 9300 Stones St Rd # 200		Transaction ID: 18079823
City Louisville	State KY	Zip Code 40272-2878
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer River City Orthopedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 145 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Roman Schwartzman, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address 520 S Eagle Rd #2108		Transaction ID: 18079939	
City Meridian	State ID	Zip Code 83642-6351	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. James F Scoggin, III, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address Honolulu Sports Med Inc 932 Ward Ave Ste 460		Transaction ID: 18101874	
City Honolulu	State HI	Zip Code 96814	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. James William Serens, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address 520 Brookdale Dr		Transaction ID: 18079899	
City Statesville	State NC	Zip Code 28677-4158	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

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

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

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

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

FOR LINE NUMBER: PAGE 146 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James Samuel Shafer, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 203 W Badillo St		Transaction ID: 18079885
City Covina	State CA	Zip Code 91723-1807
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael R Sheen, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 501 Midwestern Pkwy E		Transaction ID: 18079886
City Wichita Falls	State TX	Zip Code 76302-2302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Paul D Shirley, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Sta 214A 3728 Phillips Hwy		Transaction ID: 18079845
City Jacksonville	State FL	Zip Code 32207-6880
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 147 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael A. Simon, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 5841 S Maryland Ave, MC 3079		Transaction ID: 18102539
City Chicago	State IL	Zip Code 60637-1463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University of Chicago	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael Saul Sirkin, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address New Jersey Medical School 90 Bergen St Ste 5200		Transaction ID: 18079842
City Newark	State NJ	Zip Code 07103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer New Jersey Medical School	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. K. Byron Shubl, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 80 N Main St P O Box 770		Transaction ID: 18101868
City Coupeville	State WA	Zip Code 98239-9500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Whidbey Orthopedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 148 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph E. Steppey, Jr. MD		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 1800 Forsyth St		Transaction ID: 18079868
City Macon	State GA	Zip Code 31201-1408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Forsyth Street Ortho Surg & Rehab	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Craig P. Smith, MD		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 414D Centennial Hills Blvd Suite A		Transaction ID: 18079870
City Casper	State WY	Zip Code 82608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Casper Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas Greg Sommerkamp, MD		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 20 Medical Village Dr, #177		Transaction ID: 18102538
City Edgewood	State KY	Zip Code 41017-5407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hand Surgery Specialists, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 140 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Raymond J Stefanich, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 241 D Ridgeway Ave		Transaction ID: 18079892
City Rochester	State NY	Zip Code 14626-4114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Rochester	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael T Stowell, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 19245 Jamestown Dr		Transaction ID: 18079878
City Hagerstown	State MD	Zip Code 21742-1716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mid Atlantic Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Peter J Thaler, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 321 N Larchmont Blvd		Transaction ID: 18102534
City Los Angeles	State CA	Zip Code 90004-5025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 150 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Timothy Patrick Tyman, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 231 Granite Run Dr Lancaster Ortho Group		Transaction ID: 18079864
City Lancaster	State PA	Zip Code 17601-6823
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas P Vesileff, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 326D Providence Dr, #20D Anchorage Fracture & Ortho Clinic		Transaction ID: 18101870
City Anchorage	State AK	Zip Code 99508-4603
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Russell E Windsor, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 18101875
City New York	State NY	Zip Code 10021-4892
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 151 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeffrey D Yoder, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 1907 W Sycamore St Medical Office Bldg 200		Transaction ID: 18102531
City Kokomo	State IN	Zip Code 46901-4197
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Syed A Zahir, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 179 Woodland Dr, #100		Transaction ID: 18079867
City Breckley	State WV	Zip Code 25801-3149
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert S Adelaar, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Med Coll Of Virginia Dept of Ortho Surgery		Transaction ID: 18079817
City Richmond	State VA	Zip Code 23298-0153
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Medical College of Virgin- ia	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 152 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gerard G Adler, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 305 Woodland Ln		Transaction ID: 18079908
City Oconomowoc	State WI	Zip Code 53066-2734
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Aurora Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert L Alred, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 2301 S Clear Creek Rd, #2D4		Transaction ID: 18079856
City Killeen	State TX	Zip Code 76549-4119
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Duane R Anderson, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 920 Ironwood Dr, #B		Transaction ID: 18079830
City Coeur d'Alene	State ID	Zip Code 83814-2463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 153 / 197

