

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343137

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day

Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

5. Covering Period

10

14

2004

through

11

22

2004

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

Type or Print Name of Treasurer

James G. Davis, MD

Signature of Treasurer

Electronically Filed by James G. Davis, MD

Date

11

30

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		388850.53
(b) Cash on Hand at Beginning of Reporting Period	163051.68	
(c) Total Receipts (from Line 19)	34937.53	684538.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	217969.21	1073389.42
<hr/>		
7. Total Disbursements (from Line 31)	40551.32	895951.53
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	177437.89	177437.89
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^Y2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	32250.00	
(ii) Unitemized	2050.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	34300.00	672130.00
(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)	34300.00	672130.00
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)	637.53	9408.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3000.00
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))	34937.53	684538.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34937.53	684538.89

DETAILED SUMMARY PAGE

of Disbursements

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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.....	201.32	9380.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	201.32	9380.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	534780.12
24. Independent Expenditure (use Schedule E).....	0.00	350440.55
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.....	1350.00	1350.00
(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))..... ▶	1350.00	1350.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40551.32	895951.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	40551.32	895951.53

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34300.00	672130.00
34. Total Contribution Refunds (from Line 28(d))	1350.00	1350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32950.00	670780.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	201.32	9360.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	637.53	9408.89
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-436.21	-26.03

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

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

FOR LINE NUMBER: PAGE 6 / 38

(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. George E Crickard, III, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 222D York St		Transaction ID: 20464124
City Quincy	State IL	Zip Code 62301-4358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Carlos D Garcia Manguel, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address P.O. Box 191338		Transaction ID: 20464100
City San Juan	State PR	Zip Code 00919-1338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John J Gartland, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 171D Edison Bldg 130 S 9th Street		Transaction ID: 20464123
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 7 / 38

(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 R Hamah, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 3225 Hospital Drive Suite 101-A		Transaction ID: 20464109
City Juneau	State AK	Zip Code 99801-7863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Pablo Marero, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address PO Box 19297 Fernandez Junction Stn		Transaction ID: 20464092
City San Juan	State PR	Zip Code 00910-1297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer San Juan Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Karl Mehne, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 32 Sandia Heights Drive NE		Transaction ID: 20464103
City Albuquerque	State NM	Zip Code 87122-2009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mennonite General Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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: PAGE 8 / 38

(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. Luis Alexander Miranda Torres, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address Parques Sta. Maria Rosa St M-8		Transaction ID: 20464107
City San Juan	State PR	Zip Code 00927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gerardo E Perez-Roman, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address Doral Bank Center Suite 402 576 Cesar Gonzalez Ave.		Transaction ID: 20464087
City San Juan	State PR	Zip Code 00918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jose R. Perez-Sanz, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 10719 W 180th St		Transaction ID: 20464104
City Orland Park	State IL	Zip Code 60467-5541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Midwest Orthopaedic Consultants	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

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 9 / 38

(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. Hugh S Selenick, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 333 N 18th Ave, #D-1		Transaction ID: 20464086
City Pocatello	State ID	Zip Code 83201-3358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert J Struch, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 25 Penn Blvd		Transaction ID: 20464126
City Scarsdale	State NY	Zip Code 10583-7511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert J Tall, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address Ortho Institute of Henderson 10001 S Eastern Ave Ste 409		Transaction ID: 20464111
City Henderson	State NV	Zip Code 89052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John F Tompkins, II, MD		Date of Receipt M / D / Y Y Y Y 10 / 26 / 2004	
Mailing Address Univ of OK Health Sciences Ctr Dept Ortho Surg, Ste WP-1360		Transaction ID: 20464126	
City State Zip Code Oklahoma City OK 73104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Oklahoma	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		
Full Name (Last, First, Middle Initial) B. Dr. Martin A Torch, MD		Date of Receipt M / D / Y Y Y Y 10 / 26 / 2004	
Mailing Address Greater Ohio Orthopaedic Surgeons 259 Taylor Station Rd		Transaction ID: 20465586	
City State Zip Code Columbus OH 43213-1445	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Greater Ohio Orthopaedic Surgeons	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Jeff Alan Traub, MD		Date of Receipt M / D / Y Y Y Y 10 / 26 / 2004	
Mailing Address 2975 Coles Way		Transaction ID: 20464089	
City State Zip Code Dunwoody GA 30350-1077	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: Primary General 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38

