

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 04 02 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 |

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|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
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| M | M |
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| | |
|---|---|
| D | D |
| 3 | 1 |

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|---|---|---|---|
| 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"/> 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. 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 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

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| 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 |
| 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 |
| 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 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 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 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 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 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 450.00 | |

| | | |
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| 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"/> 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. 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 | 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 | 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 | | |

| | |
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| 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: | PAGE 11 / 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. Eugene C Lou, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 9222 Hilldale St | | Transaction ID: 25068624 | |
| City State Zip Code Houston TX 77055-7406 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Fondren Orthopaedics | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. G Vincent Dalton, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 5899 BreMo Rd Ste A | | Transaction ID: 25068625 | |
| City State Zip Code Richmond VA 23226-1935 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer West End Orthopaedic Clinic | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Lex A Simpson, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address Core Orthopaedic Med Ctr 332 Santa Fe Dr Ste110 | | Transaction ID: 25068626 | |
| City State Zip Code Encinitas CA 92024-5143 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Core Orthopaedics | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
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| 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
MM / DD / YYYY
11 / 30 / 2006

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
MM / DD / YYYY
11 / 30 / 2006

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
MM / DD / YYYY
11 / 30 / 2006

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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Orthopaedic Surgeon 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Orthopaedic Surgeon 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 5828 NW 26th Ct | | Transaction ID: 25068637 | |
| City State Zip Code Boca Raton FL 33496-2228 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer South Palm Orthopaedics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | | |

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

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

| | | |
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| 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"/> 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. 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
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
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
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

A. Full Name (Last, First, Middle Initial)
Dr. Richard P Mackessy, , MD

Mailing Address 17 Hickory Rd

City State Zip Code
Short Hills NJ 07078-1289

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

Name of Employer Occupation
Union Cty Ortho 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 1 / 3 0 / 2 0 0 6

Transaction ID: 25068647

Amount of Each Receipt this Period
500.00

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

Mailing Address Carmel Amb Surg and Endoscopy
13421 Old Meridian St Ste 200

City State Zip Code
Carmel IN 46032-1411

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

Name of Employer Occupation
Carmel Amb Surg and Endoscopy 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 1 / 3 0 / 2 0 0 6

Transaction ID: 25068648

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Patrick M Sullivan, , MD

Mailing Address 6001 Westown Pkwy

City State Zip Code
West Des Moines IA 50266-7702

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

Name of Employer Occupation
DMOS Orthopaedic Surgeon

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

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

Transaction ID: 25070028

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 17 / 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. Paul M Apyan, MD

Mailing Address 979 E 3rd St Ste C220

City State Zip Code
Chattanooga TN 37403-3314

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 1 / 3 0 / 2 0 0 6

Transaction ID: 25070029

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Wagdy S Rizk, MD

Mailing Address 7955 Doral Dr

City State Zip Code
Beaumont TX 77707-5446

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

Name of Employer
Beaumont Bone & Joint Ins-
titute

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: 25070030

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. David P Heiser, MD

Mailing Address Nebraska Ortho & Sports Med
575 S 70th Ste 200

City State Zip Code
Lincoln NE 68510-2471

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: 25070031

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 18 / 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. 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 Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 Occupation
Mid-State Orthopaedics 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 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 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 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**

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|--|---|------------------------------|
| 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"/> 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. Alan L Whitney, MD

Mailing Address 2699 N 17th St

City Coos Bay State OR Zip Code 97420-2194

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

Name of Employer South Coast Orthopedic Assn Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: 25070035

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Russell E Windsor, MD

Mailing Address Hosp for Special Surgery
535 E 70th St

City New York State NY Zip Code 10021-4892

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

Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: 25070036

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. George T Hayes, Jr, MD

Mailing Address 706 Jay St

City Colusa State CA Zip Code 95932-2321

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
11 / 30 / 2006

Transaction ID: 25070037

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 20 / 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. Dudley S Burwell, , MD

