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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00343137 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the 04 2008 11 Election on State of 10 16 2008 24 2008 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 04 20 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons [®] D " D 2 4 1.0 16 2008 1,1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 932940.54 January 1 (b) Cash on Hand at 1101147.00 Begining of Reporting Period 101405.36 1124319.34 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1202552.36 2057259.88 6(a) and 6(c) for Column B) 946826.19 1801533.71 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 255726.17 255726.17 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

2008

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To:

2^D4

2008

0.00

0.00

1124319.34

1124319.34

1 6

Write or Type Committee Name

Report Covering the Period:

Political Action Committee of the American Association of Orthopaedic Surgeons

м м 1 0

From:

COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1001105.72 87917.34 (i) Itemized (use Schedule A) 8891.00 76595.68 (ii) Unitemized (iii) TOTAL (add 96808.34 1077701.40 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 96808.34 1077701.40 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 2955.50 16913.11 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 1641.52 24704.83 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)

0.00

0.00

101405.36

101405.36

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

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
Operating Expenditures: (a) Shared Federal/Non-Federal	·	
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2021.19	29228.71
(c) Total Operating Expenditures	2021.19	29228.71
(add 21(a)(i), (a)(ii) and (b))	2021.19	29220.71
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	267000.00	1094500.00
4. Independent Expenditure (use Schedule E)	667805.00	667805.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
6. Loan Repayments Made		
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	10000.00	10000.00
9. Other Disbursements	10000.00	10000.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) Federal Strate		
(ii) "Levin" Share	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	946826.19	1801533.71
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	946826.19	1801533.71
from Line 31)	340020.13	1001003.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	96808.34	1077701.40
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	96808.34	1077701.40
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2021.19	29228.71
37.	Offsets to Operating Expenditures (from Line 15, page 3)	2955.50	16913.11
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-934.31	12315.60

FE6AN026

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 113 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12
-			, 0	13 14 X 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
ſ	NAME OF COMMITTEE (In Full)	·	ation of Outboursellis Occurs	
	Political Action Committee of the Ameri	Can Associ	ation of Orthopaedic Surgeo	nis .
Α.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 6300 N River Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28777743
	Rosemont	<u> </u>	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		934.31
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 14891.92	Refund from affiliated organization for bank fees
В.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 6300 N River Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28912094
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2021.19
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 16913.11	Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional)	•	2955.50
TOTAL This Period (last page this line number only)	•	2955.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 113 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. K Nicholas Pandelidis, , MD		Date of Receipt
Mailing Address 1855 Powder Mill Rd City	State Zip Code	10 17 29770073
York	PA 17402-4723	Transaction ID: 28779973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Julie Ann Long, , MD		Date of Receipt
Mailing Address 700 Forest Ave		10 17 2008
City	State Zip Code	Transaction ID: 28779974
Orono	ME 04473-3002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Down East Orthopaedic Ass- ociates	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Dr. Alan Pechacek, , MD		Date of Receipt
Mailing Address 616 W Forest Ave		10 17 2008
City	State Zip Code	Transaction ID: 28779977
<u>Jackson</u>	TN 38301-3902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Jackson Clinic, P.A.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	·	1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 113 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may rele name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Associat	tion of Orthopaedic Surge	ons
۸.	Full Name (Last, First, Middle Initial) Dr. Thomas R Huberty, , MD			Date of Receipt
	Mailing Address 2111 Ogden Ave	Otala	7's Oads	10 17 2008
	City Aurora	State IL	Zip Code 60504-7597	Transaction ID: 28779979 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Castle Orthopaedics	Occupation Orthopaed	ic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Thomas A Marberry, , MD Mailing Address 4802 S 109th East Av	100		Date of Receipt
				10 17 2008
	City Tulsa	State OK	Zip Code 74146-5822	Transaction ID: 28779980 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7-11-0 0022	100.00
	Name of Employer Tulsa Bone & Joint Associ- ates	Occupation Orthopaed	ic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Dr. Regina O Hillsman, , MD			Date of Receipt
	Mailing Address 1771 Post Rd E			10 17 2008
	City	State CT	Zip Code 06880-5606	Transaction ID: 28779982
	Westport FEC ID number of contributing federal political committee.	C	0680-5606	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopaed	ic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼	
Г	SUBTOTAL of Receipts This Page (optional)	1		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 9 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
Full Name (Last, First, Middle Initial) Dr. Rosemarie M Morwessel, , MD Mailing Address 2860 B Dauphin St City Mobile FEC ID number of contributing federal political committee. Name of Employer Azalea Orthopaedics & Sports Medicine Receipt For:	State Zip of AL 366 C Occupation Orthopaedic Sure Aggregate Year-to-	geon	Date of Receipt M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Peter Tomasello, , DO Mailing Address 1724 E Hallandale Be	ach Blvd	1000.00	Date of Receipt
City		Code	1 0 1 7 2 0 0 8 Transaction ID: 28779985
Hallandale Beach		09-4611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopaedic Sur	geon	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-l	Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Lloyd E Witham, , MD			Date of Receipt
Mailing Address 1107 Ironwood Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip	Code	Transaction ID: 28779986
Coeur D Alene	ID 838	14-2604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupation Orthopaedic Sur	geon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	-	
SUBTOTAL of Receipts This Page (optional) .			850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 113 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee to American Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph W Clark, , MD Mailing Address The Orthopaedic C 927 Franklin St SE	Ste 3	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Huntsville	State Zip Code AL 35801-4305	Transaction ID: 28779987 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33001-4303	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. James J Hamilton, , MD Mailing Address 8736 Cherokee Ct		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28779988
Leawood	KS 66206-1104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University Physician Asso- ciates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Richard H Rothman, , MD	1	Date of Receipt
Mailing Address Dept of Ortho Surg 925 Chestnut St 5tl		10 17 2008
City	State Zip Code	Transaction ID: 28779989
<u>Philadelphia</u>	PA 19107-4206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional		2250.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 113 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso lress of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Steven I Grindel, , MD			Date of Receipt
Mailing Address Dept of Ortho Surg 9200 W Wisconsin	Ave		10 17 2008
City	State	Zip Code	Transaction ID: 28779990
<u>Milwaukee</u>	WI	53226-3522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Medical College of Wiscon-	Occupation	n dic Surgeon	
sin Receipt For:	_ , ' ` _ 	Year-to-Date ▼	1
Primary General Other (specify) ▼	, iggi ogalo	875.00	
Full Name (Last, First, Middle Initial) Dr. Mark Reid Merrell, , MD			Date of Receipt
Mailing Address 821 Swift Blvd			10 17 2008
City	State	Zip Code	Transaction ID: 28780208
Richland	WA	99352-3513	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gregory P Duff, , MD			Date of Receipt
Mailing Address 4409 NW Anderson	Hill Rd		10 17 2008
City	State	Zip Code	Transaction ID: 28780210
<u>Silverdale</u>	WA	98383-6807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer West Sound Orthopaedics	Occupation Orthopae	dic Surgeon	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	
			1500.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 113 (check only one) X
NAME OF COMMITTEE (II	n Full)	ay not be sold or used by any persiddress of any political committee to ciation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mido Dr. Kurt W Rathjen, , MD Mailing Address 411 N V	Washington Ste 7500		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dallas	State TX	Zip Code	Transaction ID: 28780213
FEC ID number of contribut federal political committee.		75246-1737	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary Ger Other (specify) ▼		on aedic Surgeon te Year-to-Date ▼ 250.00	
Full Name (Last, First, Mido Dr. Christopher John Lang, , I Mailing Address 1215 W	MD		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28780214
<u>Spokane</u>	WA	99208-8675	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting		500.00
Name of Employer Spokane Orthopedics	Occupation Orthonal	on aedic Surgeon	
Receipt For: Primary Ger Other (specify) ▼		te Year-to-Date ▼ 500.00	
Full Name (Last, First, Mido Dr. James R Dyreby, , MD	lle Initial)		Date of Receipt
	nd Orthopaedic Assoc, S (Timber Dr	C	10 17 2008
City	State	Zip Code	Transaction ID: 28780218
Rhinelander FEC ID number of contribut federal political committee.	ting C	54501-2852	Amount of Each Receipt this Period 500.00
Name of Employer Northland Orthopaedics	Occupation Orthopa	on aedic Surgeon	
Receipt For: Primary Ger Other (specify) ▼	Aggregat	te Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This	Page (optional)		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 113 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
	merican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Lawrence Berson, , MD		Date of Receipt
Mailing Address 410 Saybrook Rd S	State Zip Code	1 0 1 7 2 0 0 8 Transaction ID: 28780219
Middletown	CT 06457-4780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MOS, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Harlan C Amstutz, , MD Mailing Address Joint Replacement I	nstitute	Date of Receipt
2200 W Third St Ste		10 17 2008
City	State Zip Code	Transaction ID: 28780221
Los Angeles	CA 90057-1937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. John F Irving, , MD	•	Date of Receipt
Mailing Address 199 Whitney Ave		10 / 17 / 2008
City	State Zip Code	Transaction ID: 28780222
New Haven	CT 06511-3786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer The Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SURTOTAL of Receipts This Dags (antional)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t merican Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kenneth Ortega, , DO Mailing Address 1903 Sunset Ave		Date of Receipt
City Utica	State Zip Code NY 13502-5617	Transaction ID: 28780223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Mohawk Valley Orthopaedics Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	7
Full Name (Last, First, Middle Initial) Dr. Darin T Leetun, , MD Mailing Address Portage Health	0 0 0 0 0 0 0 0	Date of Receipt 10 17 2008
500 Campus Dr City	State Zip Code	Transaction ID: 28780224
Hancock FEC ID number of contributing federal political committee.	MI 49930-1569	Amount of Each Receipt this Period 250.00
Name of Employer Portage Health	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Karl E Rathjen, , MD Mailing Address Dept of Orthpaedics		Date of Receipt
2222 Welborn St City	State Zip Code	1 0 1 7 2 0 0 8 Transaction ID: 28780225
Dallas	TX 75219-3924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Texas Scottish Rite Hospi- tal Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date • 2000.00	
SUBTOTAL of Receipts This Page (optional	1	1375.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. James B Manning, , MD		Date of Receipt
Mailing Address 2680 Crimson Cany		10 / 17 / 2008
City	State Zip Code	Transaction ID: 28780227
<u>Las Vegas</u>	NV 89128-0841	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Peter J Nowotarski, , MD		Date of Receipt
Mailing Address 979 E 3rd St Ste C2	20	10 17 2008
City	State Zip Code	Transaction ID: 28781758
Chattanooga	TN 37403-3314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Harry S Smith, , MD		Date of Receipt
Mailing Address 550 Club Ln		10 17 2008
City	State Zip Code	Transaction ID: 28781759
Conway	AR 72034-3681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Conway Orthopaedic & Spor- ts Med	Occupation Orthopaedic Surgeons	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	1	950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 113 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeffrey V Dermksian, , MD Mailing Address 36 W 60th St			Date of Receipt
City New York FEC ID number of contributing	State NY	Zip Code 10023-7903	1 0 1 7 2 0 0 8 Transaction ID: 28781762 Amount of Each Receipt this Period 500.00
Name of Employer Riverside Orthopaedics & Sports Med Receipt For: Primary Other (specify) ▼	Occupation Orthopae	n edic Surgeon • Year-to-Date ▼]
Full Name (Last, First, Middle Initial) Dr. Christopher O'Grady, , MD Mailing Address One Shoreline PI			Date of Receipt 1 0 1 7 2 0 0 8
City	State	Zip Code	Transaction ID: 28781765
Gulf Breeze	<u>FL</u>	32561-4552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Harry N Herkowitz, , MD	I		Date of Receipt
Mailing Address Medical Office Bldg 3535 W 13 Mile Rd			10 17 2008
City	State	Zip Code	Transaction ID: 28781766
Royal Oak FEC ID number of contributing federal political committee.	C	48073-6770	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer			
∠ A .	Full Name (Last, First, Middle Initial) Dr. Javad Parvizi, , MD			Date of Receipt
	Mailing Address 925 Chestnut St - 5th F	-[10 17 2008
	City	State	Zip Code	Transaction ID: 28781767
	Philadelphia	PA	19107-4206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Rothman Institute	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. John David Ramsay, , MD			Date of Receipt
	Mailing Address 400 22nd Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28784383
	Brookings	SD	57006-2450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Paul Vessa, , MD			Date of Receipt
	Mailing Address 1081 Route 22 West			10 17 2008
	City	State	Zip Code	Transaction ID: 28784384
	Bridgewater	NJ	08807-2921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Somerset Ortho Assoc	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)			3500.00
	<u> </u>		·	-