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Dr. David F Apple, Jr. MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004	
Mailing Address 2020 Peachtree Rd NW Shepherd Center		Transaction ID: 18079919	
City State Zip Code Atlanta GA 30309-1465	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shepherd Center	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas Atkins, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004	
Mailing Address 200 N River Ln Unit 309		Transaction ID: 18079913	
City State Zip Code Geneva IL 60134-1476	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Phillip R Bacilla, Jr. MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004	
Mailing Address 6424 Taylor Oaks		Transaction ID: 18079888	
City State Zip Code Alexandria LA 71301-2772	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mid-State Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 154 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David C Baker, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 19 Brookwood Ave Ste 104		Transaction ID: 18101878
City Carlisle	State PA	Zip Code 17013-9142
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Brett C Barnes, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 4185 Quarles Ct		Transaction ID: 18079853
City Harrisonburg	State VA	Zip Code 22801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard W Barth, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 2021 K St, #400		Transaction ID: 18079840
City Washington	State DC	Zip Code 20008-1008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ..... ► **1650.00**

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

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

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

FOR LINE NUMBER: PAGE 155 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James A Bell, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 10 Bentley Rd		Transaction ID: 18079927
City Rancho Mirage	State CA	Zip Code 92270-1626
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Frederick E Benedict, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 110B Dresser Ct		Transaction ID: 18079902
City Raleigh	State NC	Zip Code 27609-7328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Capital Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John F Berman, Jr, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 3485 S 4155 W		Transaction ID: 18079881
City Salt Lake City	State UT	Zip Code 84120-2078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 156 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Benjamin E Bierbaum, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 91 Parker Hill Ave		Transaction ID: 18079928
City Boston	State MA	Zip Code 02120-3215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Longwood Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert Brent Blake, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address Bridger Orthopedic and Sports Medi 1450 Ellis St Ste 201		Transaction ID: 18079869
City Bozeman	State MT	Zip Code 59715-8813
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Bridger Orthopaedic and Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Philip D Bobrow, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 5530 Wisconsin Ave		Transaction ID: 18079857
City Chevy Chase	State MD	Zip Code 20815-4489
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Raymond J. Boniface, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address 835 McKay Ct, #100		Transaction ID: 18079826	
City Youngstown	State OH	Zip Code 44512-5786	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. H. Chester Boston, Jr, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address PO Box 2447		Transaction ID: 18079874	
City Tuscaloosa	State AL	Zip Code 35403-2447	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University Orthopaedic Cl- inic PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. George R. Bradbury, III, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004	
Mailing Address Premier Care Orthopedics 12277 Depaul Dr, Ste 305		Transaction ID: 18079828	
City Bridgeton	State MO	Zip Code 63044-2529	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Premier Care Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 550.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1550.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gary Worthington Bradley, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 536 E Arrellaga St		Transaction ID: 18079842
City	State	Zip Code
Santa Barbara	CA	93103-2264
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul M Brisson, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 51 East 25th Street 8th Floor		Transaction ID: 18079894
City	State	Zip Code
New York	NY	10010-2945
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Cabrini Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard A Brown, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 9850 Genesee Ave, #210		Transaction ID: 18079889
City	State	Zip Code
La Jolla	CA	92037-1208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Torrey Pines Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 150 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John P Buckley, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address PD Box 2447		Transaction ID: 18079845
City Tuscaloosa	State AL	Zip Code 35403-2447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. John P Buckley, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address PD Box 2447		Transaction ID: 18079846
City Tuscaloosa	State AL	Zip Code 35403-2447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Stephen J Burns, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 710 Franklin St #200		Transaction ID: 18079807
City Michigan City	State IN	Zip Code 46360-3564
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Medical Group of Michigan City	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 160 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Percival Alcubas Caballero, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 15 Kiel Ave, #101		Transaction ID: 18079880
City Kinnelon	State NJ	Zip Code 07405-1326
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul B Canale, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 2801 UMC Dr.		Transaction ID: 18079848
City Columbia	State MO	Zip Code 65201-8566
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph W Carlson, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 310 N 9th St		Transaction ID: 18079879
City Bismarck	State ND	Zip Code 58501-4508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bone and Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Henry G Chambers, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 303D Children's Way, #410		Transaction ID: 18079937
City	State	Zip Code
San Diego	CA	92123-4228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Children's Specialists of San Diego	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Sean C Choi, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 1907 Park Ave		Transaction ID: 18079929
City	State	Zip Code
South Plainfield	NJ	07080-5530
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Central Jersey Orthopaed- ics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Kenneth A Davenport, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 24 / 2004
Mailing Address 1414 W Fair Ave, #149		Transaction ID: 18102588
City	State	Zip Code
Marquette	MI	49855-2675
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Marquette	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 162 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gregory P Duff, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 24 / 2004
Mailing Address 2800 Wheaton Way #311		Transaction ID: 18102561
City Bremerton	State WA	Zip Code 98310-3319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. John S Eady, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 24 / 2004
Mailing Address University of Texas Southwest Medical Center		Transaction ID: 18102543
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Texas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John H Healey, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 24 / 2004
Mailing Address Chief Orthopaedic Service Memorial Sloan-Kettering Cancer Ce		Transaction ID: 18102568