Mailing Address 40 Advanced Orthopedics
2781 C T Switzer Sr Dr Ste 402

City Biloxi State MS Zip Code 39531-4535

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

Name of Employer Advanced Orthopedic Associates 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 / 1 2 / 2 0 0 6

Transaction ID: 25154072

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Hugh McGuire, , MD

Mailing Address Creighton Univ Med Ctr
601 N 30th St Ste 2300

City Omaha State NE Zip Code 68131-2137

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: 25154074

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. John F Tompkins, II, MD

Mailing Address Univ of OK Health Sciences Ctr
Dept of Ortho Surg Ste WP1380

City Oklahoma City State OK Zip Code 73104

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 ▼ 2000.00

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

Transaction ID: 25154075

Amount of Each Receipt this Period
1000.00

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) 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"/> 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. 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 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) 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 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) 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"/> 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. Victoria McClellan Silas, MD

Mailing Address 311 'L' St
West Wing

City Tacoma State WA Zip Code 98405-3720

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 2 / 1 3 / 2 0 0 6

Transaction ID: 25154082

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Susan A Scherl, MD

Mailing Address 10506 Burt Circle

City Omaha State NE Zip Code 68114-2094

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

Name of Employer Univ of Nebraska 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 3 / 2 0 0 6

Transaction ID: 25154084

Amount of Each Receipt this Period
500.00

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

Mailing Address 101Knotbreak Rd

City Salem State VA Zip Code 24153-5404

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

Name of Employer Roanoke Orthopaedic Center 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 3 / 2 0 0 6

Transaction ID: 25154085

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**

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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 / 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. Gregory Martin Alberton, , MD

Mailing Address 1413 Ranch Rd

City State Zip Code
Encinitas CA 92024-6211

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 / 1 3 / 2 0 0 6

Transaction ID: 25154087

Amount of Each Receipt this Period
250.00

B. 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 State Zip Code
Chicago IL 60612-3833

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

Name of Employer Occupation
Midwest Orthopaedics at Rush 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 / 1 3 / 2 0 0 6

Transaction ID: 25154088

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Harrison A Latimer, , MD

Mailing Address 217 Rebel Rd

City State Zip Code
Salisbury NC 28144-2802

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

Name of Employer Occupation
Stanley Regional Medical Center 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 / 1 2 / 2 0 0 6

Transaction ID: 25154089

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**

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| 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"/> 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. 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"/> | <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

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| 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 26 / 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. John Ho Pak, MD

Mailing Address Front Range Orthopaedics
Printers Park Medical Plaza

City State Zip Code
Colorado Springs CO 80910

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

Name of Employer Occupation
Front Range Orthopaedics 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 State Zip Code
Monroe LA 71207-2898

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y 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 State Zip Code
Abilene TX 79606-4366

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

Name of Employer Occupation
Orthopaedic Associates 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

| | | |
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| 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

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| 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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Dr. Animesh Agarwal, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 | |
| Mailing Address Univ TX Hlth Sci Ctr at San Antoni 7703 Floyd Curl Dr, MC7774 | | Transaction ID: 25154106 | |
| City State Zip Code San Antonio TX 78229-3901 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Texas | 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. David Farrington Pope, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 | |
| Mailing Address 224 Pecan Park Ave | | Transaction ID: 25154108 | |
| City State Zip Code Alexandria LA 71303-3308 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ortho & Sports Medicine Specialists | 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. Gunnar B J Andersson, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address Rush University Med Ctr 1653 W Congress Pkwy, Jelke 1471 | | Transaction ID: 25190087 | |
| 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 ▼ 2000.00 | | |

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|--|---------|
| 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"/> 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. Ronald W Stitt, Jr, MD

Mailing Address 3984 W 101 Terr

City Overland Park State KS Zip Code 66207

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

Name of Employer Encompass Medical Group 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 / 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 Columbia State MO Zip Code 65201-8022

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: 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 New York State NY Zip Code 10021-4213