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 113 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Curtis Merle Steyers, Jr, MD Mailing Address 2751 Northgate Dr City Iowa City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Ste 1 State Zip Code IA 52245-9509 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 10 17 2008 Transaction ID: 28784385 Amount of Each Receipt this Period 400.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Fernando Rojas, , MD Mailing Address Terralinda 25 Sevilla St City Caguas FEC ID number of contributing federal political committee.	State Zip Code PR 00725	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Steven O Smith, , MD Mailing Address PO Box 11230 City Fort Smith FEC ID number of contributing federal political committee. Name of Employer	State Zip Code AR 72917-1230 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer River Valley Orthopaedics Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	2400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 113 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Assoc	iation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Armen Khachatryan, , MD			Date of Receipt
Mailing Address Center of Orthopedi 3584 W 9000 South	Ste 405		10 17 2008
City	State	Zip Code	Transaction ID: 28784399
West Jordan	UT	84088-5712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer lasis Health Care	Occupatio Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Michael M Albrecht, , MD	•		Date of Receipt
Mailing Address Austin Surgical Hos 3003 Bee Cave Rd			M M / D D / Y Y Y Y Y Y 1 1 7 2 0 0 8
City	State	Zip Code	Transaction ID: 28785080
<u>Austin</u>	TX	78746-5550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Southwest Ortho Group	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven Douglas K Ross, , MD			Date of Receipt
Mailing Address Dept of Orthopaedic 101 City Dr So, PAN			10 17 2008
City	State	Zip Code	Transaction ID: 28785093
<u>Orange</u>	CA	92868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UCI	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional	l)		1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 113 (check only one) X	
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons	
۸.	Full Name (Last, First, Middle Initial) Dr. Peter W Gilmer, , MD			Date of Receipt	
	Mailing Address 3211 Moore's Mill Rd			10 21 2008	
	City Rougemont	State NC	Zip Code 27572-7539	Transaction ID: 28819861 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	210121000	200.00	
	Name of Employer Triangle Orthopaedics	Occupatio Orthopae	n edic Surgeon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00		
_	Full Name (Last, First, Middle Initial) Dr. Robert A Gurtler, , MD			Date of Receipt	
	Mailing Address 2192 Wagon Trail Rd			10 21 2008	
	City	State	Zip Code	Transaction ID: 28819862	
	White Heath FEC ID number of contributing federal political committee.	C	61884-9314	Amount of Each Receipt this Period 250.00	
	Name of Employer Carle Clinic Assoc	Occupatio Orthopae	n edic Surgeon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00		
	Full Name (Last, First, Middle Initial) Dr. Lew C Schon, , MD	-		Date of Receipt	
	Mailing Address 3333 N Calvert St Ste	400		10 21 2008	
	City	State MD	Zip Code	Transaction ID: 28819863	
	Baltimore FEC ID number of contributing federal political committee.	C	21218-6501	Amount of Each Receipt this Period 50.00	
	Name of Employer Union Memorial Hospital	Occupatio Orthopae	n edic Surgeon		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00		
	SUBTOTAL of Receipts This Page (optional) .			500.00	

SCHEDULE A (FEC Form 3)	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 113 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr. Beth A Purdy, , MD Mailing Address 1001 E Griswold F	d Unit 5	Date of Receipt
City	State Zip Code	10 21 2008
City Phoenix	AZ 85020-3776	Transaction ID: 28819864 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Orthopedic Clinic Ass-	Occupation Orthopaedic Surgeon	
ociation Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3500.00	
Full Name (Last, First, Middle Initial) Dr. Herbert I Hermele, , MD		Date of Receipt
Mailing Address 75 Kings Hwy Cuto	off Ste 100	M M / D D / Y Y Y Y Y 1 Y 1 1 0 2 1 2 0 0 8
City	State Zip Code	Transaction ID: 28819865
<u>Fairfield</u>	CT 06824-5340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Orthopaedic Specialty Gro- up	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Steven R Garfin, , MD		Date of Receipt
Mailing Address UCSD Dept of Orth 350 Dickinson St S	nopaedics Ste 121	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28819866
San Diego	CA 92103-1913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UCSD	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 113 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ray M Fitzgerald, , MD	merican Association of Orthopaedic Surgeo	Date of Receipt
Mailing Address 17270 Red Oak Dr	Ste 200 State Zip Code	1 0 2 1 2 0 0 8 Transaction ID: 28819867
Houston	TX 77090-2632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer KSF Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Charles Cannon Edwards, II, MD Mailing Address 308 N Wind Rd		Date of Receipt 1 0 2 1 2 0 0 8
City	State Zip Code	
Towson	MD 21204-6728	Transaction ID: 28819869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer The Maryland Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Gary David Botimer, , MD		Date of Receipt
Mailing Address 13753 Locust Ln		10 21 2008
City	State Zip Code	Transaction ID: 28819871
Nampa	ID 83686-9367	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Salzer Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional	l)	1375.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 113 (check only one) X 11a
Any inf	formation copied from such Reports and S commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) litical Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surge	ons
Dr.	Name (Last, First, Middle Initial) James Cornelius Thriffiley, IV, MD			Date of Receipt
	ling Address 2010 Lantana Cove			10 21 2008
City Bile		State MS	Zip Code 39532-4125	Transaction ID: 28819872 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	00002 4120	125.00
Nar Sel	ne of Employer f Employed	Occupatio Orthopae	n edic Surgeon	
Rec	ceipt For: Primary General Other (specify) ▼	. ' 	e Year-to-Date ▼ 375.00	
. <u>Dr.</u>	Name (Last, First, Middle Initial) David M Oster, , MD	1		Date of Receipt
Mai	ling Address 5290 S Geneva Way			10 21 2008
City		State	Zip Code	Transaction ID: 28819873
FE	glewood C ID number of contributing eral political committee.	CO	80111-6203	Amount of Each Receipt this Period 125.00
Nar Der	ne of Employer nver-Vail Orthopaedics	Occupatio Orthopae	n edic Surgeon	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	Name (Last, First, Middle Initial) Leroy Robert Fullerton, Jr, MD	1		Date of Receipt
	ling Address 811 13th St Bldg 3 Ste 20			10 21 2008
City A 11	, gusta	State GA	Zip Code 30901-2700	Transaction ID: 28819874 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	00001 2700	100.00
Ort <u>Au</u> ç	ne of Employer hopaedic Associates of gusta	Occupatio Orthopae	n edic Surgeon	
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBT	OTAL of Receipts This Page (optional)	1		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 113 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers to name and address of any political committee to	
` '	erican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Randolph Copeland, , MD Mailing Address 1609 Red Rock Dr		Date of Receipt
City	State Zip Code	1 0 2 1 2 0 0 8 Transaction ID: 28819875
Gallup	NM 87301-5651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer US Public Health Service, IHS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	7
Full Name (Last, First, Middle Initial) Dr. Neil J Maki, , MD Mailing Address 525 St Mary St		Date of Receipt 1 0 2 1 2 0 0 8
City	State Zip Code	
<u>Thibodaux</u>	LA 70301-2627	Transaction ID: 28819876 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Thibodaux Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Joe Mack Todd, , MD		Date of Receipt
Mailing Address 1300 W Rosedale St	e B	10 / 21 / 2008
City	State Zip Code	Transaction ID: 28819877
Fort Worth	TX 76104-2824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Texas Health Care	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		450.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to	on for the nurnose of coliciting contributions
Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Robert A Arciero, , MD Mailing Address The Medical Arts & F 263 Farmington Ave		Date of Receipt 10 21 2008
City	State Zip Code	Transaction ID: 28819878
Farmington FEC ID number of contributing federal political committee.	CT 06034-4037	Amount of Each Receipt this Period 250.00
Name of Employer University of Connecticut Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. David J Bozentka, , MD Mailing Address 1 Cupp Pavilion 39th and Market St	Chata Zin Coda	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28819892
Philadelphia FEC ID number of contributing federal political committee.	PA 19104	Amount of Each Receipt this Period 250.00
Name of Employer Univ of Pennsylvania	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bryan D Den Hartog, , MD		Date of Receipt
Mailing Address Attn: Diane 7220 South Hwy 16		10 21 2008
City	State Zip Code	Transaction ID: 28819893
Rapid City	SD 57702-8708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Black Hills Orthopedic & Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Perry L Schoenecker, , MD Mailing Address 2001 S Lindbergh	Blvd		Date of Receipt
City Saint Louis FEC ID number of contributing federal political committee.	State MO	Zip Code 63131-3504	Transaction ID: 28819894 Amount of Each Receipt this Period 1000.00
Name of Employer Washington Univ School of Medicine Receipt For: Primary General Other (specify) ▼		dic Surgeon Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) Dr. John S Taras, , MD Mailing Address 834 Chestnut St St	te G-114		Date of Receipt 1 0 2 1 2 0 0 8
City Philadelphia	State PA	Zip Code 19107-5127	Transaction ID: 28819895
FEC ID number of contributing federal political committee.	C	19107-5127	Amount of Each Receipt this Period 250.00
Name of Employer PHC	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Davis Lucey, , MD			Date of Receipt
Mailing Address 201 E Wendover A	lve		10 21 2008
City Greensboro	State NC	Zip Code 27401-1205	Transaction ID: 28819897
FEC ID number of contributing federal political committee.	C	27401-1203	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		1500.00

ITEMIZED RECEIPTS for each car		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 113 (check only one) X
Any information copied from such Reports and St. or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Matthew J J Kirsch, , MD			Date of Receipt
Mailing Address 801 36th St NW			10 21 2008
City	State	Zip Code	Transaction ID: 28819898
Austin	MN	55912-6662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Austin Medical Center	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lorence W Trick, , MD			Date of Receipt
Mailing Address 7703 Floyd Curl Dr MC Dept of Orthopaedics	7774		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28819899
San Antonio	TX	78229-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UTHSCSA	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sean David Toomey, , MD			Date of Receipt
Mailing Address 601 Broadway Ste 600			10 21 7 2008
City	State	Zip Code	Transaction ID: 28819900
Seattle	WA	98122-5330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Proliance Surgeons	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

ITEMIZED RECEIPTS fo		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Associa	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Doreen DiPasquale, , MD			Date of Receipt
Mailing Address 2103 Murcia Ct			10 21 2008
City	State	Zip Code	Transaction ID: 28819901
<u>La Jolla</u>	CA	92037-6942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. Frank M Berklacich, , MD	1		Date of Receipt
Mailing Address 2011 Murphy Ave Ste	309		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28819905
<u>Nashville</u>	TN	37203-2047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Anthony Wright, , MD	<u> </u>		Date of Receipt
Mailing Address 5050 N Clinton			M M / D D / Y Y Y Y Y Y 1 D D / 2 D D / 2 D D D D D D D D D D D D
City	State	Zip Code	Transaction ID: 28819906
Fort Wayne	IN	46825-5822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	, ' 	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form 3X	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 29 / 113 (check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) A. Dr. Jefferson C Brand, Jr, MD		Date of Receipt
Mailing Address 1500 Irving		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28819910
<u>Alexandria</u>	MN 56308-2515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Alexandria Orthopaedic As- sociates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Dr. Arnold Abraham Yashar, , MD		Date of Receipt
Mailing Address 5531 Taft Ave		10 20 7 2008
City	State Zip Code	Transaction ID: 28819914
<u>La Jolla</u>	CA 92037-7643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Bernard F Morrey, , MD		Date of Receipt
Mailing Address 200 1st St SW		10 20 2008
City <u>Rochester</u>	State Zip Code MN 55905-0001	Transaction ID: 28819922 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	l) >	600.00

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the Al Full Name (Last, First, Middle Initial)	merican Associ	iation of Orthopaedic Surged	ons
Dr. John English Feighan, , MD Mailing Address 2260 Harcourt Dr			Date of Receipt 1 0 2 0 2 0 0 8
City Cleveland Heights	State OH	Zip Code 44106-4610	Transaction ID: 28819923 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Keith W Miller, , MD Mailing Address Central Indiana Orth			Date of Receipt
Mailing Address Central Indiana Orth 3600 W Bethel Ave	10		10 20 2008
City	State	Zip Code	Transaction ID: 28819924
Muncie FEC ID number of contributing federal political committee.	C	47304-5407	Amount of Each Receipt this Period 150.00
Name of Employer Central Indiana Orthopedi- cs	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Dr. Bert C Callahan, , MD			Date of Receipt
Mailing Address 705 S University Av	e Ste 150		10 20 2008
City Beaver Dam	State WI	Zip Code	Transaction ID: 28819925
FEC ID number of contributing federal political committee.	C	53916-3071	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
OUDTOTAL (D TI: D / . i	`		900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 113 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Peter Dwight Wirtz, , MD Mailing Address 2813 NE 28th St			Date of Receipt
City Fort Lauderdale	State FL	Zip Code 33306-1915	Transaction ID: 28819926 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Charles D Van Meter, , MD Mailing Address 201 Pennsylvania F	Pkwy Ste 200		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28819927
Indianapolis	IN	46280-1393	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kieran Daniel Cody, , MD	'		Date of Receipt
Mailing Address 800 W State St Ste	202		10 21 2008
City	State	Zip Code	Transaction ID: 28819939
Doylestown FEC ID number of contributing	C	18901-5842	Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Self Employed	Occupation		
Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ıl)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Association of Orthopaedic Surgeor	ns
Full Name (Last, First, Middle Initial) Dr. Stephane Lavoie, , MD		Date of Receipt
Mailing Address 740 W Plymouth A	Ave	10 21 2008
City	State Zip Code	Transaction ID: 28819940
Deland	FL 32720-3282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Florida Orthopedic Associ- ates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD		Date of Receipt
Mailing Address 7650 E Parham Ro	d Ste 100	M M / D D / Y Y Y Y Y 1 1 0 2 1 2 0 0 8
City	State Zip Code	Transaction ID: 28819944
Richmond	VA 23294-4376	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WEOC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Lowry Jones, Jr, MD		Date of Receipt
Mailing Address Dickson Diveley M 3651 College Blvd	idwest Orthopedic	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28819945
Leawood	KS 66211-1910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dickson Diveley Midwest Ortho Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33/113 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Benjamin D Rubin, , MD			Date of Receipt
Mailing Address Orthopaedic Specia 280 S Main Ste 200			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28819946
<u>Orange</u>	CA	92868-3852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. A Herbert Alexander, , MD			Date of Receipt
Mailing Address 100 Hospital Dr Ste PO Box 6997			10 21 2008
City	State	Zip Code	Transaction ID: 28819947
Ketchum	<u>ID</u>	83340-6997	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Alexander Orthopaedics, PA	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Edward W Younger, III, MD			Date of Receipt
Mailing Address 6555 Coyle Ave Ste	e 235		10 21 2008
City	State	Zip Code	Transaction ID: 28819948
Carmichael	CA	95608-0370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	

