

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343137

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2003

through

12

31

2003

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

Type or Print Name of Treasurer

James G. Davis, MD

Signature of Treasurer

Electronically Filed by James G. Davis, MD

Date

01

23

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^Y		85716.10
(b) Cash on Hand at Beginning of Reporting Period	351990.05	
(c) Total Receipts (from Line 19)	177963.84	619099.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	529953.89	704815.68
<hr/>		
7. Total Disbursements (from Line 31)	141103.36	315965.15
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	388850.53	388850.53
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	159875.00	
(ii) Unitemized	14450.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	174325.00	610152.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	174325.00	610152.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	3638.84	8947.58
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	177963.84	619099.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	177963.84	619099.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3603.36	8965.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3603.36	8965.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	137500.00	307000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	141103.36	315965.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	141103.36	315965.15

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)	174325.00	610152.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	174325.00	610152.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3603.36	6965.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	3638.84	6947.58
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-35.48	17.57

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

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

FOR LINE NUMBER: PAGE 6 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Arsal Kumar Das, Jr. MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 224 Finley Cave Rd		Transaction ID: 15527855
City Hendersonville	State NC	Zip Code 28739-8883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David W Edelstein, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 2727 W Holcombe		Transaction ID: 15527786
City Houston	State TX	Zip Code 77025-1669
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kelsey Seyhold Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Antoine I Jabbour, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address Orthopedic Surgery Center 1919 S Wheeling Ave Ste 50D		Transaction ID: 15527B47
City Tulsa	State OK	Zip Code 74104-5634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tulsa Bone & Joint Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 7 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Michael A. Jacobs, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 5801 Loch Raven Blvd Ste 405		Transaction ID: 15527775
City	State	Zip Code
Baltimore	MD	21239-2805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Clinical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Kiran, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 763 Altos Oaks Dr #2		Transaction ID: 15527777
City	State	Zip Code
Los Altos	CA	94024-5400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas A. Lombardo, Jr, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 8750 Transit Road Suite 105		Transaction ID: 15527852
City	State	Zip Code
East Amherst	NY	14051-2610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. James H Lubowitz, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 121 B-A Gusdorf Rd		Transaction ID: 15527849
City	State	Zip Code
Taos	NM	87571-6499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Taos Orthopaedic Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 475.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan R McCall, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 7447 W Talcott Ave, #500		Transaction ID: 15527743
City	State	Zip Code
Chicago	IL	60631-3716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Todd Busse Orvald, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 1515 W Yakima Ave		Transaction ID: 15527854
City	State	Zip Code
Yakima	WA	98502-2567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2475.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. William J Robb, III, MD		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2003	
Mailing Address 2401 Ravine Way		Transaction ID: 15527846	
City Glenview	State IL	Zip Code 60025-7645	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Bone & Joint Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. David P Rouben, MD		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2003	
Mailing Address 9822 Old Third Street Rd Ste 105		Transaction ID: 15528212	
City Louisville	State KY	Zip Code 40272-2847	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer River City Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Kipley J Siggard, MD		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2003	
Mailing Address 3485 S 4155 W, #5		Transaction ID: 15528292	
City West Valley City	State UT	Zip Code 84120-2081	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bert G Tardieu, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 240 San Jose St		Transaction ID: 15527853
City	State	Zip Code
Salinas	CA	93901-3898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Precision Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Vitale, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address P O Box 1099 Rt 94 Vernon Colonial Plaza		Transaction ID: 15528114
City	State	Zip Code
Mc Afee	NJ	07428-1099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Terry Jackman Beal, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 2117 S Clear Creek Rd		Transaction ID: 15527851
City	State	Zip Code
Killeen	TX	76549-4110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Philip D Bobrow, MD		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2003
Mailing Address 553D Wisconsin Ave		Transaction ID: 15528113
City Chevy Chase	State MD	Zip Code 20815-4469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James Ashley Britton, MD		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2003
Mailing Address 138D Tulip, #N		Transaction ID: 15528152
City Longmont	State CO	Zip Code 80501-3157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Russell Geel, MD		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2003
Mailing Address 501D St Hwy 30, #205		Transaction ID: 15528211
City Amsterdam	State NY	Zip Code 12010-7522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. James R. Cole, MD		Date of Receipt M / D / Y 07 / 16 / 2003
Mailing Address 401 S Van Brunt St		Transaction ID: 15528150
City Englewood	State NJ	Zip Code 07631-4804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Englewood Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alfred Ainsley Durham, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 491 D Valley View Blvd.		Transaction ID: 15676791
City Roanoke	State VA	Zip Code 24012-2036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael D. Eppig, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 677D Mayfield Rd Ste 430		Transaction ID: 15878597
City Mayfield Heights	State OH	Zip Code 44124-2299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Stanley D Haman, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address P.O. Box 895		Transaction ID: 15676794
City Deer Bay	State OR	Zip Code 97341-0895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Melburn K Huebner, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 1901 Medi Park Dr, #1D		Transaction ID: 15676397
City Amarillo	State TX	Zip Code 79106-2105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Arthur Kraftenberg, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 434 S San Vicente		Transaction ID: 15676781
City Los Angeles	State CA	Zip Code 90048-4108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Enrique Krikorian, MD		Date of Receipt M / D / Y 07 / 25 / 2003	
Mailing Address 7100 West 20th Ave Suite 101		Transaction ID: 15676792	
City Hialeah	State FL	Zip Code 33016-1853	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Stephen B Lowe, MD		Date of Receipt M / D / Y 07 / 25 / 2003	
Mailing Address 170 Kimel Park Dr		Transaction ID: 15675264	
City Winston-Salem	State NC	Zip Code 27103-6846	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Neil J Mall, MD		Date of Receipt M / D / Y 07 / 25 / 2003	
Mailing Address 525 St Mary St		Transaction ID: 15675337	
City Thibodaux	State LA	Zip Code 70301-2692	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John Jeffrey McElroy, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 181 Twin Fawn Trail		Transaction ID: 15676780
City Parkersburg	State WV	Zip Code 26104-8462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark K McKenzie, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 802 Sequoia Ct		Transaction ID: 15675267
City North Platte	State NE	Zip Code 69101-4760
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Scott A McPherson, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address Park Nicollet Clinic Hand Center 6490 Excelsior Blvd #E400		Transaction ID: 15676782
City Saint Louis Park	State MN	Zip Code 55428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Arnold R Miller, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address PD Box 637		Transaction ID: 15676598
City Laconia	State NH	Zip Code 03247-0637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Laconia Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Rodney Alan Miller, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 8739 Private Road 343		Transaction ID: 15676600
City Millersburg	State OH	Zip Code 44654-8494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rodney Alan Miller, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 8739 Private Road 343		Transaction ID: 15676795
City Millersburg	State OH	Zip Code 44654-8494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 17 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John J O'Brien, MD		Date of Receipt M / D / Y 07 / 25 / 2003	
Mailing Address 1000 Asylum Ave Ste 2108		Transaction ID: 15676784	
City Hartford	State CT	Zip Code 06105-2433	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hartford Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Stephen Ozanne, MD		Date of Receipt M / D / Y 07 / 25 / 2003	
Mailing Address 128 W Beltline Rd, #1		Transaction ID: 15676785	
City Cedar Hill	State TX	Zip Code 75104-2011	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Ricardo Orlando Pyffron, MD		Date of Receipt M / D / Y 07 / 25 / 2003	
Mailing Address 998 Wayson Way		Transaction ID: 15676803	
City Davidsonville	State MD	Zip Code 21035-2204	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John T Quigley, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 301 W Huntington Dr Ste 40B		Transaction ID: 15676604
City Arcadia	State CA	Zip Code 91007-1502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer West Coast Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ralph F Resbaum, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address Texas Back Institute 6300 W Parker Rd		Transaction ID: 15675336
City Plano	State TX	Zip Code 75069-8100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Scott Mandenthal Smith, MD		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2003
Mailing Address 323 N Painted Hills Dr		Transaction ID: 15675402
City Ivins	State UT	Zip Code 84738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 10 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Terry Smith, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 1334 Hepaki		Transaction ID: 15676602
City Kailua	State HI	Zip Code 96734-4512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joe Mack Todd, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 3920 Inwood Rd		Transaction ID: 15676786
City Fort Worth	State TX	Zip Code 76109-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Barry L. Veasey, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 2700 E 29th St #100		Transaction ID: 15675401
City Bryan	State TX	Zip Code 77802-2507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 20 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Ronald P Williams, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address Univ of TX Med School 7703 Floyd Curl Dr		Transaction ID: 15676793
City San Antonio	State TX	Zip Code 78229-3800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Texas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ronald Y G Woo, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 3015 Squalicum Pkwy, #200		Transaction ID: 15676595
City Bellingham	State WA	Zip Code 98225-1806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lee G Woods, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 13203 Hadley St, #104		Transaction ID: 15676805
City Whittier	State CA	Zip Code 90601-4527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 21 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Nicholas J Yekan, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address Van Demark Orthopaedic Specialists North Center		Transaction ID: 15675399
City Sioux Falls	State SD	Zip Code 57104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Van Demark Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mels Agren, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 5 Bucknam Rd Ste 1H		Transaction ID: 15676596
City Falmouth	State ME	Zip Code 04105-1208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Falmouth Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gregory M Bakourdas, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 4101 Randolph St		Transaction ID: 15676359
City San Diego	State CA	Zip Code 92103-1342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 22 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. James Vincent Bruno, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 37832 Atkins Knoll		Transaction ID: 15675397
City Oconomowoc	State WI	Zip Code 53066-4702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Aurora Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey W Cook, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address Franklin Ortho & Sports Med 3310 Aspen Grove Dr, #102		Transaction ID: 15676594
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Franklin Ortho & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Hussein Elkouay, MD		Date of Receipt M / D / Y 07 / 25 / 2003
Mailing Address 15200 Southwest Frwy Ste 29D		Transaction ID: 15676789
City Sugar Land	State TX	Zip Code 77478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 23 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Alan R Dunn, MD		Date of Receipt M / D / Y 07 / 28 / 2003
Mailing Address 1790 Sans Souci Blvd		Transaction ID: 15677032
City North Miami	State FL	Zip Code 33181-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jack Farr, II, MD		Date of Receipt M / D / Y 07 / 28 / 2003
Mailing Address 5255 E Stop 11 Rd Ste 300		Transaction ID: 15677034
City Indianapolis	State IN	Zip Code 46237-6340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jerold E Lancourt, MD		Date of Receipt M / D / Y 07 / 28 / 2003
Mailing Address 7777 Forest Ln		Transaction ID: 15677041
City Dallas	State TX	Zip Code 75230-2505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer North Dallas Ortho & Rehab	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 24 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Minkoff, MD		Date of Receipt M / D / Y 07 / 28 / 2003
Mailing Address 2900 N Military Trail Ste 241A		Transaction ID: 15677039
City Boca Raton	State FL	Zip Code 33431-6365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Derrick D Phillips, MD		Date of Receipt M / D / Y 07 / 28 / 2003
Mailing Address 360 Hospital Dr, #D-130		Transaction ID: 15677031
City Macon	State GA	Zip Code 31217-3874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Arle Salzman, MD		Date of Receipt M / D / Y 07 / 28 / 2003
Mailing Address 308 Emerald Lake Drive		Transaction ID: 15677033
City Laredo	State TX	Zip Code 76041-1525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 25 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Bradford A. Urquhart, MD		Date of Receipt M / D / Y 07 / 28 / 2003	
Mailing Address 1315 St Joseph Pkway Ste 800		Transaction ID: 15677038	
City Houston	State TX	Zip Code 77002-8230	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Blane A. Woodfin, MD		Date of Receipt M / D / Y 07 / 28 / 2003	
Mailing Address Teton Orthopaedics PC 555 E Broadway		Transaction ID: 15677038	
City Jackson	State WY	Zip Code 83002	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Teton Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Frank J. Elamork, MD		Date of Receipt M / D / Y 08 / 05 / 2003	
Mailing Address Univ of Miami PO Box 016980 (D-27)		Transaction ID: 15744892	
City Miami	State FL	Zip Code 33101-6580	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 26 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Gregg P Hartman, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 3695 Alamo St Ste 100		Transaction ID: 15744895
City Simi Valley	State CA	Zip Code 93063-2188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ventura Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert S Kramer, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 234 Brooktrail Ct		Transaction ID: 15744894
City Saint Louis	State MO	Zip Code 63141-8303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Metropolitan Orthopedics LTD	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kevin C McLeod, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 291D Cypress Dr		Transaction ID: 15744889
City Arkadelphia	State AR	Zip Code 71923-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 27 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Bernard Andrew Pfeifer, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 41 Mall Rd		Transaction ID: 15744888
City Burlington	State MA	Zip Code 01805-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lahey Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Andrew V Slucky, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 3100 Telegraph Rd, #1000		Transaction ID: 15744891
