

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** C00343137
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 28 2006 through 12 31 2006

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 William J. Robb, III, MD

Signature of Treasurer Electronically Filed by William J. Robb, III, MD Date 01 26 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		652130.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	292916.10									
(c) Total Receipts (from Line 19)	107669.16	1097727.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	400585.26	1749858.10								
7. Total Disbursements (from Line 31)	8594.99	1357867.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	391990.27	391990.27								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	69200.00	973235.00
(i) Itemized (use Schedule A)	3535.00	68615.00
(ii) Unitemized	72735.00	1041850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	72735.00	1041850.00
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)	34934.16	49877.66
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
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))	107669.16	1097727.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	107669.16	1097727.66

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.....	1094.99	16038.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1094.99	16038.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	739155.00
24. Independent Expenditure (use Schedule E)	0.00	600000.00
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	1750.00
(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	1750.00
29. Other Disbursements.....	0.00	924.34
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8594.99	1357867.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8594.99	1357867.83

DETAILED SUMMARY PAGE
of Disbursements

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)	72735.00	1041850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72735.00	1040100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1094.99	16038.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	34934.16	49877.66
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-33839.17	-33839.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Mark W Woolf, , MD

Mailing Address **Arlington Orthopedic Associates**
800 Orthopedic Way

City **Arlington** State **TX** Zip Code **76015-1629**

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

Name of Employer **Arlington Orthopaedic Associates** Occupation **Orthopaedic Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2006

Transaction ID: 25068607

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. David F Dalury, , MD

Mailing Address **8322 Bellona Ave Ste 100**

City **Baltimore** State **MD** Zip Code **21204-2012**

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

Name of Employer **Orthopaedic Associates** Occupation **Orthopaedic Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2006

Transaction ID: 25068608

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Theodore Lee Stringer, , MD

Mailing Address **3207 N Academy Blvd Ste 103**

City **Colorado Springs** State **CO** Zip Code **80917-5117**

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

Name of Employer **Colo Springs Ortho Group** Occupation **Orthopaedic Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2006

Transaction ID: 25068609

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert Michael Meneghini, , MD

Mailing Address 8402 Harcourt Rd Ste 128

City Indianapolis State IN Zip Code 46260-2094

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

Name of Employer Joint Replacement Surgeons of Indiana Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068610

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. George F Muschler, , MD

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave Desk A-41

City Cleveland State OH Zip Code 44195-0001

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

Name of Employer The Cleveland Clinic Foundation Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068611

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard C Martin, , MD

Mailing Address 5620 E Bell Rd

City Scottsdale State AZ Zip Code 85254-5950

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

Name of Employer Bone & Joint Specialist Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068613

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input 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. Gilbert A Noiro, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 110 Wood St		Transaction ID: 25068614	
City State Zip Code Charlevoix MI 49720-1627	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Richard L Levitt, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1150 Campo Sano Ave Ste 301		Transaction ID: 25068615	
City State Zip Code Coral Gables FL 33146-1174	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert E Van Demark, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address Van Demark Orthopaedic Specialists 1210 W 18th Ste G01		Transaction ID: 25068616	
City State Zip Code Sioux Falls SD 57104-4651	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 450.00		

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: (check only one)	PAGE 9 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James M Donley, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 5002 Lago Dr		Transaction ID: 25068617	
City State Zip Code Madisonville KY 42431-9435	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. William H Harris, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address MGH-HOBBL 55 Fruit St Jackson 1126		Transaction ID: 25068619	
City State Zip Code Boston MA 02114-2621	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. John S Kirchner, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 979 Cobble Creek Dr		Transaction ID: 25068620	
City State Zip Code Hoover AL 35226-2867	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Specialists	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: (check only one)	PAGE 10 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. James R Kasser, , MD

Mailing Address Children's Hospital
300 Longwood Ave

City Boston State MA Zip Code 02115-5737

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

Name of Employer Children's Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068621