SCHEDULE A (FEC Form	use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 113 (check only one) X 11a
	orts and Statements may not be sold or used by any pers- using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial Dr. Von L Evans, Jr, MD		Date of Receipt
Mailing Address 11797 S Freev City	vay Ste 346 State Zip Code	1 0 2 1 2 0 0 8 Transaction ID: 28819987
Burleson	TX 76028-7035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial Dr. Abhinav Bobby Chhabra, , MD		Date of Receipt
Mailing Address Dept of Orthor 400 Ray C Hu	nt Dr Ste 330	10 21 7 2008
Charletteeville	State Zip Code	Transaction ID: 28819989
Charlottesville FEC ID number of contributing federal political committee.	VA 22903-2980	Amount of Each Receipt this Period 250.00
Name of Employer University of Virginia	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. A Bruce Reid, , MD		Date of Receipt
Mailing Address 806 Maple Dr		10 21 7 2008
City	State Zip Code	Transaction ID: 28819992
Griffin	GA 30224-4919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ortho & Sports Injury Cen- ter	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	ptional)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 113 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John S Early, MD Mailing Address 3921 Marquette St City Dallas FEC ID number of contributing federal political committee. Name of Employer Texas Orthopaedic Associates Receipt For: Primary General	State Zip Code TX 75225-5432 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert H Harrington, , MD Mailing Address 7 Marsh Brook Dr S	2000.00 te 205	Date of Receipt 1 0 2 1 2 0 0 8
City Somersworth FEC ID number of contributing federal political committee. Name of Employer Seacoast Orthopedics and Sports Medici Receipt For: Primary General Other (specify)	State Zip Code NH 03878 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Transaction ID: 28819995 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. William C McMaster, , MD Mailing Address 1310 W Stewart Dr City Orange FEC ID number of contributing federal political committee.	Ste 508 State Zip Code CA 92868-3856 C	Date of Receipt M M Z 1 Z 0 0 8 Transaction ID: 28819996 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. William James Jekot, , MD		Date of Receipt
Mailing Address 1029 N Highland Ave		10 21 2008
City Murfreesboro	State Zip Code TN 37130-2450	Transaction ID: 28820000
FEC ID number of contributing federal political committee.	C 37130-2430	Amount of Each Receipt this Period 500.00
Name of Employer Premier Ortho	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Dr. Russell A Wagner, , MD		Date of Receipt
Mailing Address UNT Health Science 855 Montgomery St	Fifth FI	10 22 7 2008
City Fort Worth	State Zip Code TX 76107-2553	Transaction ID: 28823754
FEC ID number of contributing federal political committee.	TX 76107-2553	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Rudolf Hoellrich, , MD		Date of Receipt
Mailing Address Slocum Orthopedics 55 Coburg Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28823755
Eugene FEC ID number of contributing federal political committee.	OR 97401-2433	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37/113 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. James Ragan Gosey, Jr, MD			Date of Receipt
Mailing Address 1850 Gause Blvd S	Ste 300		10 22 2008
City Slidell	State LA	Zip Code	Transaction ID: 28823766
FEC ID number of contributing federal political committee.	C	70461-5434	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Eugene R Mindell, , MD	I		Date of Receipt
Mailing Address 705 Renaissance Dr Apt 218			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Williamsville	State NY	Zip Code 14221-8030	Transaction ID: 28823770
FEC ID number of contributing federal political committee.	C	14221-0000	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield, , MD			Date of Receipt
Mailing Address 201 E Wendover A	ve		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28823771
Greensboro FEC ID number of contributing federal political committee.	NC C	27401-1205	Amount of Each Receipt this Period 125.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (options	al)		1175.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 113 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any persidress of any political committee to	
Political Action Committee of the Ame	rican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jacquelin Perry, , MD			Date of Receipt
Mailing Address 12319 Brock Ave			10 22 2008
City	State	Zip Code	Transaction ID: 28823773
Downey	CA	90242-3503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Retired	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2300.00	
Full Name (Last, First, Middle Initial) Dr. Rafael Antonio Lopez, , MD			Date of Receipt
Mailing Address 198 Zorzal Street Montehiedra			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28823774
San Juan	PR	00926-7110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas W Wright, , MD	1		Date of Receipt
Mailing Address 8314 SW 42nd Ave			10 22 2008
City	State	Zip Code	Transaction ID: 28823776
Gainesville	FL	32608-3655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer University of Florida	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael Lloyd Parks, , MD Mailing Address 535 E 70th St City New York FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Receipt For: Primary General	State Zip Code NY 10021-4823 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Tjarksen, , MD Mailing Address 1111 Delafield St S	375.00 Ste 120	Date of Receipt
City Waukesha FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates of Wisconsin Receipt For: Primary General Other (specify)	State Zip Code WI 53188-3402 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Transaction ID: 28823787 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. William Lewis Craig, III, MD Mailing Address 4240 Foxbury Ct City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Specialists Receipt For: Primary General	State Zip Code NC 27104-1447 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	1375.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 113 (check only one) X 11a
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
	Full Name (Last, First, Middle Initial) Dr. Mark A Wolgin, , MD		, ,	Date of Receipt
	Mailing Address Orthopaedic Associate 619 Pointe North Blvd			10 22 2008
	City	State	Zip Code	Transaction ID: 28823792
	Albany	GA	31721-1514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Orthopaedic Associates	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
. —	Full Name (Last, First, Middle Initial) Dr. Douglas J McDonald, , MD			Date of Receipt
	Mailing Address Ste 11300 West Pavil One Barnes-Jewish H			10 22 7 2008
	City	State	Zip Code	Transaction ID: 28823793
	Saint Louis FEC ID number of contributing federal political committee.	C	63110	Amount of Each Receipt this Period 250.00
	Name of Employer Washington Univ St Louis	Occupation Orthopas	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Denis R Clohisy, , MD			Date of Receipt
	Mailing Address R200 2450 Riverside	Ave South		10 22 YYYY 10 22 2008
	City	State	Zip Code	Transaction ID: 28823822
	Minneapolis	MN	55455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univ of Minnesota	Occupation Orthopae	n edic Surgeon	
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional) .			900.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Barry S Kraushaar, , MD			Date of Receipt
	Mailing Address 2 Perlman Dr Ste 204			10 22 2008
	City Spring Valley	State NY	Zip Code 10977-5230	Transaction ID: 28823823 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10077 3250	250.00
	Name of Employer Advanced Ortho & Sports Medicine	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) Dr. James R Verheyden, , MD			Date of Receipt
	Mailing Address 2200 NE Neff Rd Ste	200		10 22 2008
	City	State	Zip Code	Transaction ID: 28823826
	Bend	OR	97701-4281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	- · · · · ·	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
с. С.	Full Name (Last, First, Middle Initial) Dr. Bert C Callahan, , MD			Date of Receipt
	Mailing Address 705 S University Ave	Ste 150		10 22 2008
	City	State	Zip Code	Transaction ID: 28823901
	Beaver Dam	WI	53916-3071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso	n for the nurness of coliciting contributions
Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David A Friscia, , MD Mailing Address PO Box 1012 City Rancho Mirage FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CA 92270-1012 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward Diao, , MD Mailing Address 450 Sutter St Ste 500)	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City San Francisco FEC ID number of contributing federal political committee.	State Zip Code CA 94108-3907 C	Transaction ID: 28823903 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert J Benz, , MD Mailing Address 2500 E Prospect Rd		Date of Receipt
City Fort Collins FEC ID number of contributing federal political committee.	State Zip Code CO 80525-9718	Transaction ID: 28823908 Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Center of the Rockies Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	500.00	1000.00

SCHEDULE A (FEC FO	rm 3X) Use separate s for each categorate Summ	ory of the
or for commercial purposes, other the NAME OF COMMITTEE (In Full	an using the name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee. aedic Surgeons
Full Name (Last, First, Middle In Dr. Joseph E Broyles, , MD Mailing Address 7301 Henne	·	Date of Receipt
City	State Zip Code	1 0 2 2 2 0 0 8 Transaction ID: 28823909
Baton Rouge FEC ID number of contributing federal political committee.	LA 70808-4384	Amount of Each Receipt this Period 250.00
Name of Employer Bone & Joint Ctr of Baton Rouge Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle In Dr. James A Keeney, , MD Mailing Address 102 Yaupon	·	Date of Receipt 10 24 2008
City	State Zip Code	Transaction ID: 28847243
San Antonio FEC ID number of contributing federal political committee.	TX 78256-1625	Amount of Each Receipt this Period 150.00
Name of Employer USAF	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	450.00
Full Name (Last, First, Middle In Dr. E Michael Keating, , MD Mailing Address 1199 Hadle	,	Date of Receipt
City	State Zip Code	1 0 2 4 2 0 0 8 Transaction ID: 28847244
<u>Mooresville</u>	IN 46158-1788	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Joint Replacement Surgeons of Indiana	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2000.00
SUBTOTAL of Receipts This Pag	(optional)	1400.00

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 113 (check only one) X
Any information copied from such Reports and State or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Robert B Snyder, , MD			Date of Receipt
Mailing Address 4230 Harding Rd Ste 10	000		10 24 2008
City	State	Zip Code	Transaction ID: 28847245
Nashville FEC ID number of contributing	C	37205-2098	Amount of Each Receipt this Period 100.00
federal political committee.			
Name of Employer Tennessee Orthopaedic All- iance	<u> </u>	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Arya Nick Shamie, , MD			Date of Receipt
Mailing Address Dept of Orthopaedic Su 1245 16th St Ste 220	rgery		10 24 2008
City	State	Zip Code	Transaction ID: 28847248
Santa Monica	CA	90404-1240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer UCLA	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date V	_
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Douglas M Joseph, , MD			Date of Receipt
Mailing Address 17 Riverside St Ste 101			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28847256
Nashua	NH	03062-1383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1600.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 113 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Neal D Lintecum, , MD			Date of Receipt
Mailing Address 1112 W 6th St Ste	124		10 24 2008
City Lawrence	State KS	Zip Code 66044-2249	Transaction ID: 28847258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00044 2243	500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Alan R McCall, , MD			Date of Receipt
Mailing Address 7447 W Talcott Av	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City <u>Chicago</u>	State IL	Zip Code	Transaction ID: 28847737
FEC ID number of contributing federal political committee.	C	60631-3716	Amount of Each Receipt this Period 500.00
Name of Employer Northwest Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Roberts, , MD			Date of Receipt
Mailing Address 24723 Detroit Rd			10 28 2008
City Westlake	State OH	Zip Code 44145-2526	Transaction ID: 28847738
FEC ID number of contributing federal political committee.	C	44143-2320	Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (options	al)		1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u	s and Statements may not be sold or used by any persing the name and address of any political committee to e American Association of Orthopaedic Surge	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David M Lintner, , MD Mailing Address 6348 Mercer City Houston FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital	State Zip Code TX 77005-3346 C Occupation Orthopaedic Surgeon	Date of Receipt 10 28 2008 Transaction ID: 28847740 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Joseph E Mumford, , MD Mailing Address 909 SW Mulvan	e St	Date of Receipt 1 0 2 8 2 0 0 8
City Topeka FEC ID number of contributing federal political committee.	State Zip Code KS 66606-1677	Transaction ID: 28847741 Amount of Each Receipt this Period 250.00
Name of Employer Kansas Orthopaedic & Sports Medicine Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Craig J Della Valle, , MD Mailing Address 1725 W Harriso	n St Ste 1063	Date of Receipt
City Chicago FEC ID number of contributing	State Zip Code IL 60612-3835	Transaction ID: 28847772 Amount of Each Receipt this Period
rederal political committee. Name of Employer Midwest Orthopaedics at Rush	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opt	ional)	1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Paul Dicpinigaitis, , MD Mailing Address 812 Edgewood F City Yardley FEC ID number of contributing federal political committee. Name of Employer Mercer Bucks Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code PA 19067-3163 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John Anthony DiPreta, , MD Mailing Address 1367 Washingto City Albany FEC ID number of contributing federal political committee. Name of Employer Capital Region Orthopaedic	State Zip Code NY 12206-1043 C Occupation Orthopaedic Surgeon	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric Martin Boyden, , MD Mailing Address 555 N Arlington City	Aggregate Year-to-Date ▼ 556.00	Date of Receipt M
Reno FEC ID number of contributing federal political committee. Name of Employer Reno Orthopedic Clinic Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Amount of Each Receipt this Period 500.00
Other (specify) ▼	500.00	1306.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 113 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Gerald W King, , MD Meiling Address COO LLs seitel Dr. G	W- 0	Date of Receipt
Mailing Address 600 Hospital Dr S		10 29 2008
City <u>Clyde</u>	State Zip Code NC 28721-8046	Transaction ID: 28849563 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Calhoun Orthopaedics, Inc.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Louis J Mariorenzi, , MD Mailing Address 725 Reservoir Av	e Ste 101	Date of Receipt
City	State Zip Code	10 29 2008
Cranston	RI 02910-4450	Transaction ID: 28849564 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD		Date of Receipt
Mailing Address 400 Silver Cedar	Ct	10 29 2008
City Chapel Hill	State Zip Code NC 27514-1585	Transaction ID: 28849565
FEC ID number of contributing federal political committee.	C 27514-1365	Amount of Each Receipt this Period 200.00
Name of Employer ABOS	Occupation Orthopaedic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
SUBTOTAL of Receipts This Page (optio	nal)	950.00
TOTAL This Period (last page this line nu	mber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 113 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. Ronald R Romanelli, , MD Mailing Address Ortho Center of Illinois			Date of Receipt
	3136 Old Jacksonville			10 29 2008
	City	State	Zip Code	Transaction ID: 28849566
	Springfield	<u> </u>	62704-6487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Center of III- inois	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Bryan Klepper, , MD			Date of Receipt
	Mailing Address Chesapeake Orthopae 200 Hospital Dr 3rd Fl	Ste 300		10 29 2008
	Clan Rurnia	State	Zip Code	Transaction ID: 28849612
	Glen Burnie	MD	21061-5884	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Chesapeake Orthopaedics		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Mark W Hollmann, , MD	•		Date of Receipt
	Mailing Address 740 W Plymouth Ave			10 29 2008
	City	State FL	Zip Code	Transaction ID: 28849613
	Deland	FL	32720-3282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Florida Orthopaedic Assoc- iates		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number	only)		