City Oakland	State CA	Zip Code 94609-3210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William N Weisinger, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 4700 Waters Ave Suite 407, Center for Advanced Med		Transaction ID: 15744898
City Savannah	State GA	Zip Code 31404-6283
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 28 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Frank Eugene Whitney, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 940 Sylva Ln, #E		Transaction ID: 15744893
City Sonora	State CA	Zip Code 95370-5869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark D Brown, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address Orthopaedics & Rehabilitation University of Miami		Transaction ID: 15744897
City Miami	State FL	Zip Code 33101-6860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Miami School of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John H Buckner, MD		Date of Receipt M / D / Y 08 / 05 / 2003
Mailing Address 321 S Riverside Ave		Transaction ID: 15744887
City Croton On Hudson	State NY	Zip Code 10520-2543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 28 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Christopher S Durant, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 350 S Broadway		Transaction ID: 15825028
City Hicksville	State NY	Zip Code 11801-5074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul J Duwaluk, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address Orthopaedic & Fracture Clinic 9427 SW Barnes Rd #490		Transaction ID: 15825040
City Portland	State OR	Zip Code 97225-6606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kahale Kooe Eaton, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 1001 37th St N, #C		Transaction ID: 15825037
City Saint Petersburg	State FL	Zip Code 33713-6010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lakeside Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 30 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mark B Hartman, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 1001 Blythe Blvd Ste 200 Attn: Fran		Transaction ID: 15825091
City	State	Zip Code
Charlotte	NC	28203-5863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Total Spine Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David R Kingery, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 145D Matthews Township Pkwy Suite 150		Transaction ID: 15825090
City	State	Zip Code
Matthews	NC	28105-2387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Miller Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ira H Kirshenbaum, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 244 Westchester Ave Ste 205		Transaction ID: 15825028
City	State	Zip Code
White Plains	NY	10604-2500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 31 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John W McCutchen, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 1285 Orange Ave		Transaction ID: 15825038
City Winter Park	State FL	Zip Code 32789-4849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jewett Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jack G McNeil, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 385D Laurel St		Transaction ID: 15825027
City Beaumont	State TX	Zip Code 77707-2287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Beaumont Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John B Maade, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 808 Circle Dr		Transaction ID: 15825038
City Monroe	State NC	Zip Code 28112-5800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 32 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Susan N Pick, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address PD Box 568		Transaction ID: 15825095
City Crossville	State TN	Zip Code 38557-0568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Plateau Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark F Piscopo, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 4 Elliot Way, #100		Transaction ID: 15825090
City Manchester	State NH	Zip Code 03103-3551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Merrimack Valley Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul Platner, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 2300 N Vermilion St		Transaction ID: 15825092
City Danville	State IL	Zip Code 61832-7459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Corte Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 33 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Eric S Watson, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address Carondelet Orthopaedic Surgeons, P Carondelet Medical Bldg.		Transaction ID: 15825025
City Kansas City	State MO	Zip Code 64114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James N Weinstein, DO MS		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address Dept. of Orthopaedic Surgery Dartmouth Hitchcock Med Ctr		Transaction ID: 15825029
City Lebanon	State NH	Zip Code 03756-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dartmouth Hitchcock Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Nicholas Blawsky, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 225 S Clark St		Transaction ID: 15825034
City Butte	State MT	Zip Code 59701-1599
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 34 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Ross N Brudenell, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 3524 North Point Dr		Transaction ID: 15825033
City Anchorage	State AK	Zip Code 99502-1519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John H Buckner, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 321 S Riverside Ave		Transaction ID: 15825023
City Croton On Hudson	State NY	Zip Code 10520-2943
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William S Buncick, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address Bone & Joint Clinic 1202 Louisiana Ave		Transaction ID: 15825088
City Shreveport	State LA	Zip Code 71101-3910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 35 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John F Burns, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 1145 Broadway		Transaction ID: 15825086
City Seattle	State WA	Zip Code 98122-4289
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Poly Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Laura Senunas Phieffer, MD		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 10809 Church Hill Dr.		Transaction ID: 15825096
City Powell	State OH	Zip Code 43065-8629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ohio State University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael W Funderburk, MD		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 110 Dillon Drive		Transaction ID: 15829509
City Spartanburg	State SC	Zip Code 29307-1065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 36 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Sigvard T Hansen, Jr. MD		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address Harborview Medical Ctr Foot & Ankle, Box 358769		Transaction ID: 15829373
City Seattle	State WA	Zip Code 98104-2499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Washington	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert E Mitchell, MD		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 895 Hill Country Dr, #B		Transaction ID: 15829376
City Kerrville	State TX	Zip Code 78028-5977
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Christopher E Olson, MD		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 1134 Los Ebanos Blvd		Transaction ID: 15829374
City Brownsville	State TX	Zip Code 78520-6730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 37 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael J Pushkarewicz, MD		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address Southern Chester County Medical Of 1011 W. Baltimore Pike Ste. 112		Transaction ID: 15829511
City West Grove	State PA	Zip Code 19380
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 475.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Susan Seherl, MD		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 10508 Burt Circle University of Nebraska Medical Cen		Transaction ID: 15829372
City Omaha	State NE	Zip Code 68114-2094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Nebraska	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Balazs B Somogyi, MD		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 10 George Ave		Transaction ID: 15829375
City Cheshire	State CT	Zip Code 06410-2558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	975.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Gunnar B J Andersson, MD		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address Rush Presbyterian St Lukes Med Ctr 1653 W Congress Parkway		Transaction ID: 15829512
City Chicago	State IL	Zip Code 60612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Midwest Orthopaedics at Rush	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Albert Johnson, MD		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address 1081 Route 22 W		Transaction ID: 15911605
City Bridgewater	State NJ	Zip Code 08807-2921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Somerset Orthopaedic Assoc. PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles V Telf, MD		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address 170 Kimel Park Drive		Transaction ID: 15911608
City Winston-Salem	State NC	Zip Code 27103-6548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Specialists of the Caroln	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 38 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Michael T Hevig, MD		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 1112 Goodlette Rd N #100		Transaction ID: 15889160
City Naples	State FL	Zip Code 34102-5493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John H Healey, MD		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address Chief Orthopaedic Service Memorial Sloan-Kettering Cancer Ce		Transaction ID: 15889335
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jefferson J Kaye, MD		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 1514 Jefferson Hwy LT-7		Transaction ID: 15889199
City Jefferson	State LA	Zip Code 70121-2483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 40 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew David Markewitz, MD		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 10700 Montgomery Rd Ste 150		Transaction ID: 15889192
City Cincinnati	State OH	Zip Code 45242-3255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hand Surgery Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ronald Wayne Rocco, MD		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 12700 Calle Del Oso NE		Transaction ID: 15889044
City Albuquerque	State NM	Zip Code 87111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James L Shivaly, MD		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 280 W MacArthur Blvd		Transaction ID: 15889045
City Oakland	State CA	Zip Code 94611-5693
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 41 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Robert R Slater, Jr, MD		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 2057 Boulder Mine Way		Transaction ID: 15889049
City Gold River	State CA	Zip Code 95670-8365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Maurice Brown, MD		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address # 1 14th Ave SW		Transaction ID: 15889539
City Polson	State MT	Zip Code 59860-5306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas W Gurray, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 975 E. 3rd. St. Box 280		Transaction ID: 16497030
City Chattanooga	State TN	Zip Code 37403-2163
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer University Orthopaedics, LLC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 42 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Michael C Dussault, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 248 McHenry St		Transaction ID: 16497067
City Burlington	State WI	Zip Code 53105-1860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Burlington Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daniel E Gelb, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address University of Maryland Orthopaedic Associates PA		Transaction ID: 16497028
City Baltimore	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Maryland	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Andrew P Harkins, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address Carolina Sports Medicine & Orthopa 104 A Professional Park		Transaction ID: 16497039
City Gaffney	State SC	Zip Code 29340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Columbus Orthopaedic Care Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 43 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Chris Steven Helmstedter, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address 524 Roses Rd		Transaction ID: 16497070
City San Gabriel	State CA	Zip Code 91775-2206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SCPMG Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David L Higgins, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address 4701 Randolph Rd Ste G4		Transaction ID: 16497046
City Rockville	State MD	Zip Code 20852-2259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Maryland Sports Medicine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen M Hirasuna, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address 321 N Kuakini St, #403		Transaction ID: 16497073
City Honolulu	State HI	Zip Code 96817-2357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 44 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Brian E Kazer, MD		Date of Receipt M / D / Y 08 / 29 / 2003	
Mailing Address 2000 Tenth Ave Ste 270		Transaction ID: 16497040	
City Columbus	State GA	Zip Code 31901-3700	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Columbus Orthopaedic Care Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Richard F Leubangayer, MD		Date of Receipt M / D / Y 08 / 29 / 2003	
Mailing Address 259 South Shore Ln		Transaction ID: 16497075	
City Klamath Falls	State OR	Zip Code 97601-9111	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Eric Brian Loxer, MD		Date of Receipt M / D / Y 08 / 29 / 2003	
Mailing Address 1915 Randolph Rd		Transaction ID: 16497052	
City Charlotte	State NC	Zip Code 28207-1113	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John W McAlister, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address 112 Piper Hill Drive Ste 9		Transaction ID: 16497054
City Saint Peters	State MO	Zip Code 63376-1690
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St Peters Bone & Joint Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Reginald V S McCoy, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address 340 Dardanelli Lane #14-A		Transaction ID: 16497047
City Los Gatos	State CA	Zip Code 95032-1418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John W McGrall, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address 241 Paddock Ct		Transaction ID: 16497065
City Delaware	State OH	Zip Code 43015-1370
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Delaware Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 46 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. James D McKinney, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 404 N Hickory Ave		Transaction ID: 16497025
City Cookeville	State TN	Zip Code 38501-2431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Patrick V McMahon, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 286 White Plains Rd		Transaction ID: 16497031
City Eastchester	State NY	Zip Code 10709-4429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Moore, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 346 E 800 South		Transaction ID: 16497059
City Saint George	State UT	Zip Code 84770-3549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 47 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. William Edward Moss, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 4801 Manslick Road Suite 100		Transaction ID: 16497050
City Louisville	State KY	Zip Code 40216-4087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Mark A Piazio, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 145 Hospital Ave Ste 311		Transaction ID: 16497032
City Du Bois	State PA	Zip Code 15801-1465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Mitchell Z Potek, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 4372 Geisler's Ct		Transaction ID: 16497051
City Bloomfield Hills	State MI	Zip Code 48301-1233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 48 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony G.A. Pollock, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 825 N Emporia St		Transaction ID: 16497057
City Wichita	State KS	Zip Code 67214-3794
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gary R Pollock, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address Ste 105 4642 N Loop 28B		Transaction ID: 16497045
City Lubbock	State TX	Zip Code 79416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen W Rippl		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 5805 W. Eugie Suite 111		Transaction ID: 16497034
City Glendale	State AZ	Zip Code 85304-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Phoenix Orthopaedic Consult- ants PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 48 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Jon A Simpson, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address Cumberland Orthopaedics 645 S Main St Ste 104		Transaction ID: 16497068
City Crossville	State TN	Zip Code 38555-5009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cumberland Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lex A Simpson, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 10763 Blackhawk Street		Transaction ID: 16497027
City Plantation	State FL	Zip Code 33324-2181
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark J Ginnreth, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address Extremity Preservation, Inc 4701 Meridian Ave		Transaction ID: 16497063
City Miami Beach	State FL	Zip Code 33140-2510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Extremity Preservation, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 950.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 60 / 141