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert H Horne, , MD

Mailing Address 9844 S 1300 E Ste 300

City Sandy State UT Zip Code 84094-4693

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068622

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Leo Bohdan Semkiw, , MD

Mailing Address 2430 Samaritan Dr

City San Jose State CA Zip Code 95124-3996

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068623

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Eugene C Lou, , MD

Mailing Address 9222 Hilldale St

City State Zip Code
Houston TX 77055-7406

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

Name of Employer Occupation
Fondren Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068624

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. G Vincent Dalton, , MD

Mailing Address 5899 Bremo Rd Ste A

City State Zip Code
Richmond VA 23226-1935

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

Name of Employer Occupation
West End Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068625

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Lex A Simpson, , MD

Mailing Address Core Orthopaedic Med Ctr
332 Santa Fe Dr Ste110

City State Zip Code
Encinitas CA 92024-5143

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

Name of Employer Occupation
Core Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068626

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Donald I Saltzman, , MD

Mailing Address 10 Crossroads Dr Ste 210

City Owings Mills State MD Zip Code 21117-5461

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

Name of Employer Advanced Med for Ortho Surg & Sports M Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068627

Amount of Each Receipt this Period
500.00

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

Mailing Address 6 Sunflower Ridge Rd

City South Setauket State NY Zip Code 11720-3700

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068629

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Patrick R Hayes, , MD

Mailing Address OrthoCarolina
101 Delta Park Dr

City Shelby State NC Zip Code 28150-3575

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

Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068630

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input 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. Tyler D Goldberg, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2413 Never Bend Cv		Transaction ID: 25068635	
City State Zip Code Austin TX 78746-1837	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. David R Lionberger, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 6560 Fannin Ste 1016		Transaction ID: 25068636	
City State Zip Code Houston TX 77030-2725	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. David Buchalter, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 6080 Falls Rd Ste 203		Transaction ID: 25068637	
City State Zip Code Baltimore MD 21209-2498	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer South Palm Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. John Henry Doherty, , MD

Mailing Address 746 Jefferson Ave Ste 102

City State Zip Code
Scranton PA 18510-1636

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

Name of Employer Professional Orthopaedic Associates, L
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068639

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. James J Elting, , MD

Mailing Address One Associate Dr

City State Zip Code
Oneonta NY 13820-2200

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

Name of Employer Oneonta Specialty Services
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068640

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Louis Nunez, , MD

Mailing Address 1032 Main St

City State Zip Code
Fishkill NY 12524-1752

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068641

Amount of Each Receipt this Period
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: (check only one)	PAGE 15 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert Shalvoy, MD

Mailing Address New England Ctr for Athletes
1287 N Main St

City Providence State RI Zip Code 02904-1856

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

Name of Employer New England Ctr for Athletes
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068642

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. James A Rydlewicz, MD

Mailing Address 5233 W Morgan Ave

City Milwaukee State WI Zip Code 53220-1599

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

Name of Employer Milwaukee Clinic of Orthopaedic Surgery
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068645

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Dr. Lance Sisco, MD

Mailing Address 1088 Mountain Valley Dr

City Asheboro State NC Zip Code 27205-0548

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

Name of Employer Brandon Orthopaedic Associates
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25068646

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Richard P Mackessy, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 17 Hickory Rd		Transaction ID: 25068647	
City State Zip Code Short Hills NJ 07078-1289	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Union Cty Ortho Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. James W Strickland, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address Carmel Amb Surg and Endoscopy 13421 Old Meridian St Ste 200		Transaction ID: 25068648	
City State Zip Code Carmel IN 46032-1411	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carmel Amb Surg and Endoscopy	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Patrick M Sullivan, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 6001 Westown Pkwy		Transaction ID: 25070028	
City State Zip Code West Des Moines IA 50266-7702	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DMOS	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input 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 M Apyan, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 979 E 3rd St Ste C220		Transaction ID: 25070029	
City State Zip Code Chattanooga TN 37403-3314	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Wagdy S Rizk, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 7955 Doral Dr		Transaction ID: 25070030	
City State Zip Code Beaumont TX 77707-5446	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Beaumont Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. David P Heiser, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address Nebraska Ortho & Sports Med 575 S 70th Ste 200		Transaction ID: 25070031	
City State Zip Code Lincoln NE 68510-2471	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. John H Bargren, , MD