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 113 (check only one) X 11a
NAME O	ion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full) Action Committee of the Ame			on for the purpose of soliciting contributions o solicit contributions from such committee.
	e (Last, First, Middle Initial) Raimondo, , MD ddress 737 Main St Ste 6 Tower Medical Bldg			Date of Receipt 10 29 2008
City		State	Zip Code	Transaction ID: 28849614
<u>Lumber</u>	ton	NJ	08048-3089	Amount of Each Receipt this Period
	umber of contributing Ditical committee.	C		50.00
cs Receipt F	Employer uctive Orthopaedi- For: mary General uer (specify)	. ' 	n edic Surgeon e Year-to-Date ▼ 250.00	
	e (Last, First, Middle Initial) r R Cusmariu, , MD ddress 833 St Vincents Dr			Date of Receipt
ivialing A	POB 3 Ste 403			10 29 2008
City		State	Zip Code	Transaction ID: 28849617
<u>Birming</u>	ham	AL	35205-1606	Amount of Each Receipt this Period
	umber of contributing plitical committee.	C		50.00
Name of Orthopae of Alabar	Employer dic Specialists na	Occupatio Orthopae	n edic Surgeon	
	for: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 300.00	
	e (Last, First, Middle Initial) ason Lowry, , MD			Date of Receipt
Mailing A	ddress 444 E Timber Dr			10 29 2008
City		State	Zip Code	Transaction ID: 28849618
<u>Rhinela</u>	nder	WI	54501-2852	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		500.00
Name of Northland ociates	Employer d Orthopaedic Ass-	Occupatio Orthopae	n edic Surgeon	
	or: mary General er (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL	of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may ng the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the	American Associ	ation of Orthopaedic Surge	ons
Pull Name (Last, First, Middle Initial) Dr. Mohammed-Tarek Al-Fahl, , MD			Date of Receipt
Mailing Address 9715 Stonecross E	Bend Dr		10 29 2008
City	State	Zip Code	Transaction ID: 28849621
Houston	TX	77070-4399	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Texas Orthopaedic & Sports Medicine	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Edward Adrian Connolly, , MD	I		Date of Receipt
Mailing Address 520 Valley View D	10 29 2008		
City	State	Zip Code	Transaction ID: 28849622
Moline	<u>IL</u>	61265-6152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopaedic & Rheumatology Associates	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael C Albert, , MD			Date of Receipt
Mailing Address 1 Childrens Plaza			10 29 2008
City Dayton	State OH	Zip Code 45404-1898	Transaction ID: 28849623 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10101 1000	500.00
Name of Employer Ortho Ctr for Spinal & Pe- diatric Care	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (option	nal)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Such Properties of the	Statements may not be sold or used by any person ename and address of any political committee to perican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Howard L Berg, , MD Mailing Address 13 Medical Dr City Amarillo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 79106-4121 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Anthony R Mork, , MD Mailing Address 101 Microspine Way City Defuniak Springs FEC ID number of contributing federal political committee. Name of Employer ECMS Receipt For: Primary General Other (specify)	State Zip Code FL 32435-6323 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD Mailing Address 11 Cherry Ln City Bedford FEC ID number of contributing federal political committee. Name of Employer NH Orthopaedic Surgery, PA Receipt For: Primary General Other (specify)	State Zip Code NH 03110-4339 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 113 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Robert C Martin, , DO			Date of Receipt
	Mailing Address 901 N Winstead Ave S	Ste 210		10 29 7 2008
	City Rocky Mount	State NC	Zip Code 27804-8745	Transaction ID: 28849634
	FEC ID number of contributing federal political committee.	C	2/004-0/45	Amount of Each Receipt this Period 1000.00
	Name of Employer Carolina Regional Orthopa- edics	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert M Dimick, , MD			Date of Receipt
	Mailing Address 5651 Frist Blvd Ste 50)0		10 29 2008
	City	State	Zip Code	Transaction ID: 28849635
	Hermitage FEC ID number of contributing federal political committee.	TN	37076-2059	Amount of Each Receipt this Period 500.00
	Name of Employer Premier Orthopaedics	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
С.	Full Name (Last, First, Middle Initial) Dr. Charles H Alexander, , MD			Date of Receipt
	Mailing Address 5549 Green Oak Dr			10 29 2008
	City	State	Zip Code	Transaction ID: 28849636
	Los Angeles FEC ID number of contributing federal political committee.	CA	90068-2501	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		2000.00
	TOTAL This Period (last page this line number	r only)		