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Memorial Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 163 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David Huang, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address 501 Midwestern Pkwy E P.O. Box 97521		Transaction ID: 18102558	
City Wichita Falls	State TX	Zip Code 76302-2302	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. David R Kingery, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address 145D Matthews Township Pkwy Suite 150		Transaction ID: 18102558	
City Matthews	State NC	Zip Code 28105-2387	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Miller Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Patricia A Kolowich, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address Henry Ford Medical Center Dept of Ortho		Transaction ID: 18102557	
City West Bloomfield	State MI	Zip Code 48322	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Henry Ford Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts TNs Page (optional) .....	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 164 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul K Kosmatka, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004
Mailing Address Marshfield Clinic Dept of Ortho, 2K2		Transaction ID: 18102550
City Marshfield	State WI	Zip Code 54449
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Marshfield Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael Evan Margolis, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004
Mailing Address 705D E Sunrise Dr Apt 7201		Transaction ID: 18102552
City Tucson	State AZ	Zip Code 85750-0865
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Southern Arizona Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gregory G Markarian, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004
Mailing Address 10 W Martin Ave Ste 50		Transaction ID: 18102551
City Naperville	State IL	Zip Code 60540-6537
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 165 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Reginald V S McCoy, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address 340 Dardanelli Lane #14-A		Transaction ID: 18102571	
City Los Gatos	State CA	Zip Code 95032-1418	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas McEligott, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address 2415 Wald St Suite B		Transaction ID: 18102553	
City Conyers	State GA	Zip Code 30013-6384	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Malaka, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address 305 N York Rd		Transaction ID: 18102554	
City Elmhurst	State IL	Zip Code 60120-2317	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 166 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Charles F. Mess., MD		Date of Receipt M / D / Y 03 / 24 / 2004
Mailing Address 3414 Olandwood Ct		Transaction ID: 18102570
City Olney	State MD	Zip Code 20832-1384
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Cameron More., MD		Date of Receipt M / D / Y 03 / 24 / 2004
Mailing Address 8 Sand Hill Rd Ste 102		Transaction ID: 18102545
City Flemington	State NJ	Zip Code 08822-4946
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hunterdon Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen R. Pledger., MD		Date of Receipt M / D / Y 03 / 24 / 2004
Mailing Address 1044 Summit Dr		Transaction ID: 18102548
City Middletown	State OH	Zip Code 45042-5400
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 167 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Peter F. Shanley, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address 925 Chestnut St 5th Floor		Transaction ID: 18102569	
City Philadelphia	State PA	Zip Code 19107-4216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼	500.00
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Ronald W. Smith, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address 2851 Elm Ave Suite 205		Transaction ID: 18102555	
City Long Beach	State CA	Zip Code 90806-1605	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Balance Orthopaedic Foot & Ankle	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼	400.00
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Anthony A. Stans, MD</b>		Date of Receipt M / D / Y 03 / 24 / 2004	
Mailing Address Mayo Clinic Dept of Ortho Surgery		Transaction ID: 18102564	
City Rochester	State MN	Zip Code 55505-0001	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mayo Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼	300.00
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 168 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) A. Dr. William DB Hiller, MD		Date of Receipt M / D / Y Y Y Y 03 / 24 / 2004
Mailing Address 85-1230 Mamalaha Hwy #C14		Transaction ID: 18102562
City Kamuela	State HI	Zip Code 96743-8445
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Thomas Fisher, MD		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 52 Thomas Johnson Dr		Transaction ID: 18164490
City Frederick	State MD	Zip Code 21702-4300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialists of Frederick	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul N Krop, MD		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 230 Clearfield Ave Ste 124		Transaction ID: 18164488
City Virginia Beach	State VA	Zip Code 23462-1832
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 169 / 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeffrey J Lazenus, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 31 S River Rd		Transaction ID: 18164314
City Stuart	State FL	Zip Code 34886-6723
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Heart & Family Health Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Mark J Lemos, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 70 Orchard Acres		Transaction ID: 18164489
City Carlisle	State MA	Zip Code 01741-1308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard P Lawellen, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 2300 12th Ave N Ste 100E		Transaction ID: 18164309
City Billings	State MT	Zip Code 59101-7504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 170/197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert G Liss, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 4815 Liberty Ave, Ste 215		Transaction ID: 18164484
City	State	Zip Code
Pittsburgh	PA	15224-2156
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Pittsburgh	Occupation Orthopaedic Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. William A Melrose, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 342 Hamburg Tpke		Transaction ID: 18164313
City	State	Zip Code
Wayne	NJ	07470-2162
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael R McLean, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 1300 Mound P O Box 632749		Transaction ID: 18164318
City	State	Zip Code
Nacogdoches	TX	75561-4029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 171 / 197  
(check only one)  
 11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jack G McNeil, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 385D Laurel St		Transaction ID: 18164310
City	State	Zip Code
Beaumont	TX	77707-2287
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Beaumont Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul T Murphy, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 808 N Alexander St		Transaction ID: 18164493
City	State	Zip Code
Plant City	FL	33563-3038
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David Vito Nanna, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 1100 Westcott Dr, #G-2		Transaction ID: 18164495
City	State	Zip Code
Flemington	NJ	08822-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 172 / 197  
(check only one)  
 11a    11b    11c    12  
13   14   15   16   17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. D Gordon Newbern, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 800 S McKinley St, #102		Transaction ID: 18164496
City Little Rock	State AR	Zip Code 72205-5211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph E Noonan, Jr, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 8039 SE 45th St		Transaction ID: 18164317
City Mercer Island	State WA	Zip Code 98040-3905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Sean J O'Donnell, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address Middlesex Ortho Surgeons 540 Saybrook Road		Transaction ID: 18164499
City Middletown	State CT	Zip Code 06457-4711
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Middlesex Ortho Surg, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 173 / 197