Mailing Address 1112 6th Ave Ste 300

City State Zip Code
Tacoma WA 98405-4048

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25070032

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Phillip R Bacilla, Jr, MD

Mailing Address 6424 Taylor Oaks

City State Zip Code
Alexandria LA 71301-2772

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

Name of Employer Mid-State Orthopaedics
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25070033

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey C King, , MD

Mailing Address 7665 Finnagen Dr

City State Zip Code
Mattawan MI 49071-9541

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25070034

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Alan L Whitney, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2699 N 17th St		Transaction ID: 25070035	
City State Zip Code Coos Bay OR 97420-2194	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer South Coast Orthopedic Assn	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Russell E Windsor, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 25070036	
City State Zip Code New York NY 10021-4892	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Dr. George T Hayes, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 706 Jay St		Transaction ID: 25070037	
City State Zip Code Colusa CA 95932-2321	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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: (check only one)	PAGE 20 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Dudley S Burwell, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 40 Advanced Orthopedics 2781 C T Switzer Sr Dr Ste 402		Transaction ID: 25154072	
City Biloxi	State MS	Zip Code 39531-4535	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Orthopedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Michael Hugh McGuire, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address Creighton Univ Med Ctr 601 N 30th St Ste 2300		Transaction ID: 25154074	
City Omaha	State NE	Zip Code 68131-2137	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. John F Tompkins, II, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address Univ of OK Health Sciences Ctr Dept of Ortho Surg Ste WP1380		Transaction ID: 25154075	
City Oklahoma City	State OK	Zip Code 73104	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Oklahoma	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. David A Wolff, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address Dean Clinic 1313 Fish Hatchery Rd		Transaction ID: 25154076	
City Madison State WI Zip Code 53715-1991	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Angelo J Lopano, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 279 3rd Ave Ste 504		Transaction ID: 25154078	
City Long Branch State NJ Zip Code 07740-6207	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Philip H Wessinger, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 727 SE Main St Ste 220 Steadman Hawkins Clinic of the Car		Transaction ID: 25154081	
City Simpsonville State SC Zip Code 29681-3248	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Steadman Hawkins Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Victoria McClellan Silas, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 311 'L' St West Wing		Transaction ID: 25154082	
City Tacoma	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98405-3720			
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospital		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Susan A Scherl, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 10506 Burt Circle		Transaction ID: 25154084	
City Omaha	State NE	Amount of Each Receipt this Period 500.00	
Zip Code 68114-2094			
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Nebraska		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. William E Hooper, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 1900 Braeburn Dr		Transaction ID: 25154085	
City Salem	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 24153-7304			
FEC ID number of contributing federal political committee. C			
Name of Employer Roanoke Orthopaedic Center		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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: (check only one)	PAGE 23 / 50		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Dr. Gregory Martin Alberton, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 1413 Ranch Rd		Transaction ID: 25154087	
City State Zip Code Encinitas CA 92024-6211	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Gunnar B J Andersson, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address Rush University Med Ctr 1653 W Congress Pkwy, Jelke 1471		Transaction ID: 25154088	
City State Zip Code Chicago IL 60612-3833	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Orthopaedics at Rush	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Harrison A Latimer, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 217 Rebel Rd		Transaction ID: 25154089	
City State Zip Code Salisbury NC 28144-2802	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Stanley Regional Medical Center	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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: (check only one)	PAGE 24 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. David C Baker, , MD