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 113 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. John H Mahon, , MD			Date of Receipt
Mailing Address 8602 N Cardinal D	10 29 2008		
City Phoenix	State AZ	Zip Code 85028-6102	Transaction ID: 28849674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Scottsdale Orthopaedic Su- rgeons Receipt For: Primary General Other (specify) ▼	 	edic Surgeon Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD			Date of Receipt
Mailing Address 2120 N MacArthur	10 29 2008		
City	State TX	Zip Code	Transaction ID: 28849675
Irving FEC ID number of contributing federal political committee.	C	75061-2260	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupatio	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. J Christopher Noonan, , MD			Date of Receipt
Mailing Address 74 B Centennial Lo	M M / D D / Y Y Y Y Y 1 1 0 2 9 2 0 0 8		
City Eugene	State OR	Zip Code 97401	Transaction ID: 28849676 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07701	125.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	- ' ' - ' - ' - ' - ' - ' - ' - ' - ' -	e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (options	al)		1375.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 113 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael Joseph Young, , MD Mailing Address PO Box 22150			Date of Receipt 10 29 2008
City Hot Springs FEC ID number of contributing federal political committee.	State AR	Zip Code 71903-2150	Transaction ID: 28849677 Amount of Each Receipt this Period 500.00
Name of Employer Healthfirst Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Steven Brent Smith, , MD Mailing Address 7321 NE 84th Terra	ice		Date of Receipt M M
City	State	Zip Code	Transaction ID: 28849678
Kansas City	MO	64157-9584	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Northland Bone & Joint		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. John C Clohisy, , MD	<u>'</u>		Date of Receipt
Mailing Address Dept of Ortho, CB 8 660 S Euclid	3233		10 29 7 2008
City	State MO	Zip Code	Transaction ID: 28849701
Saint Louis FEC ID number of contributing federal political committee.	C	63110-1010	Amount of Each Receipt this Period
Name of Employer Washington University Med- ical School Receipt For:		n edic Surgeon e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	1000.00	
SUBTOTAL of Receipts This Page (optiona)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Ricardo J Rodriguez, , MD Mailing Address 8080 Bluebonnet Blvd	N C+o 1000	Date of Receipt
	State Zip Code	10 29 2008
City Baton Rouge	LA 70810-7827	Transaction ID: 28849702 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Baton Rouge Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas J Errico, , MD Mailing Address NYU Med Ctr		Date of Receipt
530 1st Ave Ste 8U	State Zip Code	11 03 2008
New York	NY 10016-6402	Transaction ID: 28867840 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NYU Medical School	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth Levitsky, , MD		Date of Receipt
Mailing Address 28-04 Broadway		1 1 0 3 2 0 0 8
City	State Zip Code	Transaction ID: 28867841
Fair Lawn FEC ID number of contributing federal political committee.	NJ 07410-3913	Amount of Each Receipt this Period 500.00
Name of Employer Garden State Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 113 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Henry W Hanff, , MD Mailing Address 5243 Hanff Ln			Date of Receipt
City New Port Richey	State FL	Zip Code 34652-4226	Transaction ID: 28867842 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Florida Joint Replacement	Occupation	n	500.00
Receipt For: Primary General Other (specify)		edic Surgeon Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas P Obade, Jr, MD Mailing Address 414 Tatum St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28867843
Woodbury	NJ	08096-3499	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Orthopaedics at Woodbury		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Pierce E Scranton, Jr, MD	1		Date of Receipt
Mailing Address 12333 NE 130th La	ane Ste 400		11 03 7 2008
City	State	Zip Code	Transaction ID: 28867845
Kirkland FEC ID number of contributing federal political committee.	C	98034-7467	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		2000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 113 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Amo	erican Associ	iation of Orthopaedic Surgeo	ons
Α.	Prull Name (Last, First, Middle Initial) Dr. Michael David Daubs, , MD Mailing Address 590 Wakara Way			Date of Receipt
			7: 0 !	11 03 2008
	City Salt Lake City	State UT	Zip Code 84108-1200	Transaction ID: 28867848 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Utah	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Ricardo M Canals-Morales, , MD Mailing Address PO Box 360097			Date of Receipt
				11 03 2008
	City San Juan	State PR	Zip Code 00936-0097	Transaction ID: 28867849 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	400.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_ >.	Full Name (Last, First, Middle Initial) Dr. James White Brodsky, , MD			Date of Receipt
	Mailing Address 411 N Washington St	e 7000, LB 1	4	11 03 7 2008
	City Dallas	State TX	Zip Code 75246-1791	Transaction ID: 28867850 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	73240-1791	100.00
	Name of Employer Orthopedic Associates	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
F	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Eric B Arvidson, , MD Mailing Address Essex Orthopaedic 16 Pelham Rd	es & Optima Spt	s M	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Salem FEC ID number of contributing federal political committee.	State NH	Zip Code 03079-2826	Transaction ID: 28867851 Amount of Each Receipt this Period 300.00
Name of Employer Essex Orthopaedics Receipt For: Primary General Other (specify)	Occupation Orthopae	n edic Surgeon Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Gary J Roberts, , MD Mailing Address 1005 S Hemlock S	t		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28867852
Iron Mountain	MI	49801-3854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	- ' ' - ' - ' - ' - ' - ' - ' - ' - ' -	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Spiegel, , MD	I		Date of Receipt
Mailing Address 1662 Dominican W	/ay		1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28867853
Santa Cruz	CA	95065-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Sutter Health		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options	al)		850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Bill S Barnhill, , MD			Date of Receipt
Mailing Address 7000 W 9th Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 28867854
Amarillo FEC ID number of contributing federal political committee.	C	79106-1709	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Lee Gautsch, , MD			Date of Receipt
Mailing Address PO Box 1686			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gallatin	State TN	Zip Code 37066-1686	Transaction ID: 28867855
FEC ID number of contributing federal political committee.	C	37000-1000	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert R Protzman, , MD			Date of Receipt
Mailing Address 3955 Sarita Park			1 1 0 3 2 0 0 8
City	State	Zip Code	Transaction ID: 28867856
Fort Worth FEC ID number of contributing federal political committee.	C	76109-4632	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Northern Texas	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
			1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 113 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
∠ . .	Full Name (Last, First, Middle Initial) Dr. C Martin Persons, , MD Mailing Address 1604 Hospital Pky Ste	402		Date of Receipt 1 1 0 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	City	State	Zip Code	Transaction ID: 28867857
	Bedford FEC ID number of contributing federal political committee.	C	76022-6932	Amount of Each Receipt this Period
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	, '	edic Surgeon e Year-to-Date ▼ 1000.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Robert S Derkash, , MD Mailing Address 1906 Blake Av #300	1		Date of Receipt 1 1 0 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 28867858
	Glenwood Springs	CO	81601-4298	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Gregory T Tadduni, , MD			Date of Receipt
	Mailing Address 1 Bartol Ave Ste 100			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28867859
	Ridley Park FEC ID number of contributing federal political committee.	C	19078-2214	Amount of Each Receipt this Period 500.00
	Name of Employer Premier Orthopaedics	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 113 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Frank M Berklacich, , MD Mailing Address 2011 Murphy Ave S		Date of Receipt 1 1 0 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
City	State Zip Code	Transaction ID: 28867860
Nashville FEC ID number of contributing federal political committee.	TN 37203-2047	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Srdjan Mirkovic, , MD Mailing Address Northwestern Orth	one adia Instituta	Date of Receipt
Mailing Address Northwestern Orth 680 N Lake Shore	11 03 2008	
City	State Zip Code	Transaction ID: 28867861
Chicago FEC ID number of contributing federal political committee.	IL 60611-4451	Amount of Each Receipt this Period
Name of Employer Northwestern Orthopaedic Institute Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. John N Hall, , MD		Date of Receipt
Mailing Address Atlantic Coast Orth 414 Albemarle Sq	no Specialists	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28867862
Charlottesville FEC ID number of contributing federal political committee.	VA 22901-7400	Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	al)	2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. William C Nash, , MD Mailing Address 1113 Woodland Dr			Date of Receipt
		State	Zip Code	11 03 2008
	City Elizabethtown	KY	42701-2749	Transaction ID: 28867863 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Steven Harris Jones, , MD Mailing Address 500 Hioaks Rd Ste B			Date of Receipt
	Maining Address Sub Filoaks Fid Sie B			11 03 2008
	City Richmond	State VA	Zip Code 23225-4061	Transaction ID: 28867864
	FEC ID number of contributing federal political committee.	C	23223-4001	Amount of Each Receipt this Period
	Name of Employer West End Orthopaedic Clin- ic	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Kent A Reinker, , MD	1		Date of Receipt
	Mailing Address 7703 Floyd Curl Dr Mo Dept of Orthopaedics	C 7774		111 06 7 2008
	City San Antonio	State TX	Zip Code 78229-3901	Transaction ID: 28870256 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	TOLLO GOOT	500.00
	Name of Employer Univ TX Hith Sci Ctr at San Antonio		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
5	SUBTOTAL of Receipts This Page (optional)			1750.00
	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 113 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Richard J Patterson, , MD			Date of Receipt
	Mailing Address Bone and Joint Spec of 190 Campus Blvd MO			11 06 2008
	City	State	Zip Code	Transaction ID: 28870257
	Winchester	VA	22601-2872	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bone and Joint Spec of Wi- nchester	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. G Gustave Hodge, , MD	1		Date of Receipt
	Mailing Address 519 16th St			11 06 2008
	City	State	Zip Code	Transaction ID: 28870258
	Bellingham	WA	98225-6314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Daniel Lee, , MD			Date of Receipt
	Mailing Address 10521 Shoalhaven Dr			11 06 2008
	City	State	Zip Code	Transaction ID: 28870259
	Las Vegas	NV	89134-7425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Nevada Orthopaedics	, '	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		375.00	
	SUBTOTAL of Receipts This Page (optional)	1		875.00
	FOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	•	
Political Action Committee of the Ame	rican Association of Orthopaedic Surgeo	ins
Full Name (Last, First, Middle Initial) Dr. Michael S Petersen, , MD Mailing Address Valley Oak Orthopaed		Date of Receipt
Mailing Address Valley Oak Orthopaed 2031 Anderson Rd Ste		11 06 2008
City	State Zip Code	Transaction ID: 28870260
Davis	CA 95616-0621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Valley Oak Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. P Gregory Askins, , MD	l	Date of Receipt
Mailing Address 404 State St		11 06 7 2008
City	State Zip Code	Transaction ID: 28870291
Bangor	ME 04401-6623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	535.00
Name of Employer Down East Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	535.00	
Full Name (Last, First, Middle Initial) Dr. Stephen D Landaker, , MD		Date of Receipt
Mailing Address 1600 Esplanade Ste C	;	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28870292
<u>Chico</u>	CA 95926-3369	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1285.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 113 (check only one) X
	Statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Bruce A Seideman, , MD		Date of Receipt
Mailing Address 10 Meadowood Ln City	State Zip Code	1 1 0 6 2 0 0 8 Transaction ID: 28870293
Glen Head	NY 11545-2627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedic Associates of Manhattan	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. R Pepper Murray, , MD	Town Dr. Sto. 400	Date of Receipt
Mailing Address 1551 S Renaissance	11 06 2008	
City	State Zip Code	Transaction ID: 28870294
<u>Bountiful</u>	UT 84010-7676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. lan Lin, , MD		Date of Receipt
Mailing Address 104 Foster Dr		1 1 0 6 2 0 0 8
City	State Zip Code	Transaction ID: 28870295
Des Moines	IA 50312-2538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Des Moines Ortho	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	_	2500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67/113 (check only one)
Any or f	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Michael J Prayson, , MD			Date of Receipt
	Mailing Address Miami Valley Hospital 30 E Apple St Ste 2200)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28870972
	<u>Dayton</u>	OH	45409-2939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Wright State University	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Humberto A Galleno, , MD			Date of Receipt
	Mailing Address Inter-Community Prof F 315 N 3rd Ave Ste 302	11 07 2008		
	City	State	Zip Code	Transaction ID: 28870983
	Covina	CA	91723-1916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Andrew P Gutow, , MD			Date of Receipt
	Mailing Address 741 Westminster Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28870986
	Los Altos	CA	94022-1144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Palo Alto Orthopaedics Me- dical	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	250.00	
				650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68/113 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David M Dines, , MD			Date of Receipt
Mailing Address 935 Northern Blvd	Ste 303		11 07 2008
City Great Neck	State NY	Zip Code 11021-5328	Transaction ID: 28870990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110210020	500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert H Anschuetz, , MD			Date of Receipt
Mailing Address 6770 Mayfield Rd S	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 28870991
Mayfield Heights	OH	44124-2299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial)			-
Dr. Lesley J Anderson, , MD Mailing Address 2100 Webster St S	Ste 309		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28870993
San Francisco	CA	94115-2376	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (options	al)		1600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Ronald W Smith, , MD			Date of Receipt
	Mailing Address 2651 Elm Ave Ste 205			11 07 2008
	City Long Beach	State CA	Zip Code 90806-1638	Transaction ID: 28870994 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Blane William McCoy, , MD			Date of Receipt
	Mailing Address Medical Arts Ctr IV 6115 Powers Blvd Ste	11 07 4 2008		
	City Parma	State OH	Zip Code	Transaction ID: 28871000
	FEC ID number of contributing federal political committee.	C	44129-5469	Amount of Each Receipt this Period 250.00
	Name of Employer Southwest Orthopedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ c.	Full Name (Last, First, Middle Initial) Dr. Mark J Geppert, , MD	1		Date of Receipt
	Mailing Address Marsh Brook Profession 7 Marsh Brook Dr Ste			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Somersworth	State NH	Zip Code 03878-1517	Transaction ID: 28871001 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	03070-1317	500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		.	1000.00
F	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. George Naseef, , MD Mailing Address 843 Mountain Ave		Date of Receipt
City	State Zip Code	1 1 0 7 2 0 0 8 Transaction ID: 28871002
New Providence	NJ 07974-1212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NJ Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John M Aversa, , MD	L	Date of Receipt
Mailing Address 2408 Whitney Ave	9	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28871003
<u>Hamden</u>	CT 06518-3209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Connecticut Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. J Gordon Rawles, Jr, MD	I	Date of Receipt
Mailing Address 1400 Johnston W	illis Dr Ste A	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Richmond	State Zip Code VA 23235-4765	Transaction ID: 28871005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer West End Orthopaedic Clin- ic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /1 / 113 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mag	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Richard E Grant, , MD			Date of Receipt
Mailing Address Dept of Ortho Surgery 11100 Euclid Ave	у		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28871006
Cleveland	OH	44106-1716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial) Dr. Yram Jan Groff, , MD			Date of Receipt
Mailing Address 4815 Liberty Ave Ste	250		11 07 2008
City	State	Zip Code	Transaction ID: 28871007
Pittsburgh	PA	15224-2156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		118.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		368.00]
Full Name (Last, First, Middle Initial) Dr. Vincent E Vena, , MD			Date of Receipt
Mailing Address 2 Celeste Dr			1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28871009
Johnstown	PA	15905-2832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Western PA Orthopaedics	Occupatio Orthopae	n edic Surgeon	
Receipt For:	-, '	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	

ITEI	HEDULE A (FEC Form 3X) MIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 113 (check only one) X 11a
N/	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) olitical Action Committee of the Ame			
A. <u>Dr</u>	ull Name (Last, First, Middle Initial) r. George V Russell, Jr, MD ailing Address Dept of Ortho Surg			Date of Receipt
	2500 North State St			11 07 2008
Ci		State MS	Zip Code	Transaction ID: 28871020
FE	ackson EC ID number of contributing deral political committee.	C	39216-4500	Amount of Each Receipt this Period 350.00
Na Ul	ame of Employer MMC	Occupation Orthopae	n edic Surgeon	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
	ull Name (Last, First, Middle Initial) r. David G Lewallen, , MD			Date of Receipt
Ma	ailing Address 200 1st St SW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	•	State	Zip Code	Transaction ID: 28871021
FE	ochester EC ID number of contributing deral political committee.	C	55905-0001	Amount of Each Receipt this Period 1000.00
Na M	ame of Employer ayo Clinic	Occupation Orthopae	n edic Surgeon	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) r. Brett William Fischer, , MD			Date of Receipt
Ma	ailing Address 2740 N Clarkson St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	•	State	Zip Code	Transaction ID: 28871023
	remont	NE	68025-7716	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		1000.00
Na Se	ame of Employer elf Employed	Occupation Orthopa	n edic Surgeon	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUB	TOTAL of Receipts This Page (optional)	<u> </u>	\	2350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 113 (check only one) X 11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD Mailing Address Professional Office 1 Medical Center E		Date of Receipt 1 1 0 7 2 0 0 8
City	State Zip Code	Transaction ID: 28871024
Chester	PA 19013-3902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	
Full Name (Last, First, Middle Initial) Dr. Patrick J Vaughan, , MD Mailing Address 9412 Beachwood I	Dr NW	Date of Receipt
City	State Zin Code	11 07 2008
City Gig Harbor	State Zip Code WA 98332-6306	Transaction ID: 28871026 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Brereton B Strafford, , MD		Date of Receipt
Mailing Address Cascade Orthopae 122 3rd St NE		11 07 2008
City	State Zip Code WA 98002-4013	Transaction ID: 28871028
Auburn FEC ID number of contributing federal political committee.	WA 98002-4013	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	833.34
TOTAL This Period (last page this line nur		87917.34

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В.

SCHEDULE A (FEC Form 3X)		Llos concrete as had also (-)	FOR LINE NUMBER: PAGE 74 / 113
•		Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Northern Trust Company			Date of Receipt
Mailing Address 50 S. LaSalle St.			10 31 2008
City	State	Zip Code	Transaction ID: 28885668
Chicago	IL	60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.46
Name of Employer	Occupatio	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 23073.77	Interest received on bank account
Full Name (Last, First, Middle Initial) Northern Trust Company	•		Date of Receipt
Mailing Address 50 S. LaSalle St.			10 31 7 2008
City	State	Zip Code	Transaction ID: 28885669
Chicago	<u>IL</u>	60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1631.06
Name of Employer	Occupatio	n	7
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 24704.83	Interest received on bank account

SUBTOTAL of Receipts This Page (optional)	•	1641.52
TOTAL This Period (last page this line number only)		1641.52

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1					Summary Page			21b 27	22 28a	X	23 28b		24 28c	2	25 29	26 30
or fo	or commercial pur	ed from such Reports rposes, other than usin														
1 \	NAME OF COMP Political Action	Committee of the	American	Associati	ion of Orthopa	edic	Sı	urgeor	ıs							
	•	First, Middle Initial) Congress Committe P.O. Box 62	ee							of D	isburs		37775 nt		ŏ 8	Y
	City Evansville			State IN	Zip Code 47701				Amo	unt c	of Eacl	n Disk	oursen			eriod
	Purpose of Disbu	irsement					01				-			500	0.00	
	Candidate Name Rep. Brad Ells Office Sought:	worth X House	Disburser	ment For:	2008		Typ	gory/ be								
	State: IN	Senate President District: 08	X	Primary Other (spe	General ecify) ▼											
		First, Middle Initial)	2008 CC	ngression	ilai G						ion ID		37775 nt	28		
-	Mailing Address	P.O. Box 15703	}						1 O) M	/ D	16	/ Y	ž 0	8 0	Y
	City Tallahassee			State FL	Zip Code 32317				Amo	unt c	of Eacl	n Disk	oursen	nent t		eriod
-	Purpose of Disbu Candidate Name Rep. Allen Boy						01 ateg Typ	gory/		•	•	•		200	0.00	
	Office Sought: State: FL	X House Senate President District: 02		ment For: Primary Other (spe			.),									
	Full Name (Last, Frelinghuysen	First, Middle Initial) For Congress							Date	of D	isburs	emer	37775 nt		V.*	V
Ī	Mailing Address	19 Cattano Ave							110) M	/ D	16	/ L	2 0	ď8	
	City Morristown			State NJ	Zip Code 07960				Amo	unt c	of Eacl	n Disk	oursen	nent t		eriod
-	Purpose of Disbu Candidate Name Rodney P. Fre						01 ateg Typ	gory/			•	•		550	2.00	
Ī	Office Sought:	X House Senate President		Primary Other (spe												
	State: NJ	District: 11		ongression								•		• • •	0.00	