(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. Rocco Barbieri Jr, MD		Date of Receipt M / D / Y 10 / 26 / 2004	
Mailing Address 37 Bocage Rd		Transaction ID: 20464088	
City Hattiesburg	State MS	Zip Code 39402-7804	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Paul S Bost, MD		Date of Receipt M / D / Y 10 / 26 / 2004	
Mailing Address 1125 Orange Pl		Transaction ID: 20464101	
City Boulder	State CO	Zip Code 80304-0732	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	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. John T Biddulph, MD		Date of Receipt M / D / Y 10 / 26 / 2004	
Mailing Address Orthopedic Clinic of Central Virgi 1201 Sam Perry Blvd.		Transaction ID: 20464098	
City Fredericksburg	State VA	Zip Code 22401	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopedic Clinic of Central Virginia	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. James D Bruffey, MD		Date of Receipt M / D / Y Y Y Y 10 / 26 / 2004
Mailing Address 10888 N Torrey Pines Rd Scripps Clinic		Transaction ID: 20464091
City La Jolla	State CA	Zip Code 92037-1027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scripps Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Leonard J Bush, MD		Date of Receipt M / D / Y Y Y Y 10 / 26 / 2004
Mailing Address Ste 116 1050 Isaac Streets Dr		Transaction ID: 20465584
City Oregon	State OH	Zip Code 43616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rima Nasser, MD		Date of Receipt M / D / Y Y Y Y 10 / 26 / 2004
Mailing Address 1212 N Wells St Apt 605		Transaction ID: 20464090
City Chicago	State IL	Zip Code 60610-5693
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Evanston NW Healthcare	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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 13 / 38

(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. Carlos Groves-Buchrens, MD		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address P O Box 192279		Transaction ID: 20464106
City San Juan	State PR	Zip Code 00919-2279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard S. Glasser, MD		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address Baptist Medical Arts Bldg Suite 407		Transaction ID: 20614267
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 0.00
Receipt For: Primary General Other (specify) ▼		
[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00		

Full Name (Last, First, Middle Initial) C. Dr. Mark C. Gregerson, MD		Date of Receipt M / D / Y 11 / 05 / 2004
Mailing Address 6800 Excelsior Blvd, #171		Transaction ID: 20614268
City Saint Louis Park	State MN	Zip Code 55428-4747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 0.00
Receipt For: Primary General Other (specify) ▼		
[MEMO ITEM] Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$0.00		

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 14 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Matthew Cole Bernhard, MD		Date of Receipt M / D / Y 11 / 05 / 2004
Mailing Address 187B State Route 6D		Transaction ID: 20534668
City Ashland	State OH	Zip Code 44805-9372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joel D Thompson, MD		Date of Receipt M / D / Y 11 / 05 / 2004
Mailing Address 4396 N Atfield Pl		Transaction ID: 20534664
City Tucson	State AZ	Zip Code 85719-1175
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Xavier A Durado, MD		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 2045 Peachtree Rd NE, #700		Transaction ID: 20515505
City Atlanta	State GA	Zip Code 30309-1417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	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 15 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Orlando S Fernandez, MD		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address San Juan Health Ctr, #803 Ave de Diego		Transaction ID: 20515758
City San Juan	State PR	Zip Code 00907-2318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph P Jackson, Jr, MD		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 507 Walnut St		Transaction ID: 20515779
City Camden	State SC	Zip Code 29020-3649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth Jeff McTeeni, MD		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 689 Sierra Rose Dr, Ste B		Transaction ID: 20515758
City Reno	State NV	Zip Code 89511-2078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Advance Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 / 38