Mailing Address 19 Brookwood Ave Ste 104

City State Zip Code
Carlisle PA 17013-9142

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154092

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jack T Sproul, , MD

Mailing Address 135 N Main St

City State Zip Code
Cortland NY 13045-1256

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154094

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul A Beck, , MD

Mailing Address 725 W LaVeta Ave Ste 260

City State Zip Code
Orange CA 92868-4439

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154095

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Enyi Okereke, MD

Mailing Address Univ of Pennsylvania
Dept of Ortho

City Philadelphia State PA Zip Code 19104

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

Name of Employer Hospital of the Univ. of Pennsylvania Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2006

Transaction ID: 25154096

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward John Mikol, MD

Mailing Address 1153 Blackheath Ct

City Myrtle Beach State SC Zip Code 29575-5820

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

Name of Employer Carolina Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2006

Transaction ID: 25154097

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Vincent G Desiderio, MD

Mailing Address 3301 New Mexico Ave Ste 248

City Washington State DC Zip Code 20016-3610

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2006

Transaction ID: 25154098

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. John Ho Pak, MD

Mailing Address Front Range Orthopaedics
Printers Park Medical Plaza

City Colorado Springs State CO Zip Code 80910

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

Name of Employer Front Range Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154099

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Randolph Hill Taylor, MD

Mailing Address PO Box 2898

City Monroe State LA Zip Code 71207-2898

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154101

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul Wilkinson McDonough, MD

Mailing Address 2433 Whispering Oaks Ct

City Abilene State TX Zip Code 79606-4366

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

Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154102

Amount of Each Receipt this Period
750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2979 Squaticum Pkwy Ste 203

City Bellingham State WA Zip Code 98225-1813

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154103

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Bernard Andrew Pfeifer, , MD

Mailing Address Lahey Clinic
41 Mall Rd

City Burlington State MA Zip Code 01805-0001

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

Name of Employer Lahey Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154104

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Martin Charles Skie, , MD

Mailing Address Orthopaedic Surgeon
3065 Arlington Ave

City Toledo State OH Zip Code 43614-5807

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154105

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Animesh Agarwal, MD

Mailing Address Univ TX Hlth Sci Ctr at San Antoni
7703 Floyd Curl Dr, MC7774

City San Antonio State TX Zip Code 78229-3901

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

Name of Employer University of Texas Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154106

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. David Farrington Pope, MD

Mailing Address 224 Pecan Park Ave

City Alexandria State LA Zip Code 71303-3308

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

Name of Employer Ortho & Sports Medicine Sp-ecialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 25154108

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Gunnar B J Andersson, MD

Mailing Address Rush University Med Ctr
1653 W Congress Pkwy, Jelke 1471

City Chicago State IL Zip Code 60612-3833

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

Name of Employer Midwest Orthopaedics at Rush Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190087

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Ronald W Stitt, Jr, MD

Mailing Address 3984 W 101 Terr

City State Zip Code
Overland Park KS 66207

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

Name of Employer Occupation
Encompass Medical Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190088

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey W Parker, , MD

Mailing Address 1601 E Broadway Ste 300

City State Zip Code
Columbia MO 65201-8022

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190090

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey M Schwartz, , MD

Mailing Address 73 E 71st St

City State Zip Code
New York NY 10021-4213

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190091

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Mark C Stewart, MD

Mailing Address 200 S Wenona Ave G95

City State Zip Code
Bay City MI 48706-8820

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190093

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Gordon H Zuerdorfer, MD

Mailing Address 1831 N Belcher Rd Ste G-1

City State Zip Code
Clearwater FL 33765-1453

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190095

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Bertrand Jones, MD

Mailing Address 111 Sunnyview Ln Ste A

City State Zip Code
Kalispell MT 59901-3164

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190096

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Steven C Thomas, , MD

Mailing Address 9499 W Charleston Ste 200

City State Zip Code
Las Vegas NV 89117-7147

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190097

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph A Suarez, , MD

Mailing Address 3311 Hylan Blvd

City State Zip Code
Staten Island NY 10306-3688

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190098

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Walid H Azzo, , MD, PhD

Mailing Address 512 Cherry St

City State Zip Code
Bluefield WV 24701-3341

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190099

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 50		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
Dr. George R Tanner, , MD