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Tye Ouzounian, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 562D Wilbur Ave, #216		Transaction ID: 18164498
City Tarzana	State CA	Zip Code 91356-1309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. R William Petty, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 232D NW 66th Ct		Transaction ID: 18164312
City Gainesville	State FL	Zip Code 32653-1630
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Patrick Aaron Plunkett, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address Northern Inyo Hospital 150 Pioneer Lane		Transaction ID: 18164485
City Bishop	State CA	Zip Code 93514
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 174 / 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kenneth P Pahl, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 5892 Far Hills Ave Ste 4		Transaction ID: 18164316
City Dayton	State OH	Zip Code 45429-2239
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Edward F Quinn, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 800 N DuPont Hwy		Transaction ID: 18164491
City Milford	State DE	Zip Code 19963-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Delaware Bone & Joint Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. James B Steh, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 575 West River Woods Parkway Suite 204		Transaction ID: 18164311
City Milwaukee	State WI	Zip Code 53212-1003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 175 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Drake B White, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 505 E Grant		Transaction ID: 18164487
City Macomb	State IL	Zip Code 61455-3352
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Christopher S Wilson, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 855D W 38th Ave, #108		Transaction ID: 18164315
City Wheat Ridge	State CO	Zip Code 80033-4341
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Hand Specialists, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark D Brown, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address Orthopaedics & Rehabilitation University of Miami		Transaction ID: 18164492
City Miami	State FL	Zip Code 33101-6580
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Miami School of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>253515.00</b>