(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. George W Puterman Jr, MD		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 889 Sierra Rose Dr, Ste B		Transaction ID: 20515759
City	State	Zip Code
Reno	NV	89511-2076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Advanced Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. T Robert Rhodin, MD		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address 300 Midtown Dr		Transaction ID: 20515783
City	State	Zip Code
Beaufort	SC	29506-5202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Low Country Medical	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Raul Roura-Arles, MD		Date of Receipt M / D / Y 11 / 09 / 2004
Mailing Address Calle Falcon 85 Urb. Montehiedra		Transaction ID: 20515782
City	State	Zip Code
San Juan	PR	00928-9538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. Dr. Kumer Bipin Amin, MD		Date of Receipt M / D / Y Y Y Y 11 / 09 / 2004
Mailing Address P O Box 2507		Transaction ID: 20515755
City Wintersville	State OH	Zip Code 43853-0507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Chase, MD		Date of Receipt M / D / Y Y Y Y 11 / 09 / 2004
Mailing Address P O Box 8360 Sugar Estate		Transaction ID: 20515784
City St Thomas	State VI	Zip Code 00801-1360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Virgin Islands Orthopaedics & Sports M	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Radhakrishnan V Nair, MD		Date of Receipt M / D / Y Y Y Y 11 / 09 / 2004
Mailing Address 3291 Lost Valley Drive		Transaction ID: 20515781
City Jonesboro	State GA	Zip Code 30238-5479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	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: PAGE 18 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. William R Ford, Jr. MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2004
Mailing Address 2345 E Prater Way, #303		Transaction ID: 20574534
City Sparks	State NV	Zip Code 89434-9639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Eli J Kingsten, MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2004
Mailing Address 9225 N 3rd St, #203		Transaction ID: 20574539
City Phoenix	State AZ	Zip Code 85020-2464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert P Lyons, MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2004
Mailing Address 584B-C Strawberry Hill Drive		Transaction ID: 20574532
City Charlotte	State NC	Zip Code 28211-4559
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Great Lakes Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 38

(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. Jose Manuel Montanez-Huertas, MD		Date of Receipt M / D / Y 11 / 17 / 2004	
Mailing Address PD Box 362566		Transaction ID: 20574529	
City San Juan	State PR	Zip Code 00835-0001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Ali R Mohamedi, MD		Date of Receipt M / D / Y 11 / 17 / 2004	
Mailing Address University of Ca Los Angeles 10833 Le Conte Ave		Transaction ID: 20574533	
City Los Angeles	State CA	Zip Code 90095-0001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer UCLA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. James Randal Ramsey, MD		Date of Receipt M / D / Y 11 / 17 / 2004	
Mailing Address MS Sports Medicine & Orthopaedic C 1325 East Fortification St		Transaction ID: 20574535	
City Jackson	State MS	Zip Code 39202	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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 20 / 38

(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. Douglas Tappan, MD		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 5120 Bayou Blvd, #2		Transaction ID: 20574540
City Pensacola	State FL	Zip Code 32503-2135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Beklauf, MD		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 22 Chenal Pass		Transaction ID: 20574538
City Henderson	State NV	Zip Code 89052-6638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Matthew Beard, MD		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 908 Woodhill Court		Transaction ID: 20574503
City Hopkins	State MN	Zip Code 55343-8522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	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 21 / 38

(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. Ricardo M Canals-Morales, MD		Date of Receipt M / D / Y 11 / 17 / 2004	
Mailing Address PD Box 360097		Transaction ID: 20574537	
City San Juan	State PR	Zip Code 00936-0097	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Larry Michael Carroll, MD		Date of Receipt M / D / Y 11 / 17 / 2004	
Mailing Address 500 Campus Dr		Transaction ID: 20574526	
City Hancock	State MI	Zip Code 49930-1576	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Andrew Combs, MD		Date of Receipt M / D / Y 11 / 17 / 2004	
Mailing Address 8040 Clearvista Parkway Suite 440		Transaction ID: 20574528	
City Indianapolis	State IN	Zip Code 46250-5630	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 22 / 38