Mailing Address 3200 Westhill Dr Ste 201

City State Zip Code
Wausau WI 54401-4707

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

Name of Employer Occupation
OAW Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190100

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas F Stark, , MD

Mailing Address 4301 Hoyt Ave

City State Zip Code
Everett WA 98203-2316

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

Name of Employer Occupation
Western Washington Medical Group Orthopaedic Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190101

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory J Fahrenbach, , MD

Mailing Address 7447 W Talcott Ave Ste 500

City State Zip Code
Chicago IL 60631-3716

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190103

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Bert McKinnon, , MD

Mailing Address 77 W Forest Ste 301

City State Zip Code
Flagstaff AZ 86001-1483

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

Name of Employer Occupation
Flagstaff Bone and Joint Orthopaedic Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190104

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Leonard Sheldon Bodell, , MD

Mailing Address 144 W Palm Ln

City State Zip Code
Phoenix AZ 85003-1180

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190105

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. William C Kim, , MD

Mailing Address 4201 Torrance Blvd Ste 190

City State Zip Code
Torrance CA 90503-4539

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190106

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Glenn Hessing, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 7911 W Innsbrook Ct		Transaction ID: 25190108	
City State Zip Code Boise ID 83704-4487	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Dr. James W Renne, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 421 Chestnut St		Transaction ID: 25190110	
City State Zip Code Evansville IN 47713-1297	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wellhorn Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Curt D Miller, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 2004 Sproul Rd 1st Fl		Transaction ID: 25190111	
City State Zip Code Broomall PA 19008-3511	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Surgical Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 50						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Dr. Serena Young-Nguyen, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 27990 Palos Verdes Dr East		Transaction ID: 25190112	
City Rancho Palos Verde	State CA	Zip Code 90275-5153	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Richard Edward Loyer, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 1211 W Main St		Transaction ID: 25190113	
City Waterbury	State CT	Zip Code 06708-3106	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Michael Swany, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 2255 Old Murphy Rd PO Box 660		Transaction ID: 25190114	
City Franklin	State NC	Zip Code 28734-7205	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input 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. R Kumar Kadiyala, , MD, PhD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address Mt Sinai Med Ctr 4302 Alton Rd Ste 710		Transaction ID: 25190115	
City Miami Beach State FL Zip Code 33140-2877	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mt. Sinai	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey B Steckler, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 35 Pearl St Ste 101		Transaction ID: 25190116	
City New Britain State CT Zip Code 06051-2645	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Jonathan L Cohen, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 609 E Orangeburg Ave Ste 201A		Transaction ID: 25190118	
City Modesto State CA Zip Code 95350-5580	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Donald Donavon Berg, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 1005 Pennsylvania Ste 212		Transaction ID: 25190119	
City State Zip Code Ottumwa IA 52501-6414	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Dr. David J Kuester, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 501 N 10th St PO Box 907		Transaction ID: 25190120	
City State Zip Code Manitowoc WI 54220-4039	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr. Thomas Farrell Calton, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 4403 Harrison Blvd Ste 2400		Transaction ID: 25190121	
City State Zip Code Ogden UT 84403-3297	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer McKay D Hospital Medical Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Bruce Wolock, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 8564 Leisure Hill Dr		Transaction ID: 25190123	
City State Zip Code Baltimore MD 21208-1740	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr. James A Hill, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address Northwestern Medical Faculty Found Ste 17-100		Transaction ID: 25190124	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northwestern Medical Faculty Foundatio	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. A Bruce Reid, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 806 Maple Dr		Transaction ID: 25190126	
City State Zip Code Griffin GA 30224-4919	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel C Wascher, , MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address Univ of New Mexico Dept of Orthopaedics		Transaction ID: 25190128
City State Zip Code Albuquerque NM 87131-0001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of New Mexico	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Andrew J Vicar, , MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1801 N Senate Blvd		Transaction ID: 25190130
City State Zip Code Indianapolis IN 46202-1228	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Timothy W Woods, , MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address Orthopaedic Clinic 53 Poplar St		Transaction ID: 25190131
City State Zip Code Blackfoot ID 83221-1737	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bingham Memorial Hospital	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. William D Henceroth, II, MD