(check only one)

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

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David M Smink, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003	
Mailing Address 9303 Adelaide Drive		Transaction ID: 16497029	
City Bethesda	State MD	Zip Code 20817-2429	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard Vanguard Medical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Daniel D Weed, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003	
Mailing Address 9411 N Oak Trafficway #240		Transaction ID: 16497071	
City Kansas City	State MO	Zip Code 64155-2262	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Charles R Williams, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003	
Mailing Address Sta H 804 Medical Circle Dr		Transaction ID: 16497069	
City Longview	State TX	Zip Code 75605	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer East Texas Orthopaedic Cl- Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Marshall Paul Alegria, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address Bethany Commons 1 Bethany Rd & Route 35		Transaction ID: 16497043
City Hazlet	State NJ	Zip Code 07730-1663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert J Bielski, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address 216D S 1st Ave Dept of Ortho		Transaction ID: 16497036
City Maywood	State IL	Zip Code 60153-5500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Loyola University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael W Britt, MD		Date of Receipt M / D / Y Y Y Y 08 / 29 / 2003
Mailing Address 601 Texan Trail Suite 300		Transaction ID: 16497048
City Corpus Christi	State TX	Zip Code 78411-2547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 52 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. August R. Buerkle, Jr. MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 8846 Buckley Road		Transaction ID: 16497033
City North Syracuse	State NY	Zip Code 13212-4269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Laurie E Hirsch, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 2101 Chestnut Ave Apt 915		Transaction ID: 16497061
City Philadelphia	State PA	Zip Code 19109-3108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alhart Ironside Health Network	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William DB Hiller, MD		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 67-1123 Mamalahoa Hwy Ste 116		Transaction ID: 16497074
City Kamuela	State HI	Zip Code 96743-6451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 63 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Nick M DiGiovine, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address Butte Ortho & Fracture Clinic 225 S Clark St		Transaction ID: 16894412
City Butte	State MT	Zip Code 59701-1515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Butte Ortho & Fracture Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Howard I Freedberg, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 1691 S Roubie 59		Transaction ID: 16894432
City Bartlett	State IL	Zip Code 60103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Suburban Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian P Hacht, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 7595 County Road 238		Transaction ID: 16894425
City Findlay	State OH	Zip Code 45840-6738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 54 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Silvester Lango, MD		Date of Receipt M / D / Y 09 / 12 / 2003	
Mailing Address 435 E 57th St		Transaction ID: 16894413	
City New York	State NY	Zip Code 10022-3062	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. H B Morgan, Jr, MD		Date of Receipt M / D / Y 09 / 12 / 2003	
Mailing Address 569D N Fresno St, #110		Transaction ID: 16894338	
City Fresno	State CA	Zip Code 93710-8332	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Ronald Joseph Moser, MD		Date of Receipt M / D / Y 09 / 12 / 2003	
Mailing Address 301 W 1st St		Transaction ID: 16894433	
City Dayton	State OH	Zip Code 45402-3033	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 55 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John M. Murray, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 20 Hope Avenue Suite 310		Transaction ID: 16894336
City	State	Zip Code
Waltham	MA	02453-2717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James W. Renne, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 421 Chestnut St		Transaction ID: 16894339
City	State	Zip Code
Evansville	IN	47713-1297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Welham Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Anthony LB Rhodes, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 604 Tall Pines Ln		Transaction ID: 16894340
City	State	Zip Code
Horsham	PA	19044-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 66 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Richard C. Richley, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 3434 Midway Dr, #2001		Transaction ID: 16894415
City San Diego	State CA	Zip Code 92110-4824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. K. Daniel Riaw, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address Dept of Orthopaedic Surgery West Pavilion, Suite 11300		Transaction ID: 16894427
City Saint Louis	State MO	Zip Code 63110-1094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter D. Stawides, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 11740 Bob White Ln		Transaction ID: 16894333
City Robinson	State IL	Zip Code 62454-5710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 57 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ralph N Steiger, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 1250 S. Sunset #350		Transaction ID: 16894331
City West Covina	State CA	Zip Code 91790-3863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David R Steinberg, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address Penn Orthopaedic Inst 1 Cupp Pavilion		Transaction ID: 16894419
City Philadelphia	State PA	Zip Code 19104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Leiland C Stoddard, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 804 Pinckney S		Transaction ID: 16894417
City Beaufort	State SC	Zip Code 29502-4748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coastal Orthopaedic Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 58 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Kevin Addington Weidman, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 2315 N Lake Dr Ste 803		Transaction ID: 16894421
City Milwaukee	State WI	Zip Code 53211-4527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Barry A. Wenies, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address Ortho Center of Illinois 1800 W Walnut		Transaction ID: 16894430
City Jacksonville	State IL	Zip Code 62650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ortho Center of Illinois	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. W Bruce Brown, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 301B W Main St		Transaction ID: 16894420
City Russellville	State AR	Zip Code 72801-2485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 58 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Robert T Burks, MD		Date of Receipt M / D / Y 09 / 12 / 2003
Mailing Address 50 N Medical Dr		Transaction ID: 16894335
City Salt Lake City	State UT	Zip Code 84132-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Utah	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Roy Cunningham, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address P O Box 0		Transaction ID: 16921131
City Columbia	State MO	Zip Code 65205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Columbia Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James A D'Antonio, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 725 Cherrington Pkwy, #200		Transaction ID: 16921463
City Moon Township	State PA	Zip Code 15108-4318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 60 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Robert A Dodds, DO		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 368D NW Samaritan Dr		Transaction ID: 16921328
City Corvallis	State OR	Zip Code 97330-3781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Corvallis Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frederick John Hansel, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 5904 85th Street		Transaction ID: 16921132
City Lubbock	State TX	Zip Code 79424-3600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. R Bruce Heppenstal, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address Univ of Pennsylvania Hosp Dept of Ortho		Transaction ID: 16921141
City Philadelphia	State PA	Zip Code 19104-4271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 61 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. John W Lamb, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 201 D Church St Ste 720		Transaction ID: 16921133
City Nashville	State TN	Zip Code 37203-2012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey McLaughlin, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address Kennedy Center for Hip & Knee, SC 2700 W Ninth Ave Suite 125		Transaction ID: 16921134
City Oshkosh	State WI	Zip Code 54904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Anthony S Melillo, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 1051 Pineloch Dr Ste 100		Transaction ID: 16921418
City Houston	State TX	Zip Code 77062-2733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 62 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. James Sidney Mulhollen, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 1 St Vincent Cir, #41 D		Transaction ID: 16921138
City Little Rock	State AR	Zip Code 72205-5409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ray Payne, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 230 Clearfield Ave Ste 124		Transaction ID: 16921374
City Virginia Beach	State VA	Zip Code 23462-1832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Atlantic Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Roger G Pollock, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 22 Denison Drive		Transaction ID: 16921145
City Saddle River	State NJ	Zip Code 07458-2819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 63 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Steven E Raser, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address Inter Mountain Ortho. 600 N Robbins Rd.		Transaction ID: 16921461
City Boise	State ID	Zip Code 83702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Intermountain Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William G Sale, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 100 Tracy Way		Transaction ID: 16921326
City Charleston	State WV	Zip Code 25311-1257
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bone & Joint Surgeons, In- c.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven Aaron Shapiro, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 1714 West Anklam Ste 104		Transaction ID: 16921329
City Tucson	State AZ	Zip Code 85745-2690
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Saguaro Orthopedic Associ- ates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 64 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jonathan Jacob Silver, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 515 Halevy Drive		Transaction ID: 16921142
City Cedarhurst	State NY	Zip Code 11516-1011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John F Tompkins, II, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address PO Box 28901 WP 1380		Transaction ID: 16921144
City Oklahoma City	State OK	Zip Code 73190-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Oklahoma	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter White Whitfield, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 201 E Wendover Ave		Transaction ID: 16921139
City Greensboro	State NC	Zip Code 27401-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 65 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Richard J Alioto, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 129 LaFoy Drive		Transaction ID: 16921143
City Clayton	State NC	Zip Code 27520-6622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James J Chimento, MD		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 1925 E Orman, #A435		Transaction ID: 16921331
City Pueblo	State CO	Zip Code 81004-3544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Donald A deGrange, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 3366 East Thousand Oaks Blvd 2nd Floor		Transaction ID: 17040479
City Thousand Oaks	State CA	Zip Code 91362-3443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 66 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard L Florio, MD		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2003
Mailing Address 10 Falkirk Ln		Transaction ID: 17040493
City Hillsborough	State CA	Zip Code 94010-7210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kaiser Health	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William A Healy, III, MD		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2003
Mailing Address 196 E Main St		Transaction ID: 17040478
City Huntington	State NY	Zip Code 11743-2922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph M Lana, MD		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2003
Mailing Address Hospital for Special Surgery 535 E 70th St		Transaction ID: 17040453
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 67 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Casey K Lee, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 556 Eagle Rock Ave.		Transaction ID: 17040457
City Roseland	State NJ	Zip Code 07068-1503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John T Rich, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 231 Northern Blvd		Transaction ID: 17040485
City Clarks Summit	State PA	Zip Code 18411-9189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scranton Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jerold M Sherman, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address A Medical Corporation PMB #162		Transaction ID: 17040491
City Santa Monica	State CA	Zip Code 90405-2588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 68 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel T Stein, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 11180 Warner Ave, #311		Transaction ID: 17040454
City Fountain Valley	State CA	Zip Code 92708-4055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Coastline Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward A Stokol, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address PO Box 616		Transaction ID: 17040484
City Petoskey	State MI	Zip Code 49770-0616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven Marc Stoller, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 30 W Century Rd		Transaction ID: 17040452
City Paramus	State NJ	Zip Code 07652-1408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 68 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. William S Sutherland, MD		Date of Receipt M / D / Y 09 / 26 / 2003	
Mailing Address 150 Route 1 Bypass		Transaction ID: 17040456	
City Portsmouth	State NH	Zip Code 03801-7111	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Edward F W Swan, MD		Date of Receipt M / D / Y 09 / 26 / 2003	
Mailing Address 1901 Jess Parrish Ct		Transaction ID: 17040482	
City Titusville	State FL	Zip Code 32796-2197	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Steven R Yegge, MD		Date of Receipt M / D / Y 09 / 26 / 2003	
Mailing Address 1221 Arroyo Crest		Transaction ID: 17040495	
City Redlands	State CA	Zip Code 92373-6564	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 70 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Robert J Zehr, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address Cleveland Clinic Naples 6101 Pine Ridge Rd		Transaction ID: 17040451
City Naples	State FL	Zip Code 34119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James F Zushman, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 1 Shrader St, #65D		Transaction ID: 17040490
City San Francisco	State CA	Zip Code 94117-1036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Duane R Anderson, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 920 Ironwood Dr, #B		Transaction ID: 17040488
City Coeur d'Alene	State ID	Zip Code 83814-2463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 71 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Bernard R Bach, Jr, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 1020 Franklin Ave		Transaction ID: 17040455
City River Forest	State IL	Zip Code 60305-1339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Midwest Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Martin Allen Baggett, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 250 MANSFIELD DRIVE		Transaction ID: 17040483
City Hawkinsville	State GA	Zip Code 31036-2068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Girdhar Bana, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 2512 Versailles Ave Unit 103		Transaction ID: 17040450
City Naperville	State IL	Zip Code 60540-1588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Parkview Musculoskeletal Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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