	Use separate schedule(s)	(check on			PAGE		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	
Any Information copied from such Reports and State or for commercial purposes, other than using the name of NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ame and address of any political co	mmittee to so	olicit contrib				
/	an Association of Orthopaedi		<u> </u>				
Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc. Mailing Address P.O. Box 714				otion ID: 2 Disbursement	ent	2 0 0 8	Y
City Hackensack	State Zip Code NJ 07602		Amount	of Each Dis	sbursemer	t this Pe	eriod
Purpose of Disbursement		011	L		2	500.00	_
Candidate Name Rep. Steven R. Rothman		Category/ Type					
Senate President	rsement For: 2008 Primary General X Other (specify)						
State: NJ District: 09 2008 Full Name (Last, First, Middle Initial)	Congressional G		Tronce	tion ID: 2	00777500	,	
Pascrell For Congress			Date of	Disburseme	ent		Υ
Mailing Address P.O. Box 640			10	16	2	0 0 8	_
City Totowa	State Zip Code NJ 07511		Amount	of Each Dis			erio
Purpose of Disbursement Candidate Name Rep. William J. Pascrell, Jr.		011 Category/ Type			23	500.00	
Office Sought: X House Disbu Senate President	rsement For: 2008 Primary General X Other (specify) ▼ Congressional G	.,,,,,					
Full Name (Last, First, Middle Initial) Kuhl For Congress			Date of	tion ID: 2	ent		
Mailing Address 10 Ganesvoort Street Suite 101			10	¹ 16	/ Y 2	0 0 8	
City Bath	State Zip Code NY 14810		Amount	of Each Dis	sbursemer	t this Pe	erio
Purpose of Disbursement		011	<u> </u>		10	00.00	_
Candidate Name Rep. John Randall Kuhl, Jr.		Category/ Type					
Senate President	rsement For: 2008 Primary General X Other (specify)						
State: NY District: 29 2008	Congressional G						_
				-		-	-

	Use separate schedule(s	(check onl	NUMBER: PAGE 77 / 113
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Association of Orthop	aedic Surgeon	s
/			
Full Name (Last, First, Middle Initial) Wolverine PAC			Transaction ID: 28777537 Date of Disbursement
Mailing Address 607 14th Street, NW Suite 800			10 M / D 1 6 / Y Y Y O Y 8 Y
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Wolverine PAC		Category/ Type	
Senate President	rsement For: Primary General Other (specify)	•	
State: District: Full Name (Last, First, Middle Initial)			Tuesday ID 00777500
Our Future PAC			Transaction ID: 28777538 Date of Disbursement
Mailing Address 1155 21st Street, NW Suite 300			10 16 7 2008
City Washington	State Zip Code DC 20036		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name Our Future PAC		Category/ Type	
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)	1 "	
Full Name (Last, First, Middle Initial) John Lewis For Congress			Transaction ID: 28777539 Date of Disbursement
Mailing Address PO Box 2323 Suite 5300			10 16 7 2008
City Atlanta	State Zip Code GA 30301		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name Rep. John Lewis		Category/ Type	
Office Sought: X House Disbu	rsement For: 2008 Primary General X Other (specify)		
President			T. Control of the Con
	Congressional G		

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check onl	NUMBER: PAGE 78 / 113
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri			
Full Name (Last, First, Middle Initial)			Transaction ID: 28777540
Steve Austria For Congress			Date of Disbursement
Mailing Address 20 S Limestone St Su	ite 390		10 M / D 1 6 / Y Y Y O N 8 Y
City Springfield	State Zip Code OH 45502		Amount of Each Disbursement this Period
Purpose of Disbursement	011 40302		5000.00
Candidate Name		011 Category/	
Mr. Steve Austria		Туре	
Office Sought: X House Disbute Senate President	rsement For: 2008 Primary General X Other (specify) ▼		
State: OH District: 07 2008	Congressional G		
Full Name (Last, First, Middle Initial)			Transaction ID: 28777541
Stivers For Congress			Date of Disbursement
Mailing Address 81 S Fifth Street			10 16 / 2008
City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Mr. Steve Stivers		Category/ Type	
Senate President	rrsement For: 2008 Primary General X Other (specify) ▼		
State: OH District: 15 2008 Full Name (Last, First, Middle Initial)	3 Congressional G		Transaction ID: 28777543
Johanns For Senate Incorporated			Date of Disbursement
Mailing Address 5555 South Street			10 16 7 2008
City Lincoln	State Zip Code NE 68506		Amount of Each Disbursement this Perio
Purpose of Disbursement			2000.00
Candidate Name Mr. Michael Johanns		011 Category/ Type	
Office Sought: House Disbute X Senate President	ursement For: 2008 Primary X General Other (specify) ▼	Турс	
State: NE District:			
			9500.00

TEMES DISCUSSION	Use separate schedule(s	(check onl	= NUMBER: PAGE /9 / 113 ly one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)			
Political Action Committee of the Americ	can Association of Orthopa	aedic Surgeon	s
Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen			Transaction ID: 28777545 Date of Disbursement
Mailing Address P.O. Box 44369 250 Prairie Center Driv			10 16 2008
City Eden Prairie	State Zip Code MN 55344		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Mr. Erik Paulsen		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
State: MN District: 03 2008 Full Name (Last, First, Middle Initial)	Congressional G		- " - 0077775 40
Schock For Congress			Transaction ID: 28777546 Date of Disbursement
Mailing Address PO Box 10555			10 16 7 2008
City Peoria	State Zip Code IL 61612		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Aaron Schock		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify) Congressional G		
Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee	Congressional C		Transaction ID: 28777547 Date of Disbursement
Mailing Address 407 W Jefferson Stree	t		10 16 7 2008
City Boise	State Zip Code ID 83702		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Mr. James Risch		Category/ Type	
X Senate President	rsement For: 2008 Primary X General Other (specify)	•	
State: ID District:			
			7500.00

		Use separate schedule(s))		R LINE eck only					/	IGL	80 / 1	13
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	В	24 28c		25 29	
	y Information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and address of any politica	l com	mitte	ee to sol	icit conti							
<u></u>	Full Name (Last, First, Middle Initial) Simpson For Congress					Trans Date		sburs		-		0 Ý 8	Y
	Mailing Address 1487 Parkway Drive	7'. 0.4											
	City Blackfoot	State Zip Code ID 83221				Amou	int o	Each	1 DIS	burse	-	t this F	-
	Purpose of Disbursement Candidate Name Rep. Michael K. Simpson		Ca	011 iteg	ory/		-	0			20	00.00	,
	Office Sought: X House Dis Senate President	oursement For: 2008 Primary General X Other (specify) ▼ 08 Congressional G		Гуре	9								
	Full Name (Last, First, Middle Initial) Mcclintock For Congress	o congressional a				Trans Date			eme	-			Y
	Mailing Address 2150 River Plaza Dr	. #150				1 0			16	L	2	0 0 8	
	City Sacramento	State Zip Code CA 95833				Amou	int o	Each	n Dis	burse		t this F	
	Purpose of Disbursement Candidate Name Mr. Thomas McClintock		Ca	011 itege Type	ory/		•						
	Senate President	oursement For: 2008 Primary General X Other (specify) ▼ 08 Congressional G											
	Full Name (Last, First, Middle Initial) Gregg Harper For Congress	<u> </u>				Trans Date	of D	sburs	eme	•			
	Mailing Address Post Office Box 543	14				1 ^M 0	М	D .	16		ž	0 0 8	Y
	City Pearl	State Zip Code MS 39288				Amou	int o	Each	n Dis	burse	men	t this F	eriod
	Purpose of Disbursement			011		L.					25	00.00)
	Candidate Name Mr. Gregg Harper			itego Type	ory/								
	Senate President	oursement For: 2008 Primary General X Other (specify) ▼ 08 Congressional G	1										
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or for commercial purposes, other than or for commercial purposes, other than or NAME OF COMMITTEE (In Full) Political Action Committee of to Full Name (Last, First, Middle Initial) Sue Myrick For Congress Mailing Address P.O. Box 370 City Charlotte Purpose of Disbursement Candidate Name Rep. Sue Wilkins Myrick Office Sought: X House Senate President State: NC District: 09 Full Name (Last, First, Middle Initial) Help Elect America's Team (H Mailing Address 499 S. Capite Suite 412 City Washington Purpose of Disbursement Candidate Name	Detailed Ints and Statements may using the name and addition the American Association of the American Association	zip Code 28237	al committee to so	22 X 23 24 25 29 28a 28b 28c 29 for the purpose of soliciting contributions collicit contributions from such committee
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Candidate Name		20003		
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Office Sought: House Senate President	Disbursement For: Primary Other (si	General pecify) ▼		
State: District:		, , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial) Friends of Senator Rockefeller				Transaction ID: 28783178 Date of Disbursement
Mailing Address PO Box 1909	Э			10 17 7 2008
City Charleston	State WV	Zip Code 25327		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	3000.00
Candidate Name Sen. John D. Rockefeller, IV			Category/ Type	
Office Sought: House X Senate President	Disbursement For: Primary Other (s)	2008 X General pecify) ▼	•	
State: WV District:		•••		
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	, First, Middle Initial)				Transaction ID: 28783749	
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Mailing Address	PO Box 12567	,			1 0 M / D 1 7 / Y 2 0 0 8	
City Columbia		State SC	Zip Code 29211		Amount of Each Disbursement this P	erio
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Rep. James E				Category/ Type		
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City Columbus		State GA	Zip Code 31902		Amount of Each Disbursement this P	erio
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Full Name (Last Friends Of Ja	, First, Middle Initial) ck Kingston				Transaction ID: 28784166 Date of Disbursement	
Mailing Address	PO Box 2133				10 17 / 2008	Y
City Savannah		State GA	Zip Code 31402		Amount of Each Disbursement this P	erio
Purpose of Disb	ursement	57.			2000.00)
Candidate Name Rep. Jack Kir				011 Category/ Type		
Office Sought:	X House Senate	Disbursement For	General			
State: GA	President District: 01	X Other (s 2008 Congressi				
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	Political Action Commi	ttee of the Ar	merican	Associat	ion of Orthopa	edic	Sı	irgeons	i							
/	Full Name (Last, First, Mide Chambliss For Senate	dle Initial)							Trans			_	_	353		
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	City Atlanta			tate GA	Zip Code 30355				Amou	int o	f Each	Disb	urser	-		-
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	Candidate Name Sen. Saxby Chambliss					Ca	ateg Typ	ory/								
	Office Sought: Hou X Sen Pres	ate sident		nent For: Primary Other (spe	2008 X General ecify) ▼											
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	City Springfield			tate //O	Zip Code 65805				Amou	int o	f Each	Disb	urser	ment	this P	erioc
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	Candidate Name Rep. Roy Blunt					Ca	ateg Typ	ory/								
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	Candidate Name Rep. Steny H. Hoyer					Ca	ateg Typ	ory/								
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NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	can Association of Orthopa	edic Surgeons	S
Full Name (Last, First, Middle Initial) Friends Of John Boehner			Transaction ID: 28784389 Date of Disbursement
Mailing Address 7908 Cincinnati Dayte Suite I	on Road		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City West Chester	State Zip Code OH 45069		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name Rep. John A. Boehner		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
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Full Name (Last, First, Middle Initial) The Freedom Project			Transaction ID: 28784393 Date of Disbursement
Mailing Address 424 C Street, NE Basement Unit			10 M / D 1 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
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Candidate Name The Freedom Project		Category/ Type	
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Schmidt For Congress Committee			Transaction ID: 28784829 Date of Disbursement
Mailing Address 771 Wards Corner Ro	I		10 M / D 17 / Y Y Y 0 8 Y
City Loveland	State Zip Code OH 45140		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name Rep. Jean Schmidt		Category/ Type	
	ursement For: 2008		
Senate President	Primary General X Other (specify) ▼		
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Candidate N Rep. Jerry						01 ateg Typ	ory/								
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\	, ,	American Associa	ation of Orthopa	edic Surgeons	;
Full Name (Last, F Mike Honda Fo					Transaction ID: 28823971 Date of Disbursement
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City San Jose		State CA	Zip Code 95155		Amount of Each Disbursement this Period
Purpose of Disbur Candidate Name	sement			011	1500.00
Rep. Michael M				Category/ Type	
Office Sought:	X House Senate President	Disbursement For: Primary X Other (sp	2008 General		
State: CA	District: 15	2008 Congression			
Full Name (Last, F Anna Eshoo Fo	,				Transaction ID: 28823972 Date of Disbursement
Mailing Address	555 Capitol Ma	II, Suite 1425			10
City Sacramento		State CA	Zip Code 95814		Amount of Each Disbursement this Perio
Purpose of Disbur	sement			011	2000.00
Candidate Name Rep. Anna G. E	shoo			Category/ Type	
Office Sought:	X House Senate President	Disbursement For: Primary X Other (sp	2008 General Decify)		
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Full Name (Last, F Friends Of Lois	,				Transaction ID: 28823973 Date of Disbursement
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City Santa Barbara		State CA	Zip Code 93121		Amount of Each Disbursement this Perio
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Candidate Name	s			Category/ Type	
Rep. Lois Capp	χ House	Disbursement For:	2008		
Rep. Lois Capp Office Sought:	Senate	Primary X Other (sr	General Decify)		
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) Check only	NUMBER: PAGE 87 / 113
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Association of Orthopa	aedic Surgeons	S
Full Name (Last, First, Middle Initial) Becerra For Congress			Transaction ID: 28823974 Date of Disbursement
Mailing Address P.O. Box 261060			10
City Los Angeles	State Zip Code CA 90026		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Xavier Becerra		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify) ▼		
State: CA District: 31 2008 Full Name (Last, First, Middle Initial)	Congressional G		Transaction ID: 00000075
Mark Pryor For Us Senate			Transaction ID: 28823975 Date of Disbursement
Mailing Address PO Box 2720			$ \begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} \begin{bmatrix} 0 & 2 & 2 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 2 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} $
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Sen. Mark L. Pryor		Category/ Type	
Office Sought: House Disbu	rsement For: 2008 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee			Transaction ID: 28823976 Date of Disbursement
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City Prescott	State Zip Code AR 71857		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	4000.00
Candidate Name Rep. Michael A. Ross		Category/ Type	
Senate President	Primary General X Other (specify)	N	
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Ma	ailing Address	P.O. Box 8084							1 0		2	^D 2	2	0 0 8	3
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NAME OF COMMITTEE (In Full) Political Action Committee of the Amer			
Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel			Transaction ID: 28823981 Date of Disbursement
Mailing Address 845 West Wolfram S			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Chicago	State Zip Code IL 60657		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Rahm Emanuel		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
State: IL District: 05 200 Full Name (Last, First, Middle Initial)	3 Congressional G		
Citizens For Rush			Transaction ID: 28823982 Date of Disbursement
Mailing Address P. O. Box 7292			10 22 7 2008
City Chicago	State Zip Code IL 60680		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Bobby L. Rush		Category/ Type	
Senate President	rrsement For: 2008 Primary General X Other (specify)		
State: IL District: 01 200 Full Name (Last, First, Middle Initial) Volunteers For Shimkus	3 Congressional G		Transaction ID: 28823983 Date of Disbursement
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City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Perio
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Candidate Name Rep. John M. Shimkus		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
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Political Action Committee of the America	can Association of Orthop	aedic Surg	geons
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City Merrillville	State Zip Code IN 46411		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Peter J. Visclosky Office Sought: X House Disbu	rsement For: 2008	Category Type	W
Senate President	Primary General X Other (specify) ▼ Congressional G		
Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congres			Transaction ID: 28823987 Date of Disbursement
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City Monticello	State Zip Code IN 47960		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Name		011	1000.00
Rep. Steve Buyer		Category Type	<i>y</i> /
Senate President	rsement For: 2008 Primary General X Other (specify)		
State: IN District: 04 2008 Full Name (Last, First, Middle Initial) Kansans For Tiahrt	Congressional G		Transaction ID: 28823988 Date of Disbursement
Mailing Address 2250 N Rock Road Suite 118a			10 1 2 2 7 2 0 0 8
City Wichita	State Zip Code KS 67226	_	Amount of Each Disbursement this Perio
Purpose of Disbursement		011 Category	2000.00
Candidate Name		Type	y /
Candidate Name Rep. Todd Tiahrt			
Rep. Todd Tiahrt Office Sought: X House Disbu Senate President	rsement For: 2008 Primary General X Other (specify)		
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Continuing a Majority Party Political Action Comm Mailing Address 5915 Eastman Avenue Suite 100 City State Zip Code Midland MI 48640 Purpose of Disbursement Candidate Name Continuing a Majority Party Political Action Comm Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010 Mailing Address 5915 Eastman Avenue Suite 100 Transaction ID: 28824046 Amount of Each Disbursement Initial Disbu	SCHEDULE B (FEC FO TEMIZED DISBURSEI	Use se	parate schedule(s) h category of the	(check only	NUMBER: PAGE 95 / 113 y one)
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Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc Mailing Address 607 14th Street Nw St Suite 1434 City	State Zip Code		Transaction ID: 28824049 Date of Disbursement M M M D D D M Y Y Y Y O Y S Y Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc Mailing Address PO Box 433 City Great Bend Purpose of Disbursement	State Zip Code KS 67530		Transaction ID: 28824050 Date of Disbursement M M M / D 2 D / Y Y Y O Y 8 Amount of Each Disbursement this Period 2000.00
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Mailing Address 228 S Washington St	eet Suite 115		10 23 7 2008
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Peri
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Full Name (Last, First, Middle Kay Granger Campaign	•			Transaction ID: 28829068 Date of Disbursement
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City Rockwall	State TX	zip Code 75087		Amount of Each Disbursement this Pe
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Mailing Address	25 East Main S Suite 200	reet				1 ^M 0	M /	^D 2 3	2	2008	Y
City Richmond		State VA	Zip Code 23219			Amou	ınt of Ea	ch Disb	ursemer	nt this P	erio
Purpose of Disb	ursement			0.	11	<u> </u>			2	500.00)
Candidate Name Every Republ	e ican Is Crucial (ERI	C) PAC		Cate	egory/ rpe						
Office Sought:	House Senate President District:	Disbursement For: Primary Other (spe	General ecify) ▼								
	, First, Middle Initial)					Date	saction of Disbu	ırsemen			
Mailing Address	311 North Was	nington Street				1 ^M 0	M /	^D 2 3	2	ž o ŏ 8	Y
City Alexandria		State VA	Zip Code 22314			Amou	ınt of Ea	ch Disb	ursemer	nt this P	erio
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Candidate Name Rep. James F				Cate	egory/ rpe						
Office Sought:	X House Senate President	Disbursement For: Primary X Other (spe									
	District: 08	2008 Congressio	nal G			1					
State: VA											