Mailing Address 4615 King William Rd

City Richmond State VA Zip Code 23225-3247

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

Name of Employer Orthopedics Specialists LLC Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190132

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. David Arthur Detrisac, MD

Mailing Address 3394 E Jolly Rd Ste A

City Lansing State MI Zip Code 48910-8595

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190133

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. James R Santangelo, MD

Mailing Address 355 Edinburgh Dr

City Fayetteville State NC Zip Code 28303-5115

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

Name of Employer U.S. Government Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190135

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input 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 Phillip Dahl, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 310 N 9th St PO Box 1397		Transaction ID: 25190136	
City Bismarck	State ND	Zip Code 58501-4508	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bone & Joint Center	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. John M Aversa, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 2408 Whitney Ave		Transaction ID: 25190137	
City Hamden	State CT	Zip Code 06518-3209	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Orthopaedic Specialists	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. William H Milnor, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 4100 International Pkwy Ste 1010		Transaction ID: 25190138	
City Carrollton	State TX	Zip Code 75007-1972	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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: (check only one)	PAGE 42 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 120 La Casa Via Ste 206

City State Zip Code
Walnut Creek CA 94598-3007

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190140

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Dr. William D Fritz, MD

Mailing Address 181 Park Ave

City State Zip Code
Franklin PA 16323-2663

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190141

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. James D Brodell, MD

Mailing Address 2614 E Market St

City State Zip Code
Warren OH 44483-6258

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190143

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input 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 Grogan, , MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 2001 Santa Monica Blvd Ste 1160W		Transaction ID: 25190144
City State Zip Code Santa Monica CA 90404-2102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. David S Weisman, , MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 585 Cranbury Rd		Transaction ID: 25190145
City State Zip Code East Brunswick NJ 08816-4026	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pediatric Orthopedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas E Brown, , MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address Univ of Virginia Affl Hosps Dept of Orthopaedics		Transaction ID: 25190146
City State Zip Code Charlottesville VA 22903-2980	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Virginia	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Ralph T Salvagno, MD

Mailing Address 11110 Medical Campus Rd Ste 103

City State Zip Code
Hagerstown MD 21742-6711

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

Name of Employer Occupation
Center for Joint Surgery Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190147

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Emile C Li, MD

Mailing Address 1988 Luke Ln

City State Zip Code
Fort Dodge IA 50501-8730

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

Name of Employer Occupation
Orthopaedics and Sports Med Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190148

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Leon S Benson, MD

Mailing Address 2401 Ravine Way Ste 200

City State Zip Code
Glenview IL 60025-7645

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

Name of Employer Occupation
Illinois Bone & Joint Ins- titute Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190149

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 50		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Eugene Paul Schoch, III, MD

Mailing Address 5656 Bee Caves Rd Ste F200

City State Zip Code
Austin TX 78746-5236

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

Name of Employer Occupation
Texas Bone and Joint Institute Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190150

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Craig C Newland, MD

Mailing Address 2521 Glenn Hendren Dr Ste 204

City State Zip Code
Liberty MO 64068-3388

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

Name of Employer Occupation
Liberty Orthopedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190151

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Ajoy K Jana, MD

Mailing Address 15902 Patrick Ave

City State Zip Code
Omaha NE 68116-2430

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

Name of Employer Occupation
Physicians Clinic Sports Med Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190152