FOR LINE NUMBER: PAGE 72 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Deepak Virjeebhai Chavda, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 8251 Bedford-Euless Road Ste 210		Transaction ID: 17040486
City North Richland Hill	State TX	Zip Code 76180-7200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Texas Bone & Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Sean C Choi, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 1907 Park Ave		Transaction ID: 17040492
City South Plainfield	State NJ	Zip Code 07080-5530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Jersey Orthopaedi- cs	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard H Gobden, MD		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address Alaska Orthopaedic Society 1001 Noble St		Transaction ID: 17040489
City Fairbanks	State AK	Zip Code 99701-4548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alaska Orthopaedic Society	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 73 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Douglas Harper, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 4702 Mulberry		Transaction ID: 17052281
City Woodward	State OK	Zip Code 73801-3854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Seth Kane, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 277 FOREST AVENUE STE. 201		Transaction ID: 17052271
City Paramus	State NJ	Zip Code 07652-5410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Dante A. Maria, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 203 Professional Center #1 1D Medical Park Ste 203		Transaction ID: 17052272
City Wheeling	State WV	Zip Code 26003-6389
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 475.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	925.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 74 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Kenneth A Martin, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 8907 Kanis Rd Ste 330		Transaction ID: 17052289
City Little Rock	State AR	Zip Code 72205-6449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 834.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David H McCord, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address P O Box 158899 c/o Tennessee Spine Center		Transaction ID: 17052282
City Nashville	State TN	Zip Code 37215-8899
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tennessee Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James M Retrier, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 498F Shoup Ave West #F		Transaction ID: 17052298
City Twin Falls	State ID	Zip Code 83301-5045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 75 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. William P Rix, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 1181 Union Street		Transaction ID: 17052276
City Manchester	State NH	Zip Code 03104-2240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Harvey S Sichaman, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 1777 Hamburg Tpke, #205		Transaction ID: 17052283
City Wayne	State NJ	Zip Code 07470-5243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Eyed A.Zahr, MD		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 179 Woodland Dr, #100		Transaction ID: 17052281
City Beckley	State WV	Zip Code 25801-5149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 76 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Edward M Crasland, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 1521 Anthony Rd (10)		Transaction ID: 17268079
City Augusta	State GA	Zip Code 30904-4821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Augusta Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert P Cusick, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 810D E 22nd St N Bldg 2200		Transaction ID: 17268069
City Wichita	State KS	Zip Code 67226-2388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William G DeLong, Jr, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Temple Sports Medicine 1 Greentree Center, Ste#104		Transaction ID: 17245495
City Marlton	State NJ	Zip Code 08053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 77 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John R Denton, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 88-25 153rd St Dept of Ortho		Transaction ID: 17288078
City Jamaica	State NY	Zip Code 11432-3731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Neal S ElAttrache, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 8901 Park Terrace Dr		Transaction ID: 17245532
City Los Angeles	State CA	Zip Code 90045-1539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Karlun Joba Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Holmstrom, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Alta View Orthopaedics 9720 S 1300 E, #E240		Transaction ID: 17246333
City Sandy	State UT	Zip Code 84064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alta View Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 78 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Lawrence G Lenke, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Washington Univ Med Ctr One Barnes Jewish Hospital Plaza		Transaction ID: 17246330
City Saint Louis	State MO	Zip Code 63110-1094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Lee Leonard, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 144B S College Rd Attn: Kathy		Transaction ID: 17246332
City Lafayette	State LA	Zip Code 70503-2917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lawrence Lewenthal, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 801 W Temple Ave		Transaction ID: 17245499
City Effingham	State IL	Zip Code 62401-2168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 78 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Stuart Eric Levine, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 213 N Center Dr		Transaction ID: 17245500
City North Brunswick	State NJ	Zip Code 08902-4807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Olaf U Lieberg, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 875 Pre Emption Rd		Transaction ID: 17245498
City Geneva	State NY	Zip Code 14456-2086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jay M Lipka, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 10301 Kanis Rd		Transaction ID: 17245501
City Little Rock	State AR	Zip Code 72205-6205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orho Arkansas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 80 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard M Little, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Queen City Med Center 1420 10th St		Transaction ID: 17245494
City Spearfish	State SD	Zip Code 57783
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward C Littlejohn, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 14911 National Ave, Ste 3		Transaction ID: 17245506
City Los Gatos	State CA	Zip Code 95032-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Baron Lonner, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 212 E 89th St		Transaction ID: 17245540
City New York	State NY	Zip Code 10021-5705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Scoliosis Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 81 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Arbu Nader, MD		Date of Receipt M / D / Y Y Y Y 10 / 24 / 2003
Mailing Address 236 East Cedar Dr		Transaction ID: 17245496
City	State	Zip Code
Pikeville	KY	41501-2021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brian W Nelson, MD		Date of Receipt M / D / Y Y Y Y 10 / 24 / 2003
Mailing Address 305D Centre Pointe Dr, #200		Transaction ID: 17245538
City	State	Zip Code
Roseville	MN	55113-1179
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Physician Neck and Back Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph E Noonan, Jr. MD		Date of Receipt M / D / Y Y Y Y 10 / 24 / 2003
Mailing Address 8039 SE 45th St		Transaction ID: 17245538
City	State	Zip Code
Mercer Island	WA	98040-3505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 82 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Gary F Rogers, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Children's Hospital Division of Plastic Surgery		Transaction ID: 17245539
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Boston Plastic and Oral Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Leon Roof, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 535 E 70th St		Transaction ID: 17245527
City New York	State NY	Zip Code 10021-4838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James A. Roacker, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 3130 Southwest 89th Street Suite #100		Transaction ID: 17245525
City Oklahoma City	State OK	Zip Code 73159-7500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 83 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Lawrence Michael Rubens, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Physicians Clinic Norfolk Med Grp 301 N 27th St		Transaction ID: 17245529
City Norfolk	State NE	Zip Code 68701-4457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Norfolk Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kevin L Smith, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 7713 Ridge Dr NE		Transaction ID: 17268077
City Seattle	State WA	Zip Code 98115-5242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Washington	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven Andrew Stuehn, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 301 E 17th St		Transaction ID: 17268081
City New York	State NY	Zip Code 10003-5859
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 84 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael J Archibeck, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 440B Chinlee Ave		Transaction ID: 17245497
City	State	Zip Code
Albuquerque	NM	87110-5715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert A Ariano, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Univ. of Connecticut Dept of Ortho 1D Talcott Notch- Dept of Orthopae		Transaction ID: 17268086
City	State	Zip Code
Farmington	CT	06034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Armando Avalo, Jr, MD		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 22 Tuscany Lane		Transaction ID: 17268085
City	State	Zip Code
Washington	PA	15301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 85 / 141