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

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

FOR LINE NUMBER: PAGE 176 / 197

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Assoc of Orthopaedic Surgeons</b>		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 8300 N River Road		Transaction ID: 17816085
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 245.71
Name of Employer	Occupation	Reimb for bank fees from Affil Organization
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.71	

Full Name (Last, First, Middle Initial) <b>B. American Assoc of Orthopaedic Surgeons</b>		Date of Receipt M / D / Y 02 / 14 / 2004
Mailing Address 8300 N River Road		Transaction ID: 17903361
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 233.87
Name of Employer	Occupation	Reimb from Affil Organization for Bank Fees
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 479.58	

Full Name (Last, First, Middle Initial) <b>C. American Assoc of Orthopaedic Surgeons</b>		Date of Receipt M / D / Y 03 / 23 / 2004
Mailing Address 8300 N River Road		Transaction ID: 18114338
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1877.40
Name of Employer	Occupation	Refund from Affil Organization for Bank Fees
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2358.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2358.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2358.98</b>



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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lucas For Congress		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address P.O. Box 17344		Transaction ID: 17903962
City Covington	State KY	Zip Code 41017
FEC ID number of contributing federal political committee. C C00328822		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Refund from Lucas for Congress
Receipt For: 2004 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

**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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial) <b>A. Northern Trust Company</b>		Transaction ID: 17719281 Date of Disbursement 01 / 05 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 217.68	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Company</b>		Transaction ID: 17871227 Date of Disbursement 01 / 24 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 69.33	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from bank account Candidate Name	001 Category/ Type	Bank fees deducted from bank account
Office Sought: House Senate President State: District D	Disbursement For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Northern Trust Company</b>		Transaction ID: 17871228 Date of Disbursement 02 / 04 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 184.54	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from bank account Candidate Name	001 Category/ Type	Bank fees deducted from bank account
Office Sought: House Senate President State: District D	Disbursement For: Primary          General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>451.55</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Northern Trust Company</b>		Transaction ID: 18095879 Date of Disbursement 02 / 24 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 482.33	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Company</b>		Transaction ID: 18095880 Date of Disbursement 03 / 04 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 1395.07	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Northern Trust Company</b>		Transaction ID: 18156125 Date of Disbursement 03 / 24 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 406.22	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary          General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2283.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2735.17</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Dues

Candidate Name

Office Sought: House Senate President  
State: District D  
Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17680364  
Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

15000.00

Dues

Full Name (Last, First, Middle Initial)  
B. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Dues

Candidate Name

Office Sought: House Senate President  
State: District D  
Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17680367  
Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

15000.00

Dues

Full Name (Last, First, Middle Initial)  
C. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Dues

Candidate Name

Office Sought: House Senate President  
State: District D  
Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17680368  
Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

15000.00

Dues

SUBTOTAL of Disbursements This Page (optional) ▶

45000.00

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

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
**A. National Republican Congressional Committee Contr**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Dues

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17680366  
Date of Disbursement  
01 / 07 / 2004

Amount of Each Disbursement this Period  
15000.00

Dues

Full Name (Last, First, Middle Initial)  
**B. Republican National Committee**

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Dues

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17680368  
Date of Disbursement  
01 / 07 / 2004

Amount of Each Disbursement this Period  
15000.00

Dues

Full Name (Last, First, Middle Initial)  
**C. Democratic National Committee**

Mailing Address 430 S Capital Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Dues

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17680369  
Date of Disbursement  
01 / 07 / 2004

Amount of Each Disbursement this Period  
15000.00

Dues

**SUBTOTAL** of Disbursements This Page (optional) ▶ **45000.00**

**TOTAL** This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

PAGE 182 / 187

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. Jo Bonner For Congress Committee

Mailing Address P.O. Box 851232

City Mobile State AL Zip Code 96885

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Jo Bonner

Office Sought:  House  
Senate  
President  
State: AL District 1

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17880371

Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITT

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House  
Senate  
President  
State: District D