Amount of Each Receipt this Period
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: (check only one)	PAGE 46 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Albert E Sanders, , MD

Mailing Address Univ TX Hlth Sci Ctr at San Antoni
7703 Floyd Curl Dr MC 7774

City San Antonio State TX Zip Code 78229-3901

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

Name of Employer UTHSC-SA, Dept of Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190153

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Courtland G Lewis, , MD

Mailing Address Ortho Assoc of Hartford
85 Seymour St Ste 607

City Hartford State CT Zip Code 06106-5525

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

Name of Employer Ortho Associates of Hartford Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190164

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Alan Marc Levine, , MD

Mailing Address Director, Cancer Institute
Sinai Hospital

City Baltimore State MD Zip Code 21215

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

Name of Employer Sinai Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25190165

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 47 / 50	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 3650 Laurel Ave

City State Zip Code
Beaumont TX 77707-2216

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2006

Transaction ID: 25190166

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Delwin E Quenzer, , MD

Mailing Address 5604 Glen Oaks Pointe

City State Zip Code
West Des Moines IA 50266

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

Name of Employer Occupation
Des Moines Orthopaedic Surgeons,PC Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2006

Transaction ID: 25190167

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	69200.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 6300 N River Road		Transaction ID: 25170861
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 764.65	
Name of Employer	Occupation	Reimburse bank fees from affiliated organization
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15708.15	

Full Name (Last, First, Middle Initial) B. The White House Writers Group		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1030 15th Street, NW 11th Floor		Transaction ID: 25320317
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 34169.51	
Name of Employer	Occupation	Refund from Independent Expenditure Oct 2006
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 34169.51	

SUBTOTAL of Receipts This Page (optional)	34934.16
TOTAL This Period (last page this line number only)	34934.16

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)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 25086687	
Mailing Address 50 S. LaSalle St.		Date of Disbursement MM / DD / YYYY 11 / 28 / 2006	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 394.86
Purpose of Disbursement Bank fees deducted from account		001	Bank fees deducted from account
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 25162912	
Mailing Address 50 S. LaSalle St.		Date of Disbursement MM / DD / YYYY 12 / 06 / 2006	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 369.79
Purpose of Disbursement Bank fees deducted from account		001	Bank fees deducted from account
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 25321369	
Mailing Address 50 S. LaSalle St.		Date of Disbursement MM / DD / YYYY 12 / 26 / 2006	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 330.34
Purpose of Disbursement Bank fees deducted from account		001	Bank fees deducted from account
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1094.99
TOTAL This Period (last page this line number only)	1094.99

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)

<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

<p>A. Full Name (Last, First, Middle Initial) John Cornyn For Senate Inc</p>		<p>Transaction ID: 25096736 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	6		2	0	0	6													
<p>Mailing Address 6850 Austin Centre Blvd Suite 180</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	2500.00																			
2500.00																						
<p>City Austin State TX Zip Code 78731</p>	<p>Purpose of Disbursement <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type </p>	011																				
011																						
<p>Candidate Name Mr. John Cornyn</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																				
<p>State: TX District: 2</p>																						

<p>B. Full Name (Last, First, Middle Initial) GLACIER PAC</p>		<p>Transaction ID: 25096738 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	6		2	0	0	6													
<p>Mailing Address 818 Connecticut Ave, NW Suite 1100</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	2500.00																			
2500.00																						
<p>City Washington State DC Zip Code 20006</p>	<p>Purpose of Disbursement <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type </p>	011																				
011																						
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																				
<p>State: District:</p>																						

<p>C. Full Name (Last, First, Middle Initial) The National Leadership PAC</p>		<p>Transaction ID: 25096739 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	6		2	0	0	6													
<p>Mailing Address PO Box 5577</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	2500.00																			
2500.00																						
<p>City New York State NY Zip Code 10027</p>	<p>Purpose of Disbursement <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type </p>	011																				
011																						
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																				
<p>State: District:</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>7500.00</p>