(check only one)

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

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David L Axon, MD		Date of Receipt M / D / Y 10 / 24 / 2003	
Mailing Address Millcreek Medical Center 4512 Kirkwood Hwy #300B		Transaction ID: 17245533	
City Wilmington	State DE	Zip Code 19808	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Brian A Rowan, MD		Date of Receipt M / D / Y 10 / 24 / 2003	
Mailing Address Coastal Orthopaedic & Sports Med C 7710 South US Highway 1		Transaction ID: 17245524	
City Port Saint Lucie	State FL	Zip Code 34952	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Louis Charles Rose, MD		Date of Receipt M / D / Y 10 / 24 / 2003	
Mailing Address 305B East Tremont Ave		Transaction ID: 17245528	
City Bronx	State NY	Zip Code 10461-5728	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 86 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Karen L Hackett, , FACHE, C		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 185 N Canal St, #512		Transaction ID: 17288068
City Chicago	State IL	Zip Code 60606-1504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Academy of Orthopaedic Surgeon	Occupation Chief Executive Officer	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert L Friedman, , MD		Date of Receipt M / D / Y 10 / 27 / 2003
Mailing Address Ortho. Assoc. of The Grt. Lehigh V 3735 Easton Nazareth Hwy.		Transaction ID: 17246539
City Easton	State PA	Zip Code 18045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ortho Assoc of Greater Le-High Valley	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Nie R LeStrange, , MD		Date of Receipt M / D / Y 10 / 27 / 2003
Mailing Address 1800 S Federal Hwy 10th Fl		Transaction ID: 17246541
City Pompano Beach	State FL	Zip Code 33062-7500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 87 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Mark D Locke, MD		Date of Receipt M / D / Y 10 / 27 / 2003
Mailing Address 14 Medical Park, #200		Transaction ID: 17246536
City Columbia	State SC	
Zip Code 29203		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Carl L Nelson, MD		Date of Receipt M / D / Y 10 / 27 / 2003
Mailing Address 4301 W Markham St #531		Transaction ID: 17246536
City Little Rock	State AR	
Zip Code 72205-7101		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jonathan McKee Archer, MD		Date of Receipt M / D / Y 10 / 27 / 2003
Mailing Address 437 Cedar Ave		Transaction ID: 17246540
City Paramus	State NJ	
Zip Code 07652-5740		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 88 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Sarah A. Labib, MD		Date of Receipt M / D / Y 10 / 28 / 2003	
Mailing Address The Emory Clinic 1365 Clifton Rd NE		Transaction ID: 17262434	
City Atlanta	State GA	Zip Code 30322-0001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emory Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. William C. McMaster, MD		Date of Receipt M / D / Y 10 / 28 / 2003	
Mailing Address 131 D W Stewart Dr, #5D8		Transaction ID: 17262436	
City Orange	State CA	Zip Code 92668-3856	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. John William Miles, III, MD		Date of Receipt M / D / Y 10 / 28 / 2003	
Mailing Address 451 D Viewridge Ave		Transaction ID: 17268089	
City San Diego	State CA	Zip Code 92123-1689	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew N Pollak, MD		Date of Receipt M / D / Y Y Y Y 10 / 28 / 2003
Mailing Address Dept of Orthopaedics Division of Orthopaedic Trauma		Transaction ID: 17262439
City Baltimore	State MD	Zip Code 21201-1544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert A Steele, MD		Date of Receipt M / D / Y Y Y Y 10 / 28 / 2003
Mailing Address Medical Arts Pavilion 4745 Ogletown-Stanton Rd, #225		Transaction ID: 17262440
City Newark	State DE	Zip Code 19713-2074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark R Brinker, MD		Date of Receipt M / D / Y Y Y Y 10 / 28 / 2003
Mailing Address Texas Orthopaedic Hospital 7401 S Main		Transaction ID: 17262438
City Houston	State TX	Zip Code 77030-4509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 00 / 141