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	DISBURSEMEN		category of the Summary Page	(check only 21b 27	7 one) 22
					or the purpose of soliciting contributions licit contributions from such committee
	OMMITTEE (In Full)	ing the name and addit	233 of arry politica	T COMMITTEE TO 301	icit contributions from such committee
\	tion Committee of the	e American Associa	tion of Orthopa	edic Surgeons	r
	ast, First, Middle Initial) s For Congress				Transaction ID: 28829079 Date of Disbursement
Mailing Addre	ess PO Box 1663				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&0&M\end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D&D\\2&3\end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Q&N\\2&0&0&8\end{smallmatrix}\end{bmatrix} \ $
City Tacoma		State WA	Zip Code 98401		Amount of Each Disbursement this Period
Purpose of D				011	5000.00
	an D. Dicks	1		Category/ Type	
Office Sough	t: X House Senate President	Disbursement For: Primary X Other (sp	2008 General		
State: WA	District: 06	2008 Congression			
Full Name (La Ryan For C	ast, First, Middle Initial) Congress				Transaction ID: 28829080 Date of Disbursement
Mailing Addre	ess P. O. Box 1919	9			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
City Janesville		State WI	Zip Code 53547		Amount of Each Disbursement this Period
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Candidate Na Rep. Paul F	Ryan			Category/ Type	
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,	ast, First, Middle Initial) Idwin For Congress				Transaction ID: 28829081 Date of Disbursement
Tammy Ba					10 23 7 2008
Tammy Ba Mailing Addre	ess P.O. Box 696				10 23 2006
	P.O. Box 696	State W1	Zip Code 53701		Amount of Each Disbursement this Perio
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Mailing Address City Madison Purpose of D Candidate Na Rep. Tamm	isbursement ame ny Baldwin	WI	53701	011 Category/ Type	Amount of Each Disbursement this Period
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	rts and Statements may not be sold or us using the name and address of any politic		
Political Action Committee of t	he American Association of Orthop	aedic Surgeons	S
Full Name (Last, First, Middle Initial Kind For Congress Committee			Transaction ID: 28829082 Date of Disbursement
Mailing Address 205 5th Aver Suite 428	nue South		10 23 / 2008
City La Crosse	State Zip Code WI 54601		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Ron Kind		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2008 Primary General X Other (specify)		
State: WI District: 03	2008 Congressional G		
Full Name (Last, First, Middle Initial Enzi For Us Senate			Transaction ID: 28829083 Date of Disbursement
Mailing Address PO Box 2775	5		1 0 M / D 2 3 / Y Y Y O Y 8 Y
City Cody	State Zip Code WY 82414		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Sen. Michael B. Enzi		Category/ Type	
Office Sought: House X Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼	•	
State: WY District: Full Name (Last, First, Middle Initial Mike Pence Committee			Transaction ID: 28829529 Date of Disbursement
Mailing Address P. O. Box 40	8		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Anderson	State Zip Code IN 46015		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Michael R. Pence		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2008 Primary General X Other (specify)	•	
State: IN District: 06	2008 Congressional G		

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Full Name (Last, I	First, Middle Initial)				Transaction ID: 28829530 Date of Disbursement
Mailing Address	PO Box 312				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&0&M\end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D&2&D\\2&3\end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Q&N\\2&0&0&8\end{smallmatrix}\end{bmatrix} $
City Columbia		State MO	Zip Code 65295		Amount of Each Disbursement this Period
Purpose of Disbu	rsement			011	1000.00
Candidate Name Judith Baker				Category/ Type	
Office Sought:	X House Senate President	Disbursement For Primary X Other (s	General		
State: MO	District: 09	2008 Congress	ional G		
•	First, Middle Initial) Success (LUIS) PA	AC		Transaction ID: 28829531 Date of Disbursement	
Mailing Address	7315 Wisconsii Suite 310 East	1 Avenue			10 M / D 2 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bethesda		State MD	Zip Code 20814		Amount of Each Disbursement this Perio
Purpose of Disbu	rsement			011	5000.00
Candidate Name Leading Us In S	Success (LUIS) PA	4C		Category/ Type	
Office Sought:	House Senate President	Disbursement For Primary Other (s			
State:	District: First, Middle Initial)				Transaction ID: 28842368
Full Name (Last, I					
					Date of Disbursement
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Full Name (Last, I Tim Walz For I Mailing Address City Mankato	Js Congress PO Box 938	State MN	Zip Code 56002		Amount of Each Disbursement this Period
Full Name (Last, I Tim Walz For I Mailing Address City Mankato Purpose of Disbu	Js Congress PO Box 938			011	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
Full Name (Last, I Tim Walz For I Mailing Address City Mankato	PO Box 938			011 Category/ Type	Amount of Each Disbursement this Period
Full Name (Last, I Tim Walz For I Mailing Address City Mankato Purpose of Disbu Candidate Name Rep. Timothy I	PO Box 938 PO Box 938 rsement Walz X House Senate President	Disbursement For Primary X Other (s	56002 : 2008 ☐ General	Category/	Amount of Each Disbursement this Period
Full Name (Last, I Tim Walz For I Mailing Address City Mankato Purpose of Disbu Candidate Name Rep. Timothy I	PO Box 938 rsement Walz X House Senate	MN Disbursement For Primary	56002 : 2008 ☐ General	Category/	Amount of Each Disbursement this Period

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	211	22 X 23 28a 28b	24 25 29 29 29
Any Information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	e name and address of any politic	al committee to	o solicit contributions from	
/	'			
Full Name (Last, First, Middle Initial) Leadership for America's Future (LEA	<u> </u>		Transaction ID: Date of Disburser 10 3	ment
Mailing Address 228 S. Washington #115	Street		10 3	2008
City Alexandria	State Zip Code VA 22314		Amount of Each I	Disbursement this Period
Purpose of Disbursement		011	7	5000.00
Candidate Name Leadership for America's Future (LEA	AD PAC)	Category/ Type	-	
Senate President	sbursement For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)			Tuesdantian ID:	00000005
Guthrie For Congress			Transaction ID: Date of Disburser	ment
Mailing Address PO Box 9639			10 3	0 2008
City Bowling Green	State Zip Code KY 42102	_	Amount of Each I	Disbursement this Period
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Candidate Name Rep. Brett Guthrie		Category/ Type		
Senate President	sbursement For: 2008 Primary General X Other (specify) 108 Congressional G			
Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz	oo congressional d		Transaction ID: Date of Disburser	
Mailing Address 315 Westfield Circle	9		10 7 3	0 2008
City Alpine	State Zip Code UT 84004		Amount of Each I	Disbursement this Period
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Candidate Name Mr. Jason Chaffetz		Category/ Type		
Office Sought: X House Di Senate President	sbursement For: 2008 Primary General X Other (specify)	1 21-		
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Full Name (Last, First, Middle In Lummis For Congress	nitial)			Transaction ID: 28860367 Date of Disbursement
Mailing Address 2015 Cer	ntral Ave. Suite 200			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0&M\end{smallmatrix}] \ / \ \begin{bmatrix}\begin{smallmatrix}D\\3\end{smallmatrix}0&0\end{smallmatrix}] \ / \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0&0\end{smallmatrix}8&8^{Y}$
City Cheyenne	State WY	Zip Code 82001		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	5000.00
Candidate Name Cynthia Lummis			Category/ Type	
Office Sought: X House Senate Presider				
State: WY District: 01 Full Name (Last, First, Middle In	2008 Congressionitial)	onal G		Transaction ID: 28865619
Rangel For Congress				Date of Disbursement
Mailing Address PO Box 5 Manhatta				111 / 03 / 2008
City New York	State NY	Zip Code 10027		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	4000.00
Candidate Name Rep. Charles B. Rangel			Category/ Type	
Office Sought: X House Senate Presider	Disbursement For: Primary X Other (sp	2008 General ecify) ▼		
State: NY District: 15	2008 Congressio	onal G		
Full Name (Last, First, Middle In Tiberi For Congress	itial)			Transaction ID: 28865621 Date of Disbursement
Mailing Address 2021 E D Suite 200	ublin Granville Road 0			111
City Columbus	State OH	Zip Code 43229		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	1000.00
Candidate Name Rep. Patrick J. Tiberi			Category/ Type	
Office Sought: X House Senate Presider	Disbursement For: Primary X Other (sp	2008 General		
	2008 Congression			
State: OH District: 12	2000 Congressio	mai G		