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas Burke, MD		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address Associates In Orthopaedics & Spor #505 Physician Office Bldg		Transaction ID: 20574530
City Cambridge	State MA	Zip Code 02238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David R Heiner, MD		Date of Receipt M / D / Y 11 / 19 / 2004
Mailing Address 845 W Hospital Dr, #8		Transaction ID: 20574576
City Price	State UT	Zip Code 84501-4230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Matthew L Jimenez, MD		Date of Receipt M / D / Y 11 / 19 / 2004
Mailing Address 150 North River Road Suite 100		Transaction ID: 20574558
City Des Plaines	State IL	Zip Code 60018-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs 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 23 / 38

(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. Matthew J Kraszy, MD		Date of Receipt M / D / Y 11 / 19 / 2004
Mailing Address 11100 Euclid Ave		Transaction ID: 20574557
City Cleveland	State OH	Zip Code 44106-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University Hospitals of Cleveland	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John A Pazel, MD		Date of Receipt M / D / Y 11 / 19 / 2004
Mailing Address 10521 E Windrose Drive		Transaction ID: 20574584
City Scottsdale	State AZ	Zip Code 85259-2425
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Donald B Smith, MD		Date of Receipt M / D / Y 11 / 19 / 2004
Mailing Address 44 Circle St		Transaction ID: 20574585
City Franklin	State PA	Zip Code 16323-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 24 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John M Beiner, MD		Date of Receipt M / D / Y 11 / 19 / 2004
Mailing Address 80 Flintlock Rd		Transaction ID: 20574574
City	State	Zip Code
Madison	CT	06443-2424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jose Garcia, MD		Date of Receipt M / D / Y 11 / 19 / 2004
Mailing Address P.O. Box 3145		Transaction ID: 20574575
City	State	Zip Code
Mayaguez	PR	00681-3145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	32250.00

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

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

FOR LINE NUMBER: PAGE 25 / 38

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 8300 N River Road		Transaction ID: 20390151
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 436.21
Name of Employer	Occupation	Reimb for bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9207.57	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 8300 N River Road		Transaction ID: 20602594
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.32
Name of Employer	Occupation	Reimb Bank Fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9408.89	

SUBTOTAL of Receipts This Page (optional)	▶	637.53
TOTAL This Period (last page this line number only)	▶	637.53

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Northern Trust Company

Mailing Address 50 S LaSalle St

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 20499414
Date of Disbursement
10 / 25 / 2004

Amount of Each Disbursement this Period
22.36

Bank fees deducted from account

Full Name (Last, First, Middle Initial)
B. Northern Trust Company

Mailing Address 50 S LaSalle St

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 20538612
Date of Disbursement
11 / 05 / 2004

Amount of Each Disbursement this Period
178.96

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)	▶	201.32
TOTAL This Period (last page this line number only)	▶	201.32

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Friends of Melissa Brown

Mailing Address PO Box 498

City Flourtown State PA Zip Code 19031

Purpose of Disbursement

Candidate Name
Melissa Brown

Office Sought: House Senate President
State: PA District 13

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20400060
Date of Disbursement
10 / 15 / 2004

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St
P.O. Box 712

City Monticello State IN Zip Code 47060

Purpose of Disbursement

Candidate Name
Rep. Steve Buyer

Office Sought: House Senate President
State: IN District 4

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20400065
Date of Disbursement
10 / 15 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Fitzpatrick for Congress

Mailing Address 115 North Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement

Candidate Name
Michael G Fitzpatrick

Office Sought: House Senate President
State: PA District 8

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20400068
Date of Disbursement
10 / 15 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Walcher For Congress Committee

Mailing Address PO Box 4800

City Grand Junction State CO Zip Code 81502

Purpose of Disbursement

Candidate Name
Mr. Gregory Walcher

Office Sought: House
Senate
President
State: CO District 3

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20400078
Date of Disbursement

10 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Boozman For Congress

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement

Candidate Name
Mr. John Boozman

Office Sought: House
Senate
President
State: AR District 3

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20436870
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Farr