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jose A Calzao-Bonilla, MD		Date of Receipt M / D / Y 10 / 28 / 2003
Mailing Address EDIF Prof Hospital Menonita, #308		Transaction ID: 17282437
City Aibonito	State PR	Zip Code 00705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen Fealy, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address Hospital for Special Surgery 535 East 70th St		Transaction ID: 17412520
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Vincent G Flatt, Jr, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 901 5th Avenue		Transaction ID: 17412519
City New York	State NY	Zip Code 10021-4157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 01 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. William D Fritz, MD		Date of Receipt M / D / Y Y Y Y 11 / 21 / 2003
Mailing Address 181 Park Avenue		Transaction ID: 17412406
City	State	Zip Code
Franklin	PA	16323-2663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George T Hayes, Jr, MD		Date of Receipt M / D / Y Y Y Y 11 / 21 / 2003
Mailing Address 706 Jay St		Transaction ID: 17412521
City	State	Zip Code
Colusa	CA	95932-2321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John H Lyon, MD		Date of Receipt M / D / Y Y Y Y 11 / 21 / 2003
Mailing Address 12141 Amherst		Transaction ID: 17412522
City	State	Zip Code
Plymouth	MI	48170-2831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Henry Ford Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 02 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Peter J Romano, II, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address Scoliosis & Pediatric Ortho Ctr 4101 S Hospital Dr Ste 5		Transaction ID: 17412411
City Plantation	State FL	Zip Code 33317-2830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David I Rubinfeld, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 417 W Blackwell St		Transaction ID: 17412405
City Dover	State NJ	Zip Code 07801-2521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas S Ryscavage, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 2200 S George St, #W/2		Transaction ID: 17412412
City York	State PA	Zip Code 17403-4594
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 03 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Taffet, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 133 Upland Way		Transaction ID: 17412402
City Haddonfield	State NJ	Zip Code 08033-3603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jose Ornelas Tavares, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address Shriners Hosp 1645 W 8th St		Transaction ID: 17412404
City Erie	State PA	Zip Code 16505-5007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth Warren Taylor, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 444D Sheridan St		Transaction ID: 17412392
City Hollywood	State FL	Zip Code 33021-3575
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 04 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen W Teal, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 717 Gilson St		Transaction ID: 17412399
City McMinville	State OR	Zip Code 97128-6813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George G Telesh, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 330 Clyde Morris Blvd		Transaction ID: 17412515
City Daytona Beach	State FL	Zip Code 32114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Roy D Terry, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address Sta 203 1616 W Main St		Transaction ID: 17412401
City Lebanon	State TN	Zip Code 37087-5100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tennessee Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 05 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Steven M Theiss, MD		Date of Receipt M / D / Y 11 / 21 / 2003	
Mailing Address 510 20th Street FOT 940		Transaction ID: 17412400	
City Birmingham	State AL	Zip Code 35294-0001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jorge Manuel Cabrera, MD		Date of Receipt M / D / Y 11 / 21 / 2003	
Mailing Address 6341 Sunset Dr, #100		Transaction ID: 17412393	
City South Miami	State FL	Zip Code 33143-4842	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Scott J Cahoon, MD		Date of Receipt M / D / Y 11 / 21 / 2003	
Mailing Address 1506 Rock Quarry Rd		Transaction ID: 17412397	
City Stockbridge	State GA	Zip Code 30281-5047	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ReSurgeons Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 06 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Eugene J Carlisle, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 3221 Sunnyslope Rd		Transaction ID: 17412517
City La Crosse	State WI	Zip Code 54601-3028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Andrew Carallo, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 701 Newark Ave		Transaction ID: 17412390
City Elizabeth	State NJ	Zip Code 07208-3550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Elizabeth Orthopaedic Gro- up	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles R Corazza, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 127 Union St		Transaction ID: 17412391
City Ridgewood	State NJ	Zip Code 07450-4478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 07 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard J. Cea, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 175 Memorial Hwy, #1-15		Transaction ID: 17412389
City New Rochelle	State NY	Zip Code 10801-5639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael A. Cerulli, MD		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 2025 Morse Ave		Transaction ID: 17412388
City Sacramento	State CA	Zip Code 95825-2100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen L. Curth, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 2424 N Wyatt Dr #100		Transaction ID: 17412538
City Tucson	State AZ	Zip Code 85712-6119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tucson Ortho Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 08 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Charles M Davis, III, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address Milton S Hershey Medical Center Department of Orthopaedics		Transaction ID: 17412531
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Milton S Hershey Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert J De Troye, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address PO Box 2267		Transaction ID: 17412534
City Johnson City	State TN	Zip Code 37605-2267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Lee Granberry, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 271 Azalea Rd		Transaction ID: 17412532
City Mobile	State AL	Zip Code 36609-1501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alabama Orthopaedic Clinics, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 08 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Richard Alan Greisman, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 2002 12th Street NW Suite B		Transaction ID: 17412538
City Ardmore	State OK	Zip Code 73401-1206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bone & Joint Clinic of South Oklahoma	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark W Holmann, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 740 W Plymouth Ave		Transaction ID: 17412529
City Deland	State FL	Zip Code 32720-3292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul Conrad Horn, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 235 E Rowan #117		Transaction ID: 17412528
City Spokane	State WA	Zip Code 99207-1240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northwest Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 100 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. William J Hazack, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address Rothman Inst at Jefferson 925 Chestnut St 5th Floor		Transaction ID: 17412530
City Philadelphia	State PA	Zip Code 19107-4216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rothman Institute Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ramon L Jimenez, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 71 Corral de Tierra Rd		Transaction ID: 17412533
City Salinas	State CA	Zip Code 93908-9325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Alan Pechacek, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 616 West Forest Ave		Transaction ID: 17412540
City Jackson	State TN	Zip Code 38301-3588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jackson Clinic, P.A.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 101 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Richard D Schmidt, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 7373 France Ave S, #312		Transaction ID: 17412524
City Edina	State MN	Zip Code 55435-4549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Benjamin C Tam, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 500 N. Garfield Ave, #204		Transaction ID: 17412539
City Monterey Park	State CA	Zip Code 91754-1242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pacific Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark Walteck, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 18311 Ventura Blvd, #600		Transaction ID: 17412541
City Encino	State CA	Zip Code 91438-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer OCMG Inc.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102/141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard Neal Wulff, MD		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 701 S. Tonopah Drive		Transaction ID: 17412535
City	State	Zip Code
Las Vegas	NV	89106-4034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ted B Eshbach, MD		Date of Receipt M / D / Y 12 / 19 / 2003
Mailing Address 761 Johnsonburg Rd Ste 310		Transaction ID: 17604061
City	State	Zip Code
Saint Marys	PA	15857-3490
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Elk Regina Professional Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Larry T Johnson, MD		Date of Receipt M / D / Y 12 / 19 / 2003
Mailing Address 1819 Beaver Creek Dr		Transaction ID: 17604057
City	State	Zip Code
Duncanville	TX	75137-5729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 103 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Spero G Karas, MD		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address UNC Dept. of Orthopaedics CB# 7055		Transaction ID: 17604054
City Chapel Hill	State NC	Zip Code 27599-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNE Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ernest B Lowe, Jr, MD		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 220D S Lamar, #F		Transaction ID: 17604050
City Oxford	State MS	Zip Code 38655-5200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter J Lund, MD		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 129 Oakwood Dr		Transaction ID: 17604063
City Martin	State TN	Zip Code 38237-5634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Martin Specialty Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 104 / 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Franklin Lynch, Jr. MD		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address Dartmouth-Hitchcock Med Center 1 Medical Center Dr		Transaction ID: 17604058
City Lebanon	State NH	Zip Code 03756-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dartmouth Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James B Manzanares, MD		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address Children's Hospital 345 N Smith Ave		Transaction ID: 17604062
City Saint Paul	State MN	Zip Code 55102-2392
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Children's Hosp & Clinic of Minnesota	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gregory G Markarian, MD		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 10 W Martin Ave Ste 50		Transaction ID: 17604053
City Naperville	State IL	Zip Code 60540-6537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 105 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. J Philip Maloney, MD		Date of Receipt M / D / Y 12 / 10 / 2003	
Mailing Address 371 D West Mineral King		Transaction ID: 17604049	
City Visalia	State CA	Zip Code 93291-5531	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Joseph C DiRaimondo, MD		Date of Receipt M / D / Y 12 / 23 / 2003	
Mailing Address P O Box 907		Transaction ID: 17604075	
City Manitowoc	State WI	Zip Code 54221-0907	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Associates of Manitowoc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. James A Goulet, MD		Date of Receipt M / D / Y 12 / 23 / 2003	
Mailing Address Univ of Michigan Hosp 1500 E Medical Ctr Dr TC2914		Transaction ID: 17604069	
City Ann Arbor	State MI	Zip Code 48109-0328	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Univ. of Michigan Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 106 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Allen G Lang, MD		Date of Receipt M / D / Y 12 / 23 / 2003
Mailing Address 1100 British Columbia Ave		Transaction ID: 17604068
City Ames	State IA	Zip Code 50014-3730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Veteran's Administration	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas A Lange, MD		Date of Receipt M / D / Y 12 / 23 / 2003
Mailing Address Regions Hospital 840 Jackson Street		Transaction ID: 17604068
City Saint Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Minnesota Physicians	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kevin W Langan, MD		Date of Receipt M / D / Y 12 / 23 / 2003
Mailing Address 5527 Pine Loch Lane		Transaction ID: 17604068
City Buffalo	State NY	Zip Code 14221-2851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 107/141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mark W Mason, MD		Date of Receipt M / D / Y Y Y Y 12 / 23 / 2003
Mailing Address 75 S Skyline Drive Box 54-13		Transaction ID: 17604072
City Roosevelt	State UT	Zip Code 84066-2688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Shawn W O'Driscoll, MD, PhD		Date of Receipt M / D / Y Y Y Y 12 / 23 / 2003
Mailing Address Mayo Clinic 200 1st St SW MSB 3-6B		Transaction ID: 17604073
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Surdyka, MD		Date of Receipt M / D / Y Y Y Y 12 / 23 / 2003
Mailing Address 9592 SVL Box		Transaction ID: 17604071
City Victorville	State CA	Zip Code 92392-5171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 108 / 141

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. David S Weisman, MD		Date of Receipt M / D / Y 12 / 23 / 2003
Mailing Address Pediatric Ortho Associates 585 Cranbury Rd		Transaction ID: 17604070
City East Brunswick	State NJ	Zip Code 08816-4026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pediatric Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert M Irwin, MD		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 12522 E Lambert Rd		Transaction ID: 17621837
City Whittier	State CA	Zip Code 90606-2758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John F Josephson, MD		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1430 Terraca Dr		Transaction ID: 17621838
City Tulsa	State OK	Zip Code 74104-4847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Tulsa Bone & Joint Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 100 / 141

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

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

Full Name (Last, First, Middle Initial) A. Dr. Daryl Sheldon Lake, MD		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 840 Cook Rd		Transaction ID: 17621941
City Hastings	State MI	Zip Code 49058-9616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hastings Orthopaedic Clinic, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen C McNeil, MD		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 907 Summer St Ste 3D1		Transaction ID: 17621940
City Stoughton	State MA	Zip Code 02072-3374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sullivan Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard L. Simon, MD		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1100 Pacific Ave, #300 Everett Bone & Joint		Transaction ID: 17621839
City Everett	State WA	Zip Code 98201-4261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 110 / 141
(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John J Callaghan, MD		Date of Receipt M / D / Y 12 / 30 / 2008
Mailing Address University of Iowa Health Care 200 Hawkins Drive		Transaction ID: 17621935
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Iowa Hospital and Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	159875.00

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

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

FOR LINE NUMBER: PAGE 111 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 07 / 17 / 2003
Mailing Address 8300 N River Road		Transaction ID: 15585677
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 364.11
Name of Employer	Occupation	Reimbursement for Bank Fees from Affil Org
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5672.85	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address 8300 N River Road		Transaction ID: 15911685
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 456.64
Name of Employer	Occupation	Reimb for bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6129.49	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 8300 N River Road		Transaction ID: 17042318
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 790.60
Name of Employer	Occupation	Bank fee reimbursement from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6920.09	

SUBTOTAL of Receipts This Page (optional)	▶	1611.35
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 112 / 141

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 10 / 20 / 2003
Mailing Address 8300 N River Road		Transaction ID: 17221012
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 906.50
Name of Employer	Occupation	Reimbursement for Bank Fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7826.59	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address 8300 N River Road		Transaction ID: 17400010
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 616.38
Name of Employer	Occupation	Bank fee reimb from Affiliated Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 8442.97	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 12 / 18 / 2003
Mailing Address 8300 N River Road		Transaction ID: 17592878
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 504.61
Name of Employer	Occupation	Reimb bank fees from Affiliated Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 8947.58	

SUBTOTAL of Receipts This Page (optional)	2027.49
TOTAL This Period (last page this line number only)	3638.84

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 15483024 Date of Disbursement 07 / 07 / 2003	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 300.80	
City Chicago State IL Zip Code 60675	Purpose of Disbursement	001 Category/ Type	
Candidate Name	Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 15746027 Date of Disbursement 07 / 24 / 2003	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 135.78	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account	001 Category/ Type	
Candidate Name	Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼	Bank fees deducted from account

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 15838577 Date of Disbursement 08 / 05 / 2003	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 320.86	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account	001 Category/ Type	
Candidate Name	Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼	Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional) ▶ **757.24**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company			Transaction ID: 16555664 Date of Disbursement 08 / 25 / 2003		
Mailing Address 50 S. LaSalle St.			Amount of Each Disbursement this Period 390.15		
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account		001 Category/ Type		Bank fees deducted from account
Candidate Name		Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼		State: District D			

Full Name (Last, First, Middle Initial) B. Northern Trust Company			Transaction ID: 16555669 Date of Disbursement 08 / 05 / 2003		
Mailing Address 50 S. LaSalle St.			Amount of Each Disbursement this Period 400.45		
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account		001 Category/ Type		Bank fees deducted from account
Candidate Name		Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼		State: District D			