Disbursement For:  
Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17880205

Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)  
C. Kay Bailey Hutchison For Senate Committee

Mailing Address PO Box 9180  
800 Brazos Suite 1200

City Dallas State TX Zip Code 75209

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Kay Hutchison

Office Sought: House  
 Senate  
President  
State: TX District 1

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17880252

Date of Disbursement

01 / 08 / 2004

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 183 / 187

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. Pete Sessions For Congress 2004

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

Candidate Name  
Rep. Pete Sessions

Office Sought:  House  
Senate  
President  
State: TX District: 32

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17749548  
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
B. Alice Forgy Kerr For Congress

Mailing Address Post Office Box 010888

City Lexington State KY Zip Code 40501

Purpose of Disbursement

Candidate Name  
Alice Kerr

Office Sought:  House  
Senate  
President  
State: KY District: B

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17749549  
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Friends Of John Peterson

Mailing Address 114 W. State Street  
PO Box 295

City Pleasantville State PA Zip Code 18341

Purpose of Disbursement

Candidate Name  
Rep. John E. Peterson

Office Sought:  House  
Senate  
President  
State: PA District: 5

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17816273  
Date of Disbursement

02 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 184 / 187

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Westmoreland For Congress

Mailing Address 25 Brett'S Bend

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement

Candidate Name  
Lynn Westmoreland

Office Sought:  House  Senate  President  
State: GA District B

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17816374  
Date of Disbursement  
02 / 04 / 2004

Amount of Each Disbursement this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Keep Our Majority PAC (KOMPAC)

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District D

Disbursement For:  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17822924  
Date of Disbursement  
02 / 06 / 2004

Amount of Each Disbursement this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Hastert For Congress Committee

Mailing Address P. O. Box 625  
PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement

Candidate Name  
Rep. J. Dennis Hastert

Office Sought:  House  Senate  President  
State: IL District 14

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17822901  
Date of Disbursement  
02 / 06 / 2004

Amount of Each Disbursement this Period  
5000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **11000.00**

**TOTAL** This Period (last page this line number only) ▶



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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Kirk For Congress

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

Candidate Name  
Rep. Mark Kirk

Office Sought:  House  Senate  President  
State: IL District: 10

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17842789  
Date of Disbursement  
02 / 11 / 2004

Amount of Each Disbursement this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Alice Forgy Kerr For Congress

Mailing Address Post Office Box 810988

City Lexington State KY Zip Code 40501

Purpose of Disbursement

Candidate Name  
Alice Kerr

Office Sought:  House  Senate  President  
State: KY District: 6

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17841329  
Date of Disbursement  
01 / 26 / 2004

Amount of Each Disbursement this Period  
1000.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Alice Forgy Kerr For Congress

Mailing Address Post Office Box 810988

City Lexington State KY Zip Code 40501

Purpose of Disbursement  
Re-designated funds for trans. dated 1/2

Candidate Name  
Alice Kerr

Office Sought:  House  Senate  President  
State: KY District: 6

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼  
Kentucky-6 Special G

011  
Category/  
Type

Transaction ID: 17841330  
Date of Disbursement  
02 / 11 / 2004

Amount of Each Disbursement this Period  
1000.00

[MEMO ITEM]

Re-designated funds for  
trans. dated 1/26/2004

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name  
Rep. Joe L. Barton

Office Sought:  House  
Senate  
President  
State: TX District 6

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17903363  
Date of Disbursement

02 / 19 / 2004

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)  
B. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name  
Rep. Xavier Becerra

Office Sought:  House  
Senate  
President  
State: CA District 31

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909134  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Friends Of Sherrod Brown

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name  
Rep. Sherrod Brown

Office Sought:  House  
Senate  
President  
State: OH District 13

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909135  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Michael Burgess For Congress

Mailing Address P.O. Box 2834

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name  
Mr. Michael C. Burgess

Office Sought:  House  Senate  President  
State: TX District: 28

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909136  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
4000.00

**B.** Full Name (Last, First, Middle Initial)  
Ben Cardin For Congress

Mailing Address 100 E. Pratt Street 26th Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement

Candidate Name  
Rep. Benjamin L. Cardin

Office Sought:  House  Senate  President  
State: MD District: 3

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909137  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher Cox Congressional Committee

Mailing Address P.O. Box 8088 Pmb-C

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement

Candidate Name  
Rep. Christopher Cox

Office Sought:  House  Senate  President  
State: CA District: 48

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909139  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **7500.00**

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

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

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A.** Full Name (Last, First, Middle Initial)  
Friends Of Duke Cunningham

Mailing Address 4710 Fourth St #100

City La Mesa State CA Zip Code 91941

Purpose of Disbursement

Candidate Name  
Rep. Randy Cunningham

Office Sought:  House  Senate  President  
State: CA District: 50

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909138  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Doggett For Congress

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78703

Purpose of Disbursement

Candidate Name  
Rep. Lloyd Doggett

Office Sought:  House  Senate  President  
State: TX District: 10

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909140  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
Rep. Anna G. Eshoo

Office Sought:  House  Senate  President  
State: CA District: 14

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909142  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **6000.00**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Kay Granger Campaign Fund**

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement

Candidate Name  
Rep. Kay Granger

Office Sought:  House  Senate  President  
State: TX District: 12

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909143  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
4000.00

Full Name (Last, First, Middle Initial)  
**B. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name  
Rep. Gene Green

Office Sought:  House  Senate  President  
State: TX District: 29

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909144  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. Hall For Congress Committee (Ralph Hall - Rockwall)**

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement

Candidate Name  
Rep. Ralph M. Hall

Office Sought:  House  Senate  President  
State: TX District: 4

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909145  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **8000.00**

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

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

Use separate schedule(s)  
for each category of the  
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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)  
Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name  
Rep. Steny H. Hoyer

Office Sought:  House  Senate  President  
State: MD District 5

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909146  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Jesse Jackson Jr For Congress Committee

Mailing Address 7016 S. Euclid Avenue

City Chicago State IL Zip Code 60640

Purpose of Disbursement

Candidate Name  
Rep. Jesse L. Jackson, Jr.

Office Sought:  House  Senate  President  
State: IL District 2

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909147  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Sam Johnson

Mailing Address 1811 Avenue K

City Plano State TX Zip Code 75074

Purpose of Disbursement

Candidate Name  
Rep. Sam Johnson

Office Sought:  House  Senate  President  
State: TX District 3

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909148  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **8000.00**

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

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. Donald A. Manzullo For Congress

Mailing Address PO Box 7783  
PO Box 7783  
City Rockford State IL Zip Code 61126

Purpose of Disbursement

Candidate Name  
Rep. Donald A. Manzullo

Office Sought:  House  
Senate  
President  
State: IL District 16

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909141  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2000.00

Full Name (Last, First, Middle Initial)  
B. Pickering For Congress

Mailing Address P.O. Box 6440  
P.O. Box 6440  
City Laurel State MS Zip Code 39441

Purpose of Disbursement

Candidate Name  
Rep. Charles W. Pickering, Jr.

Office Sought:  House  
Senate  
President  
State: MS District 3

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909149  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
2000.00

Full Name (Last, First, Middle Initial)  
C. Portman For Congress Committee

Mailing Address P.O. Box 2385  
City Cincinnati State OH Zip Code 45202

Purpose of Disbursement

Candidate Name  
Rep. Rob Portman

Office Sought:  House  
Senate  
President  
State: OH District 2

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909150  
Date of Disbursement  
02 / 20 / 2004

Amount of Each Disbursement this Period  
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

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

Use separate schedule(s)  
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement

Candidate Name  
Rep. Fortney Stark

Office Sought:  House  
Senate  
President  
State: CA District: 13

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909153  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Ted Strickland For Congress

Mailing Address 795 Luther Road  
PO Box 255

City Minford State OH Zip Code 45653

Purpose of Disbursement

Candidate Name  
Rep. Ted Strickland

Office Sought:  House  
Senate  
President  
State: OH District: 6

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909154  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

Candidate Name  
Rep. William M. Thomas

Office Sought:  House  
Senate  
President  
State: CA District: 22

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909156  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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



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

Use separate schedule(s)  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. Friends Of Roger Wicker 2004