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	Mailing Address	PO Box 50100)					111 /	05	ŽOĎE	3 Y
	City Springfield			ate 10	Zip Code 65805			Amount of E	ach Disburse		
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	Candidate Name Rep. Roy Blur Office Sought:	nt	Disbursem	ont For:	2008		tegory/ ype				
	State: MO	X House Senate President District: 07	F	Primary Other (spe	General ecify)			Void-excee ion	max cont	ribut-	
		First, Middle Initial)	1 2000 001	191 633101	паг С			Transaction Date of Disb		9700	
	Mailing Address	P O Box 306						111 /	05	ŽOĎE	3 Y
	City Boise		St I[ate	Zip Code 83701			Amount of E	ach Disburse	ement this F	Perio
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	Candidate Name Mr. Walter Min	nnick	_				tegory/ ype				
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		First, Middle Initial)	1	<u>.g </u>				Transaction Date of Disb		156	
	Mailing Address	Post Office Bo	ox 12469					111 /	07	Ž 0 Ŏ 8	3 Y
	City Atlanta			ate A	Zip Code 30355			Amount of E	ach Disburse		
Purpose of Disbursement)11			5000.00	J
	Candidate Name Sen. Saxby Cl	nambliss					tegory/ ype				
	Office Sought:	House χ Senate		ent For: Primary Other (spe	2008 General						
		President			JULIA /						

TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check o	22 X 23 24 25 2				
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NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Association of Orthop	aedic Surgeo	ns				
Full Name (Last, First, Middle Initial)			Transaction ID: 28912308				
Adler For Congress	Date of Disbursement 1 1 2 1 2 0 0 8						
Mailing Address 14 Knightswood Drive							
City Marlton	State Zip Code NJ 08053		Amount of Each Disbursement this Period				
Purpose of Disbursement	110 00000		3000.00				
DEBT RETIREMENT		011					
Candidate Name Mr. John Adler		Category/ Type					
Senate President	sement For: 2008 Primary General X Other (specify)	•	DEBT RETIREMENT				
	Congressional G						
Full Name (Last, First, Middle Initial) Fleming For Congress			Transaction ID: 28912312 Date of Disbursement				
Mailing Address P.O. Box 1236 Box 281		111 D 21 Y Y Y O 0 8					
City Minden	State Zip Code LA 71058		Amount of Each Disbursement this Period				
Purpose of Disbursement	LA 71030		2000.00				
DEBT RETIREMENT Candidate Name		011 Category/					
Mr. John Fleming		Type					
Senate President	sement For: 2008 Primary General X Other (specify)	•	DEBT RETIREMENT				
State: LA District: 04 2008 Full Name (Last, First, Middle Initial)	Congressional G						
The National Leadership PAC			Transaction ID: 28912313 Date of Disbursement				
Mailing Address PO Box 5577			111 / 21 / 2008				
City New York	State Zip Code NY 10027		Amount of Each Disbursement this Period				
Purpose of Disbursement	NY 10027	I	5000.00				
		011					
Candidate Name The National Leadership PAC		Category/ Type					
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)						
State: District:							
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\rangle	NAME OF COMM Political Action	IITTEE (In Full) Committee of the	American A	ssociat	ion of Orthopa	edic S	Surgeo	ns								
	Full Name (Last, I Lance For Con- Mailing Address	First, Middle Initial) gress PO Box 225								action II of Disbur	_			0 ŏ 8	Y	
	City Colonia Purpose of Disbur DEBT RETIREM		Sta NJ		Zip Code 07067	0	11		Amou	nt of Eac	h Dis	burse	-	this P		d
	Candidate Name Rep. Leonard L Office Sought:	nt For:	2008		egory/ vpe		DERT	RETIR)	NIT						
	State: NJ	Senate President District: 07		rimary ther (spe gressio	• . •				NERI	KEIIH	ICIVIE	EIN I				

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TOTAL This Period (last page this line number only)	<u> </u>	267000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	LINE NUMBER: PAGE 108 / 113 sk only one)
ITEMIZED DISBURSEMENTS	for each category of the	1b 22 23 24 25 26
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NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopaedic Surg	jeons
Full Name (Last, First, Middle Initial) Andy Harris For Congress		Transaction ID: 28870290 Date of Disbursement 1 1 0 6 7 2 0 0 8
Mailing Address PO Box 1527		
City Annapolis	State Zip Code MD 21404	Amount of Each Disbursement this Period
Purpose of Disbursement Recount2008		5000.00
Candidate Name Mr. Andrew Harris	Categor Type	<u>/</u>
Office Sought: X House Disburse Senate President State: MD District: 01	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Coleman For Senate 08		Transaction ID: 28871158 Date of Disbursement
Mailing Address 680 Transfer Road Suite	Α	1 1 M M M / D D 7 / Y 2 0 0 8 Y
City St Paul	State Zip Code MN 55114	Amount of Each Disbursement this Period
Purpose of Disbursement Recount2008		5000.00
Candidate Name Sen. Norm Coleman	Category Type	1/
Office Sought: House Disburse X Senate President	ement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	rone) 22 23 24 25 26
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NAME OF COMMITTEE (In Full) Political Action Committee of the Americal	n Association of Orthopae	dic Surgeons	
Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St.			Transaction ID: 28885670 Date of Disbursement
City Chicago Purpose of Disbursement	State Zip Code IL 60675		Amount of Each Disbursement this Period
Bank fees deducted from bank account Candidate Name		001 Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Bank fees deducted from bank account
Full Name (Last, First, Middle Initial) Northern Trust Company			Transaction ID: 28885671 Date of Disbursement
Mailing Address 50 S. LaSalle St.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Chicago Purpose of Disbursement Bank fees deducted from account Candidate Name	State Zip Code IL 60675	001 Category/	Amount of Each Disbursement this Period 672.73
	ement For: Primary General	Type	Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)	•	2021.19
TOTAL This Period (last page this line number only)	•	2021.19

Other (specify)

State:

TEMIZED INDEPENDENT EX	PENDITURI	ES		PAGE 110 / 113 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Political Action Committee of the American Assition of Orthopaedic Surgeons	socia-			C C00343137
Check if 24-hour notice 48-	hour notice			
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
The White House Writers Group			M M /	22 / Y Y Y Y Y Y Y
Mailing Address			Amount	
P.O. Box 62289				190530.00
Attn: Clark S Judge			Transaction	n ID: 28787592
City	State	Zip Code		_
Baltimore	MD	21264-2289	Office Sough	- I
Purpose of Expenditure Direct Mail & Radio Advertisements 10/22		Category/ Type 004		X Senate District:
Name of Federal Candidate supported or C	pposed by expend	iture:	Check One:	X Support Oppose
Sen. Susan M. Collins			Disbursemen	t For: Primary X General
				, —
Calendar Year-To-Date Per Election		190530.00	2008	er (specify) :
for Office Sought		130300.00		
Full Name (Last, First, Middle, Initial) of Pag	yee		Date	
The White House Writers Group			1 0 /	22 / 2008
Mailing Address			Amount	
P.O. Box 62289 Attn: Clark S Judge				9900.00
			Transactio	n ID: 28787607
City Baltimore	State MD	Zip Code 21264-2289	Office Sough	
	IVID	21204-2209	-	X Senate District:
Purpose of Expenditure Radio Advertisements start 10/22/08		Category/ Type 004		Presidential
Name of Federal Candidate supported or C	pposed by expend	ture:	Check One:	X Support Oppose
Sen. John A. Barrasso, MD				
			Disbursemen	t For: Primary X General
Calendar Year-To-Date Per Election		0000.00	2008	er (specify) :
for Office Sought		9900.00	2008	
(a) SUBTOTAL of Itemized Independent Expe	enditures			200430.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized commit			
William J. Robb, III, MD Signature		Date 0 4		Y Y Y Y Y 2 0 0 9

TEMIZED INDEPENDENT EXPENDITURES	PAGE 111 / 113 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Political Action Committee of the American Association of Orthopaedic Surgeons	C C00343137
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
The White House Writers Group	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
P.O. Box 62289	50000.00
Attn: Clark S Judge	Transaction ID: 28787609
City State Zip Code	
Baltimore MD 21264-2289	Office Sought: X House State: GA
Purpose of Expenditure Radio Advertisements start 10/22/08 Category/ Type	Senate District: 06 Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Rep. Thomas E. Price, M.D.	
	Disbursement For: Primary General
Calendar Year-To-Date Per Election	X Other (specify): 2008 Congressional G
50000.00	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
The White House Writers Group	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
P.O. Box 62289	43675.00
Attn: Clark S Judge	
City State Zip Code	Transaction ID: 28808168
Baltimore MD 21264-2289	Office Sought: X House State: IL
Purpose of Expenditure	Senate District: 10
Direct Mail & Radio Advertisements 10/22	Presidential
	Check One: X Support Oppose
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Rep. Mark Steven Kirk	Disbursement For: Primary General
	X Other (specify) : 2008 Congressional G
Calendar Year-To-Date Per Election 43675.00	2008
for Office Sought	
(a) CURTOTAL of Itemized Independent Eveneditures	93675.00
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
M. W.	D D Y Y Y Y
William J. Robb, III, MD Date 0.4	20 2009
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 112 / 113 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Political Action Committee of the American Association of Orthopaedic Surgeons	C C00343137
Check if 24-hour notice 48-hour notice	O see see
Full Name (Last, First, Middle, Initial) of Payee	Date
The White House Writers Group	$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
Mailing Address	Amount
P.O. Box 62289	199400.00
Attn: Clark S Judge	Transaction ID: 28787601
City State Zip Code	
Baltimore MD 21264-2289	Office Sought: House State: MN
Purpose of Expenditure Direct Mail & Radio Advertisements 10/23 Category/ Type 004	X Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Sen. Norm Coleman	nu us Day Wa u
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) : 2008
for Office Sought	2006
Full Name (Last, First, Middle, Initial) of Payee	Date
The White House Writers Group	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
P.O. Box 62289	99300.00
Attn: Clark S Judge	Transaction ID: 28787611
City State Zip Code	
Baltimore MD 21264-2289	Office Sought: X House State: MD
Purpose of Expenditure Category/	Senate District: 01 Presidential
Direct Mail & Radio Advertisements 10/23	ricoldential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Mr. Andrew Harris	
	Disbursement For: Primary General
Calendar Year-To-Date Per Election	Other (specify) : 2008 Congressional G
for Office Sought	2008
(a) SUBTOTAL of Itemized Independent Expenditures	298700.00
(a) 555151712	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
·· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cor at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	•
William J. Robb, III, MD	20 2009
Signature	

TEMIZED INDEPENDENT EXP	PENDITURE	S				PAGE 113 / 113 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION NUMBER 🔻
Political Action Committee of the American Assotion of Orthopaedic Surgeons	ocia-				С	C00343137
Check if 24-hour notice 48-hour	our notice					
Full Name (Last, First, Middle, Initial) of Paye	ee			Date		
The White House Writers Group				1 0 /	^D 2	4
Mailing Address				Amount		
P.O. Box 62289						75000.00
Attn: Clark S Judge				Transactio	n ID:	28830093
City	State	Zip Co	de			
Baltimore	MD	21264	1-2289	Office Sough	t: X	
Purpose of Expenditure		Catagory			\vdash	Senate District: 03
Radio Advertisements 10/24/08		Category/ Type	004			Presidential
Name of Federal Candidate supported or Op	posed by expendi	ture:		Check One:	X	Support Oppose
Rep. John B. Shadegg				Disbursemen		Primary General
Calendar Year-To-Date Per Election for Office Sought		75000	.00	X Oth 2008	er (spe	cify): 2008 Congressional G

(a) SUBTOTAL of Itemized Independent Expenditures		75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		667805.00
Under penalty of perjury I certify that the independent expenditures reported h or at the request or suggestion of, any candidate or authorized committee or a committee) any political party committee or its agent.	•	
William J. Robb, III, MD Signature	Date 0 4 2	0 D 2 0 0 9 Y Y