Full Name (Last, First, Middle Initial) C. Northern Trust Company			Transaction ID: 17126503 Date of Disbursement 08 / 24 / 2003		
Mailing Address 50 S LaSalle St			Amount of Each Disbursement this Period 196.92		
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account		001 Category/ Type		Bank fees deducted from account
Candidate Name		Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼		State: District D			

SUBTOTAL of Disbursements This Page (optional) ► **987.52**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 17126505 Date of Disbursement 10 / 03 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 709.58	
City Chicago	State IL	Zip Code 60675	Bank fees deducted from account
Purpose of Disbursement Bank fees deducted from account		001 Category/Type	
Candidate Name		Office Sought: House Senate President State: District D	
Disbursement For: Primary General Other (specify) ▼		Bank fees deducted from account	

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 17317407 Date of Disbursement 10 / 24 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 32.50	
City Chicago	State IL	Zip Code 60675	Bank fees deducted from account
Purpose of Disbursement Bank fees deducted from account		001 Category/Type	
Candidate Name		Office Sought: House Senate President State: District D	
Disbursement For: Primary General Other (specify) ▼		Bank fees deducted from account	

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 17317408 Date of Disbursement 10 / 24 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 147.50	
City Chicago	State IL	Zip Code 60675	Bank fees deducted from account
Purpose of Disbursement Bank fees deducted from account		001 Category/Type	
Candidate Name		Office Sought: House Senate President State: District D	
Disbursement For: Primary General Other (specify) ▼		Bank fees deducted from account	

SUBTOTAL of Disbursements This Page (optional) ▶ **889.58**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 141

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 17372205 Date of Disbursement 11 / 07 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 436.38	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 17521637 Date of Disbursement 11 / 24 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 182.91	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 17521638 Date of Disbursement 12 / 05 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 321.70	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	940.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S LaSalle St

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

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

001
Category/
Type

Transaction ID: 17719181

Date of Disbursement

12 / 24 / 2003

Amount of Each Disbursement this Period

28.03

Bank fees deducted from
account

SUBTOTAL of Disbursements This Page (optional) ▶

28.03

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

3603.36

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 141

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

Full Name (Last, First, Middle Initial)
A. Fitzgerald For Senate Inc

Mailing Address 50 North Brockway Street Suite 4-9

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Void - Fitzgerald for Senate Inc

Candidate Name
Sen. Peter Fitzgerald

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: IL District: 2 Other (specify) ▼

Transaction ID: 15497147
Date of Disbursement
07 / 14 / 2003

Amount of Each Disbursement this Period
-1000.00

Void - Fitzgerald for Senate Inc

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Volunteer PAC

Mailing Address PO Box 158552

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Sen Bill Frist's Leadership PAC

Candidate Name

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

Transaction ID: 15709472
Date of Disbursement
07 / 31 / 2003

Amount of Each Disbursement this Period
5000.00

Sen Bill Frist's Leadership PAC

011
Category/
Type

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

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

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. Sherrod Brown

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: OH District: 13 Other (specify) ▼

Transaction ID: 15709467
Date of Disbursement
07 / 31 / 2003

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: House Senate President
State: NJ District 6

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 15709468
Date of Disbursement
07 / 31 / 2003

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Billy Tauzin Congressional Committee, The

Mailing Address P.O. Box 2266

City Houma State LA Zip Code 70361

Purpose of Disbursement

Candidate Name
Rep. W.J. Tauzin

Office Sought: House Senate President
State: LA District 3

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 15709471
Date of Disbursement
07 / 31 / 2003

Amount of Each Disbursement this Period
5000.00

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

Mailing Address 5401 Stone Creek Circle Suite 777

City Loveland State CO Zip Code 80538

Purpose of Disbursement

Candidate Name
Rep. Marilyn Musgrave

Office Sought: House Senate President
State: CO District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 15709468
Date of Disbursement
07 / 31 / 2003

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name
Rep. Eric I. Cantor

Office Sought: House Senate President
State: VA District 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 15709469
Date of Disbursement
07 / 31 / 2003

Amount of Each Disbursement this Period
2500.00

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

Mailing Address P O Box 1077

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Candidate Name
Rep. Michael Bilirakis

Office Sought: House Senate President
State: FL District 9

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 16922706
Date of Disbursement
09 / 17 / 2003

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Committee To Re-Elect Vito Fossella

Mailing Address PO Box 131403
PO Box 060248

City Staten Island State NY Zip Code 10313

Purpose of Disbursement

Candidate Name
Rep. Vito J. Fossella

Office Sought: House Senate President
State: NY District 13

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 16922721
Date of Disbursement
09 / 17 / 2003

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

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

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

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

Full Name (Last, First, Middle Initial) A. Rush Holt For Congress Inc		Transaction ID: 16922735 Date of Disbursement 09 / 17 / 2003	
Mailing Address P.O. Box 782		Amount of Each Disbursement this Period 1000.00	
City Pennington State NJ Zip Code 08534	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Rush D. Holt			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 12			

Full Name (Last, First, Middle Initial) B. Friends Of Blanche Lincoln		Transaction ID: 16922680 Date of Disbursement 09 / 17 / 2003	
Mailing Address PO Box 3187 PO Box 118		Amount of Each Disbursement this Period 2000.00	
City Little Rock State AR Zip Code 72203	Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Blanche L. Lincoln			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR District: 1			

Full Name (Last, First, Middle Initial) C. Price For Congress		Transaction ID: 16921714 Date of Disbursement 09 / 17 / 2003	
Mailing Address PO Box 425		Amount of Each Disbursement this Period 3807.20	
City Roswell State GA Zip Code 30077	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Thomas Price			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 6			

SUBTOTAL of Disbursements This Page (optional) ▶	6807.20
TOTAL This Period (last page this line number only) ▶	

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial)
A. Stephanie Tubbs Jones For Us Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

Purpose of Disbursement

Candidate Name
Rep. Stephanie Tubbs Jones

Office Sought: House
Senate
President
State: OH District 11

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 16922633
Date of Disbursement

09 / 17 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Pete Sessions For Congress 2004

Mailing Address P.O. Box 38585

City State Zip Code
Dallas TX 75238

Purpose of Disbursement

Candidate Name
Rep. Pete Sessions

Office Sought: House
Senate
President
State: TX District 32

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 16922669
Date of Disbursement

09 / 17 / 2003

Amount of Each Disbursement this Period

2000.00

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

Mailing Address P.O. Box 8084
P.O. Box 8084

City State Zip Code
Jonesboro AR 72403

Purpose of Disbursement

Candidate Name
Rep. Marion Berry

Office Sought: House
Senate
President
State: AR District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032925
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

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

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

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

Mailing Address 5915 Eastman Ave. Suite 100
5915 Eastman Ave. Suite 100
City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name
Rep. Dave Camp

Office Sought: House
Senate
President
State: MI District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032924
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr
1316 Lake Victoria Dr
City Lake Worth State FL Zip Code 33461

Purpose of Disbursement

Candidate Name
Rep. Mark Foley

Office Sought: House
Senate
President
State: FL District 16

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032927
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Friends For Jim McDermott

Mailing Address PO Box 21788
City Seattle State WA Zip Code 98111

Purpose of Disbursement

Candidate Name
Rep. Jim McDermott

Office Sought: House
Senate
President
State: WA District 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032922
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Mailing Address PO Box 499
PO Box 499
City Evans State GA Zip Code 30809

Purpose of Disbursement

Candidate Name
Rep. Charlie Norwood

Office Sought: House
Senate
President
State: GA District 9

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032929
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. Sensenbrenner Committee

Mailing Address PO Box 575
City Brookfield State WI Zip Code 53008

Purpose of Disbursement

Candidate Name
Rep. F. James Sensenbrenner, Jr.

Office Sought: House
Senate
President
State: WI District 5

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032931
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 2600 Ne 14th. Street Causeway
2600 Ne 14th. Street Causeway
City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement

Candidate Name
Rep. E. Clay Shaw, Jr.

Office Sought: House
Senate
President
State: FL District 22

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032926
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

Full Name (Last, First, Middle Initial)
A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement

Candidate Name
Rep. Fortney Stark

Office Sought: House
Senate
President
State: CA District 13

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032923
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Upton For All Of Us

Mailing Address P.O. Box 480

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton

Office Sought: House
Senate
President
State: MI District 8

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032930
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Mike Crapo For Us Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement

Candidate Name
Sen. Mike Crapo

Office Sought: House
 Senate
President
State: ID District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17032928
Date of Disbursement

09 / 25 / 2003

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

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

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

Full Name (Last, First, Middle Initial)
A. American Express

Mailing Address Suite 0001

City Chicago State IL Zip Code 60679-0001

Purpose of Disbursement
In-kind contribution

Candidate Name
Mr. Thomas Price

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

State: GA District: 6

Transaction ID: 17032937
Date of Disbursement
09 / 25 / 2003

Amount of Each Disbursement this Period
192.80

In-kind contribution

Full Name (Last, First, Middle Initial)
B. Value In Electing Women (VIEW) PAC

Mailing Address 1155 21ST STREET NW
SUITE 300

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

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

State: District: D

Transaction ID: 17032932
Date of Disbursement
09 / 25 / 2003

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. The Big Tent PAC

Mailing Address 228 N ALFRED STREET

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

State: District: D

Transaction ID: 17032933
Date of Disbursement
09 / 25 / 2003

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3192.80**

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. Boyd For Congress		Transaction ID: 17125355 Date of Disbursement 10 / 10 / 2003	
Mailing Address P.O. Box 15703 P.O. Box 15703		Amount of Each Disbursement this Period 1000.00	
City Tallahassee	State FL	Zip Code 32317	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Candidate Name Rep. Allen Boyd			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 2		

Full Name (Last, First, Middle Initial) B. Boyd For Congress		Transaction ID: 17125809 Date of Disbursement 10 / 10 / 2003	
Mailing Address P.O. Box 15703 P.O. Box 15703		Amount of Each Disbursement this Period -1000.00	
City Tallahassee	State FL	Zip Code 32317	011 Category/ Type
Purpose of Disbursement Void - Boyd For Congress		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Candidate Name Rep. Allen Boyd			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 2	Void - Boyd For Congress	