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: 25190091

Amount of Each Receipt this Period
500.00

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

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

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|--|--|--------------|
| 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"/> 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. Mark C Stewart, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 200 S Wenona Ave G95 | | Transaction ID: 25190093 | |
| City State Zip Code Bay City MI 48706-8820 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Receipt For: | Occupation Orthopaedic Surgeon | | |
| <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. Gordon H Zuerdorfer, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 1831 N Belcher Rd Ste G-1 | | Transaction ID: 25190095 | |
| City State Zip Code Clearwater FL 33765-1453 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Receipt For: | Occupation Orthopaedic Surgeon | | |
| <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. Bertrand Jones, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 111 Sunnyview Ln Ste A | | Transaction ID: 25190096 | |
| City State Zip Code Kalispell MT 59901-3164 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Receipt For: | Occupation Orthopaedic Surgeon | | |
| <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) ▶ | 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 31 / 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. Steven C Thomas, , MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 9499 W Charleston Ste 200 | | Transaction ID: 25190097 | |
| City State Zip Code Las Vegas NV 89117-7147 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Joseph A Suarez, , MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 3311 Hylan Blvd | | Transaction ID: 25190098 | |
| City State Zip Code Staten Island NY 10306-3688 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Self Employed 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. Walid H Azzo, , MD, PhD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 512 Cherry St | | Transaction ID: 25190099 | |
| City State Zip Code Bluefield WV 24701-3341 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Self Employed 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) ▶ | 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 <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 R Tanner, , MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 3200 Westhill Dr Ste 201 | | Transaction ID: 25190100 | |
| City State Zip Code Wausau WI 54401-4707 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer OAW | 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. Thomas F Stark, , MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 4301 Hoyt Ave | | Transaction ID: 25190101 | |
| City State Zip Code Everett WA 98203-2316 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Western Washington Medical Group | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Gregory J Fahrenbach, , MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 7447 W Talcott Ave Ste 500 | | Transaction ID: 25190103 | |
| City State Zip Code Chicago IL 60631-3716 | 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 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 | | |

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| 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 35 / 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. Serena Young-Nguyen, MD

Mailing Address 27990 Palos Verdes Dr East

City Rancho Palos Verde State CA Zip Code 90275-5153

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: 25190112

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard Edward Loyer, MD

Mailing Address 1211 W Main St

City Waterbury State CT Zip Code 06708-3106

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 2 / 2 8 / 2 0 0 6

Transaction ID: 25190113

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Swany, MD

Mailing Address 140 Trotters Ridge

City Fayetteville State GA Zip Code 30215-6537

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: 25190114

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: | PAGE 36 / 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. 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 State Zip Code Miami Beach FL 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 State Zip Code New Britain CT 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 State Zip Code Modesto CA 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 | |

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| 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"/> 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. Donald Donavon Berg, MD

Mailing Address 1005 Pennsylvania Ste 212

City State Zip Code
Ottumwa IA 52501-6414

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) ▼ 1000.00

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

Transaction ID: 25190119

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. David J Kuester, MD

Mailing Address 501 N 10th St
PO Box 907

City State Zip Code
Manitowoc WI 54220-4039

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

Name of Employer Occupation
Orthopaedic Associates 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: 25190120

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas Farrell Calton, MD

Mailing Address 4403 Harrison Blvd Ste 2400

City State Zip Code
Ogden UT 84403-3297

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

Name of Employer Occupation
McKay D Hospital 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: 25190121

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 38 / 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. 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

A. Full Name (Last, First, Middle Initial)
Dr. Daniel C Wascher, , MD

Mailing Address Univ of New Mexico
Dept of Orthopaedics

City State Zip Code
Albuquerque NM 87131-0001

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

Name of Employer Occupation
University of New Mexico 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: 25190128

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Andrew J Vicar, , MD

Mailing Address 1801 N Senate Blvd

City State Zip Code
Indianapolis IN 46202-1228

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: 25190130

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Timothy W Woods, , MD

Mailing Address Orthopaedic Clinic
53 Poplar St

City State Zip Code
Blackfoot ID 83221-1737

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

Name of Employer Occupation
Bingham Memorial Hospital 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: 25190131