Mailing Address PO Box 874

City State Zip Code  
Tupelo MS 38802

Purpose of Disbursement

Candidate Name  
Roger Wicker

Office Sought:  House  
Senate  
President  
State: MS District 1

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909167  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)  
B. Pete Sessions For Congress 2004

Mailing Address P.O. Box 38585

City State Zip Code  
Dallas TX 75238

Purpose of Disbursement

Candidate Name  
Rep. Pete Sessions

Office Sought:  House  
Senate  
President  
State: TX District 32

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909151  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Mikulski For Senate Committee

Mailing Address P O B 13147

City State Zip Code  
Baltimore MD 21203

Purpose of Disbursement

Candidate Name  
Sen. Barbara Mikulski

Office Sought: House  
 Senate  
President  
State: MD District 2

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909158  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. Davis For Congress/Friends Of Davis

Mailing Address 5958 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement

Candidate Name  
Rep. Danny Davis

Office Sought:  House  
Senate  
President  
State: IL District 7

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17909168  
Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Lungren For Congress

Mailing Address 8958 Ivanpah Court

City Elk Grove State CA Zip Code 95624

Purpose of Disbursement

Candidate Name  
Mr. Daniel Lungren

Office Sought:  House  
Senate  
President  
State: CA District 3

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17942337  
Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
C. Portman For Congress Committee

Mailing Address P.O. Box 2385

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement

Void - Portman For Congress Committee

Candidate Name  
Rep. Rob Portman

Office Sought:  House  
Senate  
President  
State: OH District 2

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17950669  
Date of Disbursement

02 / 27 / 2004

Amount of Each Disbursement this Period

-1000.00

Void - Portman For Congress Committee

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 195 / 197

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Ferguson for Congress

Mailing Address PO Box 4205

City Warren State NJ Zip Code 07059

Purpose of Disbursement

Candidate Name  
Mike Ferguson

Office Sought:  House  Senate  President  
State: NJ District 7

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18076114  
Date of Disbursement  
03 / 18 / 2004

Amount of Each Disbursement this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name  
Mr. Phil Gingrey

Office Sought:  House  Senate  President  
State: GA District 11

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18076112  
Date of Disbursement  
03 / 18 / 2004

Amount of Each Disbursement this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Cubin For Congress Inc

Mailing Address P.O.Box 4857  
PO Box 4857

City Casper State WY Zip Code 82604

Purpose of Disbursement

Candidate Name  
Rep. Barbara Cubin

Office Sought:  House  Senate  President  
State: WY District 1

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18110067  
Date of Disbursement  
03 / 26 / 2004

Amount of Each Disbursement this Period  
2000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **4000.00**

**TOTAL** This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name  
Rep. Nancy L. Johnson

Office Sought:  House  
Senate  
President

State: CT District 5

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18110068

Date of Disbursement

03 / 26 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
B. Norwood For Congress

Mailing Address PO Box 499  
PO Box 499

City Evans State GA Zip Code 30808

Purpose of Disbursement

Candidate Name  
Rep. Charlie Norwood

Office Sought:  House  
Senate  
President

State: GA District 9

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18110063

Date of Disbursement

03 / 26 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
C. Voinovich For Senate Committee

Mailing Address 885 Macan Alley

City Columbus State OH Zip Code 43208

Purpose of Disbursement

Candidate Name  
Sen. George Voinovich

Office Sought: House  
 Senate  
President

State: OH District 2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18110065

Date of Disbursement

03 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 197 / 197

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. Friends Of Mark Foley

Mailing Address 1318 Lake Victoria Dr  
1318 Lake Victoria Dr

City State Zip Code  
Lake Worth FL 33461

Purpose of Disbursement

Candidate Name  
Rep. Mark Foley

Office Sought:  House  
Senate  
President  
State: FL District 16

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18138564  
Date of Disbursement

03 / 31 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. John Shadegg For Congress

Mailing Address P.O. Box 45444

City State Zip Code  
Phoenix AZ 85064

Purpose of Disbursement

Candidate Name  
Rep. John B. Shadegg

Office Sought:  House  
Senate  
President  
State: AZ District 3

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18138552  
Date of Disbursement

03 / 31 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

186500.00