Full Name (Last, First, Middle Initial) C. Boyd For Congress		Transaction ID: 17125818 Date of Disbursement 10 / 10 / 2003	
Mailing Address P.O. Box 15703 P.O. Box 15703		Amount of Each Disbursement this Period 1000.00	
City Tallahassee	State FL	Zip Code 32317	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Candidate Name Rep. Allen Boyd			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 2		

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

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

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Cardoza for Congress		Transaction ID: 17125623 Date of Disbursement 10 / 10 / 2003	
Mailing Address 5578 Zeiner Court		Amount of Each Disbursement this Period 2000.00	
City Atwater State CA Zip Code 95301	Purpose of Disbursement	011 Category/ Type	
Candidate Name Dennis Cardoza			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of Bud Cramer		Transaction ID: 17125622 Date of Disbursement 10 / 10 / 2003	
Mailing Address P.O. Box 2621		Amount of Each Disbursement this Period 1000.00	
City Huntsville State AL Zip Code 35804	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Robert E. Cramer, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jim Gerlach For Congress Committee		Transaction ID: 17125613 Date of Disbursement 10 / 10 / 2003	
Mailing Address B11 Welsh Ayres Way		Amount of Each Disbursement this Period 1000.00	
City Downingtown State PA Zip Code 19335	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Jim Gerlach			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Hall For Congress Committee (Ralph Hall - Rockwall)

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement

Candidate Name
Rep. Ralph M. Hall

Office Sought: House Senate President
State: TX District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125620
Date of Disbursement
10 / 10 / 2003

Amount of Each Disbursement this Period
3000.00

Full Name (Last, First, Middle Initial)
B. Friends Of Congressman Tim Holden

Mailing Address 18 N. Second Street PO Box 37
PO Box 37

City Saint Clair State PA Zip Code 17070

Purpose of Disbursement

Candidate Name
Rep. Tim Holden

Office Sought: House Senate President
State: PA District 17

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125615
Date of Disbursement
10 / 10 / 2003

Amount of Each Disbursement this Period
2000.00

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

Mailing Address P.O. Box 17344

City Covington State KY Zip Code 41017

Purpose of Disbursement

Candidate Name
Rep. Ken R. Lucas

Office Sought: House Senate President
State: KY District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125621
Date of Disbursement
10 / 10 / 2003

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Matheson For Congress

Mailing Address 677 South 200 West
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name
Mr. James Matheson

Office Sought: House
Senate
President
State: UT District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125617

Date of Disbursement

10 / 10 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City Detroit Lakes State MN Zip Code 56501

Purpose of Disbursement

Candidate Name
Rep. Collin C. Peterson

Office Sought: House
Senate
President
State: MN District 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125618

Date of Disbursement

10 / 10 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Stenholm For Congress Committee

Mailing Address P. O. Box 1032

City Stamford State TX Zip Code 79553

Purpose of Disbursement

Candidate Name
Rep. Charles W. Stenholm

Office Sought: House
Senate
President
State: TX District 17

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125626

Date of Disbursement

10 / 10 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

Full Name (Last, First, Middle Initial)
A. Ellen Tauscher For Congress

Mailing Address 20 Park Road, Suite E
Suite E

City State Zip Code
Burlingame CA 94010

Purpose of Disbursement

Candidate Name
Rep. Ellen O. Tauscher

Office Sought: House
Senate
President
State: CA District: 10

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125610
Date of Disbursement

10 / 10 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Gene Taylor For Congress Committee

Mailing Address Post Office Box 38
Post Office Box 38

City State Zip Code
Bay St. Louis MS 39520

Purpose of Disbursement

Candidate Name
Rep. Gene Taylor

Office Sought: House
Senate
President
State: MS District: 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125616
Date of Disbursement

10 / 10 / 2003

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box 50100
PO Box 50100

City State Zip Code
Springfield MO 65805

Purpose of Disbursement

Candidate Name
Rep. Roy Blunt

Office Sought: House
Senate
President
State: MO District: 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125611
Date of Disbursement

10 / 10 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)
A. A Lot Of People Supporting Tom Daschle Inc

Mailing Address P O Box 1656

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name
Sen. Tom Daschle

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: SD District 1 Other (specify) ▼

Transaction ID: 17125612
Date of Disbursement
10 / 10 / 2003

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. CARE PAC

Mailing Address 829 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

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

Transaction ID: 17125614
Date of Disbursement
10 / 10 / 2003

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

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

Mailing Address 162 Hurt Street Ne

City Atlanta State GA Zip Code 30307

Purpose of Disbursement

Candidate Name
Rep. David Scott

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: GA District 13 Other (specify) ▼

Transaction ID: 17125625
Date of Disbursement
10 / 10 / 2003

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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

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

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

Full Name (Last, First, Middle Initial)
A. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

Candidate Name
Rep. Bart Gordon

Office Sought: House
Senate
President
State: TN District 6

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17125624
Date of Disbursement

10 / 10 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Keep Our Majority PAC (KOMPAC)

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District D

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17322713
Date of Disbursement

11 / 06 / 2003

Amount of Each Disbursement this Period

2500.00

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

Mailing Address P.O. Box 8084
P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement

Candidate Name
Rep. Marion Berry

Office Sought: House
Senate
President
State: AR District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17322567
Date of Disbursement

11 / 06 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

A. Full Name (Last, First, Middle Initial)
Friends Of Jerry Kleczka

Mailing Address 3150a S 12th St

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement

Candidate Name
Rep. Gerald D. Kleczka

Office Sought: House Senate President
State: WI District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17321860
Date of Disbursement
11 / 06 / 2003

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Friends Of John Peterson

Mailing Address 114 W. State Street
PO Box 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement

Candidate Name
Rep. John E. Peterson

Office Sought: House Senate President
State: PA District 5

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17322648
Date of Disbursement
11 / 06 / 2003

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PAC to the Future

Mailing Address 499 South Capital Street, SW
#107

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District 0

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17322743
Date of Disbursement
11 / 06 / 2003

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Battle Born Leadership PAC

Mailing Address 1155 21ST STREET NW SUITE 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17321809
Date of Disbursement
11 / 06 / 2003

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Republican Main Street Partnership

Mailing Address 2201 Wisconsin Avenue NW Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17335274
Date of Disbursement
11 / 07 / 2003

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Americans for a Republican Majority (ARMPAC)

Mailing Address 1155 - 21st Street NW Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17335275
Date of Disbursement
11 / 07 / 2003

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

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

Full Name (Last, First, Middle Initial)

A. Demint For Senate Committee Inc

Mailing Address Post Office Box 10407

City Greenville State SC Zip Code 29603

Purpose of Disbursement

Candidate Name
Mr. James Demint

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: SC District 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 17335279

Date of Disbursement
11 / 07 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name
Mr. Charles Dent

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: PA District 15 Other (specify) ▼

011
Category/
Type

Transaction ID: 17335277

Date of Disbursement
11 / 07 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capital St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Dues
Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President
 State: District 0 Other (specify) ▼

011
Category/
Type

Transaction ID: 17335272

Date of Disbursement
11 / 19 / 2003

Amount of Each Disbursement this Period

10000.00

Dues

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name
Rep. Joe L. Barton

Office Sought: House
Senate
President
State: TX District 6

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17393725
Date of Disbursement

11 / 19 / 2003

Amount of Each Disbursement this Period

1500.00

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

Mailing Address P.O. Box 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement

Candidate Name
Rep. John B. Shadegg

Office Sought: House
Senate
President
State: AZ District 3

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17393724
Date of Disbursement

11 / 19 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District 0

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17393726
Date of Disbursement

11 / 19 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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Detailed Summary Page

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(check only one)

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

Full Name (Last, First, Middle Initial)
A. John Comyn For Senate Inc

Mailing Address 6850 Austin Centre Blvd
Suite 18D

City Austin State TX Zip Code 78731

Purpose of Disbursement

Candidate Name
Mr. John Comyn

Office Sought: House
 Senate
President
State: TX District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17399831

Date of Disbursement
11 / 20 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Nethercutt For Senate

Mailing Address 601 W Riverside #1800

City Spokane State WA Zip Code 99201

Purpose of Disbursement

Candidate Name
Mr. George Nethercutt

Office Sought: House
 Senate
President
State: WA District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17481100

Date of Disbursement
12 / 04 / 2003

Amount of Each Disbursement this Period

1000.00

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

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

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. John D. Dingell

Office Sought: House
Senate
President
State: MI District 15

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17521634

Date of Disbursement
12 / 10 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Congressional Leadership Fund

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 8708

City Newport Beach State CA Zip Code 92652

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17521638
Date of Disbursement
12 / 10 / 2003

Amount of Each Disbursement this Period
2500.00

B. Grassley Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name
Sen. Charles Grassley

Office Sought: House Senate President State: IA District 1

Disbursement For: 2004 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17520875
Date of Disbursement
12 / 10 / 2003

Amount of Each Disbursement this Period
5000.00

C. FREEDOM FUND

Full Name (Last, First, Middle Initial)
Mailing Address 1155 21st Street NW Suite 300

City Washington State DC Zip Code 20038

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District 0

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17521633
Date of Disbursement
12 / 10 / 2003

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8500.00**

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Americans for a Republican Majority (ARMPAC)

Mailing Address 1155 - 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17584287
Date of Disbursement
12 / 18 / 2003

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
B. The Big Tent PAC

Mailing Address 226 N ALFRED STREET

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17584374
Date of Disbursement
12 / 18 / 2003

Amount of Each Disbursement this Period
3000.00

Full Name (Last, First, Middle Initial)
C. CARE PAC

Mailing Address B29 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 17584341
Date of Disbursement
12 / 18 / 2003

Amount of Each Disbursement this Period
3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

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

8500.00

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

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(check only one)

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

Full Name (Last, First, Middle Initial)
A. Congressional Majority Committee

Mailing Address P. O. BOX 748

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District D

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 17584214
Date of Disbursement

12 / 18 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

137500.00