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: | PAGE 40 / 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. 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 East Lansing Ortho Assn
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"/> 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. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 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: 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: 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: 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: 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: | PAGE 43 / 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

| | | | |
|---|--|---|--|
| 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: | PAGE 44 / 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

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 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 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 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: | PAGE 45 / 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. Eugene Paul Schoch, III, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 5656 Bee Caves Rd Ste F200 | | Transaction ID: 25190150 | |
| City State Zip Code Austin TX 78746-5236 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Texas Bone and Joint Institute | 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. Craig C Newland, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 2521 Glenn Hendren Dr Ste 204 | | Transaction ID: 25190151 | |
| City State Zip Code Liberty MO 64068-3388 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Liberty Orthopedics | 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. Ajoy K Jana, MD | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 15902 Patrick Ave | | Transaction ID: 25190152 | |
| City State Zip Code Omaha NE 68116-2430 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Physicians Clinic Sports Med Center | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

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

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 46 / 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. Albert E Sanders, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address Univ TX Hlth Sci Ctr at San Antoni 7703 Floyd Curl Dr MC 7774 | | Transaction ID: 25190153 | |
| City State Zip Code San Antonio TX 78229-3901 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer UTHSC-SA, Dept of Orthopaedics | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Courtland G Lewis, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address Ortho Assoc of Hartford 85 Seymour St Ste 607 | | Transaction ID: 25190164 | |
| City State Zip Code Hartford CT 06106-5525 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ortho Associates of Hartford | Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Alan Marc Levine, , MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address Director, Cancer Institute Sinai Hospital | | Transaction ID: 25190165 | |
| City State Zip Code Baltimore MD 21215 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Sinai Hospital | 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) ▶ | 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"/> 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 Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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"/> 12 | <input type="checkbox"/> 13 | <input checked="" 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. American Assoc of Orthopaedic Surgeons | | Date of Receipt M M / D D / 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 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)

PAGE 49 / 50

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 50 S. LaSalle St. | | Amount of Each Disbursement this Period 394.86 |
| City Chicago State IL Zip Code 60675 | Bank fees deducted from account | |
| Purpose of Disbursement Bank fees deducted from account Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Northern Trust Company | | Transaction ID: 25162912 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6 |
| Mailing Address 50 S. LaSalle St. | | Amount of Each Disbursement this Period 369.79 |
| City Chicago State IL Zip Code 60675 | Bank fees deducted from account | |
| Purpose of Disbursement Bank fees deducted from account Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Northern Trust Company | | Transaction ID: 25321369 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6 |
| Mailing Address 50 S. LaSalle St. | | Amount of Each Disbursement this Period 330.34 |
| City Chicago State IL Zip Code 60675 | Bank fees deducted from account | |
| Purpose of Disbursement Bank fees deducted from account Candidate Name | | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| 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

| | | |
|--|--|---|
| A. John Cornyn For Senate Inc Full Name (Last, First, Middle Initial) John Cornyn For Senate Inc Mailing Address 6850 Austin Centre Blvd Suite 180 City Austin State TX Zip Code 78731 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name Mr. John Cornyn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 2 | | Transaction ID: 25096736 Date of Disbursement 12 / 06 / 2006 Amount of Each Disbursement this Period 2500.00 |
|--|--|---|

| | | |
|---|--|---|
| B. GLACIER PAC Full Name (Last, First, Middle Initial) GLACIER PAC Mailing Address 818 Connecticut Ave, NW Suite 1100 City Washington State DC Zip Code 20006 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name 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: | | Transaction ID: 25096738 Date of Disbursement 12 / 06 / 2006 Amount of Each Disbursement this Period 2500.00 |
|---|--|---|

| | | |
|---|--|---|
| C. The National Leadership PAC Full Name (Last, First, Middle Initial) The National Leadership PAC Mailing Address PO Box 5577 City New York State NY Zip Code 10027 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name 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: | | Transaction ID: 25096739 Date of Disbursement 12 / 06 / 2006 Amount of Each Disbursement this Period 2500.00 |
|---|--|---|

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 7500.00 |
| TOTAL This Period (last page this line number only) | 7500.00 |