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Rep. Sam Farr

Office Sought: House
Senate
President
State: CA District 17

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20436874
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Pete Coors For Senate Inc		Transaction ID: 20436872 Date of Disbursement 10 / 20 / 2004	
Mailing Address 300 West Plaza Dr Suite 175		Amount of Each Disbursement this Period 1000.00	
City Highlands Ranch State CO Zip Code 80129	Purpose of Disbursement	011 Category/ Type	
Candidate Name Peter Coors			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Senate		
State: CO District: 2			

Full Name (Last, First, Middle Initial) B. Lisa Murkowski For US Senate		Transaction ID: 20436867 Date of Disbursement 10 / 20 / 2004	
Mailing Address PO Box 100847		Amount of Each Disbursement this Period 1000.00	
City Anchorage State AK Zip Code 99510	Purpose of Disbursement	011 Category/ Type	
Candidate Name Lisa Murkowski			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Senate		
State: AK District: 2			

Full Name (Last, First, Middle Initial) C. Campaign for America's Future		Transaction ID: 20462641 Date of Disbursement 10 / 26 / 2004	
Mailing Address 175 S West Temple Suite 650		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement	011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Dave Camp For Congress 2004

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name
Rep. Dave Camp

Office Sought: House
Senate
President
State: MI District 4

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20462645
Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. John D. Dingell

Office Sought: House
Senate
President
State: MI District 15

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20462661
Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Hulshof For Congress

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement

Candidate Name
Rep. Kenny C. Hulshof

Office Sought: House
Senate
President
State: MO District 9

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20462662
Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Matheson For Congress		Transaction ID: 20482647 Date of Disbursement 10 / 26 / 2004	
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City	State UT	Zip Code 84101	011 Category/ Type
Purpose of Disbursement			
Candidate Name Mr. James Matheson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: UT District: 2			

Full Name (Last, First, Middle Initial) B. Jerry Weller For Congress Inc.		Transaction ID: 20482657 Date of Disbursement 10 / 26 / 2004	
Mailing Address P.O. Box 15283		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20003	011 Category/ Type
Purpose of Disbursement			
Candidate Name Rep. Jerry Weller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 11			

Full Name (Last, First, Middle Initial) C. Daniel K Inouye In 2004		Transaction ID: 20482651 Date of Disbursement 10 / 26 / 2004	
Mailing Address 1088 Bishop St Suite 1009		Amount of Each Disbursement this Period 1000.00	
City Honolulu	State HI	Zip Code 96813	011 Category/ Type
Purpose of Disbursement			
Candidate Name Sen. Daniel K. Inouye			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Senate		
State: HI District: 1			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Missourians For Kit Bond		Transaction ID: 20462648 Date of Disbursement 10 / 26 / 2004	
Mailing Address 147 N Meramec Suite 100		Amount of Each Disbursement this Period 2000.00	
City Clayton State MO Zip Code 83105	Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Christopher S. Bond			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Senate		
State: MO District 1			

Full Name (Last, First, Middle Initial) B. Pete Sessions For Congress 2004		Transaction ID: 20462655 Date of Disbursement 10 / 26 / 2004	
Mailing Address P.O. Box 38585		Amount of Each Disbursement this Period 1000.00	
City Dallas State TX Zip Code 75238	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Pete Sessions			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District 32			

Full Name (Last, First, Middle Initial) C. Hobson For Congress		Transaction ID: 20462658 Date of Disbursement 10 / 26 / 2004	
Mailing Address B2 West Columbia		Amount of Each Disbursement this Period 1000.00	
City Springfield State OH Zip Code 45503	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. David Hobson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District 7			

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Tiaht For Congress

Mailing Address 2250 N Rock Rd #118 A

City Wichita State KS Zip Code 67226

Purpose of Disbursement

Candidate Name
Rep. Todd Tiaht

Office Sought: House
Senate
President
State: KS District 4

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20462658

Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr For Congress

Mailing Address 331 Beverly Drive

City Lafayette State LA Zip Code 70503

Purpose of Disbursement

Candidate Name
Mr. Charles Boustany

Office Sought: House
Senate
President
State: LA District 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20462655

Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Good Government for America

Mailing Address PO Box 87
Suite 1

City Washington State DC Zip Code 22313

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20462653

Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Thelma Drake For Congress

Mailing Address PO Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement

Candidate Name
Thelma Drake

Office Sought: House Senate President
State: VA District 2

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20462643
Date of Disbursement
10 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Volunteers For Shimkus

Mailing Address P.O. Box 5458
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name
Rep. John Shimkus

Office Sought: House Senate President
State: IL District 18

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20462659
Date of Disbursement
10 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Nathan Deal For Congress

Mailing Address PO Box 902
PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

Candidate Name
Rep. Nathan Deal

Office Sought: House Senate President
State: GA District 10

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20462660
Date of Disbursement
10 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 38

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

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

Full Name (Last, First, Middle Initial)
A. Every Republican Is Crucial (ERIC) PAC

Mailing Address 25 East Main Street
Suite 20D
City Richmond State VA Zip Code 23219

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20462636
Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Senate Victory Fund PAC

Mailing Address PO Box 7274
City Tupelo State MS Zip Code 38802

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20462633
Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Alliance For The West

Mailing Address PO Box 26368
City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20462634
Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Ohio's 17 Star PAC

Mailing Address PO Box 340917

City Columbus State OH Zip Code 43234

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: 20462631
Date of Disbursement
10 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Daniel K Inouye In 2004

Mailing Address 1088 Bishop St Suite 1009

City Honolulu State HI Zip Code 06813

Purpose of Disbursement
Funds Reported On October Quarterly Repo

Candidate Name
Sen. Daniel K. Inouye

Office Sought: House Senate President Disbursement For: 2004 Primary General Other (specify) ▼

State: HI District 1

011
Category/
Type

Transaction ID: 20468206
Date of Disbursement
09 / 15 / 2004

Amount of Each Disbursement this Period
2000.00

[MEMO ITEM]
Funds Reported On October
Quarterly Report

Full Name (Last, First, Middle Initial)
C. Daniel K Inouye In 2004

Mailing Address 1088 Bishop St Suite 1009

City Honolulu State HI Zip Code 06813

Purpose of Disbursement
Re-designated funds for trans. dated 9/1

Candidate Name
Sen. Daniel K. Inouye

Office Sought: House Senate President Disbursement For: 2004 Primary General Other (specify) ▼

State: HI District 1
2004 Senate

011
Category/
Type

Transaction ID: 20468207
Date of Disbursement
10 / 27 / 2004

Amount of Each Disbursement this Period
2000.00

[MEMO ITEM]
Re-designated funds for
trans. dated 9/15/2004

SUBTOTAL of Disbursements This Page (optional) ▶ **1000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 38

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Kyl for Senate

Mailing Address 507 Capitol Court, N.E. #100

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name Jon Kyl

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: AZ District 2 Other (specify) ▼

Transaction ID: 20534763
Date of Disbursement
11 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Charles Boustany Jr For Congress

Mailing Address 331 Beverly Drive

City Lafayette State LA Zip Code 70503

Purpose of Disbursement

Candidate Name Mr. Charles Boustany

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: LA District 7 Other (specify) ▼
 2004 Louisiana Run-o

Transaction ID: 20534762
Date of Disbursement
11 / 10 / 2004

Amount of Each Disbursement this Period
5000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	39000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 38

<input 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 checked="" 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. Dr. Richard S Glosser, , MD

Mailing Address Baptist Medical Arts Bldg
Suite 407

City Miami State FL Zip Code 33176

Purpose of Disbursement
Receipt recorded in error

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

010
Category/
Type

Transaction ID: 20475369
Date of Disbursement

11 / 01 / 2004

Amount of Each Disbursement this Period

250.00

Receipt recorded in error

Full Name (Last, First, Middle Initial)
B. Dr. Mark C Gregerson, , MD

Mailing Address 6600 Excelsior Blvd, #171

City Saint Louis Park State MN Zip Code 55426-4747

Purpose of Disbursement
Refund of contribution to individual

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

010
Category/
Type

Transaction ID: 20507060
Date of Disbursement

11 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

Refund of contribution to individual

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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

1250.00