

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="945825.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="945825.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="688689.84"/>	<input type="text" value="688689.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1634515.21"/>	<input type="text" value="1634515.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="713161.12"/>	<input type="text" value="713161.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="921354.09"/>	<input type="text" value="921354.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period: From: / / To: / /

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).....	602691.66	602691.66
(ii) Unitemized	64288.32	64288.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	666979.98	666979.98
(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)	666979.98	666979.98
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).....	10162.30	10162.30
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	7500.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4047.56	4047.56
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 Transfers (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))..... ▶	688689.84	688689.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	688689.84	688689.84

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	10336.12	10336.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10336.12	10336.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	698700.00	698700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	2125.00	2125.00
(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)).....	2125.00	2125.00
29. Other Disbursements	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	713161.12	713161.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	713161.12	713161.12

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)	666979.98	666979.98
34. Total Contribution Refunds (from Line 28(d))	2125.00	2125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	664854.98	664854.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	10336.12	10336.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	10162.30	10162.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	173.82	173.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Walter F Kregel III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Sand Point Way NE
 M/S W-7706
 City Seattle State WA Zip Code 98145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seattle Childrens Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4784462
 Amount of Each Receipt this Period
250.00

B. Dennis Raymond Gutzman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Cotswold Ln
 City San Antonio State TX Zip Code 78257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4784464
 Amount of Each Receipt this Period
1000.00

C. William J Robb III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Indian Hill Rd
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Bone & Joint Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : 4784466
 Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

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

Mailing Address 1101 Rolandvue Road

City Towson State MD Zip Code 21204

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

Name of Employer Univ of Maryland School of Med Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2013
Transaction ID : 4784467

Amount of Each Receipt this Period 500.00

B. Eric M Orenstein MD
Full Name (Last, First, Middle Initial)

Mailing Address 1809 Connemara Ct

City Lafayette State IN Zip Code 47905

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

Name of Employer Self Employed Occupation orthopedic surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2013
Transaction ID : 4784469

Amount of Each Receipt this Period 500.00

C. John R Tongue MD
Full Name (Last, First, Middle Initial)

Mailing Address 6485 SW Borland Rd Ste A

City Tualatin State OR Zip Code 97062-9762

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 ▼ 2000.00

Date of Receipt 02 / 20 / 2013
Transaction ID : 4784470

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Suresh Nayak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7575 Five Mile Rd
 City Cincinnati State OH Zip Code 45255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellington Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2013
Transaction ID : 4784476
 Amount of Each Receipt this Period 1000.00

B. Cary M Guse MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6013 Turtle Bay Pkwy
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Indiana Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2013
Transaction ID : 4784477
 Amount of Each Receipt this Period 500.00

C. Andrew Joseph Collier Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Bartram Rd
 City Moorestown State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Philadelphia Ortho Assoc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2013
Transaction ID : 4784478
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Dennis P Rivero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8177 S Harvard St #533
 City State Zip Code
 Tulsa OK 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Muskogee Surgical Associate Orthopedic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : 4784479
 Amount of Each Receipt this Period
 250.00

B. H Chester Boston Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6700 Elaina Ln
 City State Zip Code
 Tuscaloosa AL 35406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Orthopaedic Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : 4784480
 Amount of Each Receipt this Period
 1000.00

C. Kai Uwe Mazur MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 Meadowcroft Way
 City State Zip Code
 Santa Rosa CA 95403-0903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Santa Rosa Orthopaedic Medical Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : 4784483
 Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Donn A Fassero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 E. Briggsmore Avenue
 City Modesto State CA Zip Code 95355-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Gould Med Foundation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2013
Transaction ID : 4784484
 Amount of Each Receipt this Period 250.00

B. William P Barrett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4011 Talbot Rd S Ste 300
 City Renton State WA Zip Code 98055-5791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2013
Transaction ID : 4784489
 Amount of Each Receipt this Period 1000.00

c. David Cautilli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Cottonwood Dr
 City Langhorne State PA Zip Code 19047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cautilli Orthopaedic Surgical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2013
Transaction ID : 4784490
 Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Stuart A Green MD

Mailing Address 3771 Katella Ave Ste 310

City State Zip Code
 Los Alamitos CA 90720-3347

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

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 4784491

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. COL (ret) B Hudson Berrey MD, FACS

Mailing Address PO Box 40006

City State Zip Code
 Jacksonville FL 32203-0006

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

Name of Employer Occupation
 Univ of Florida Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 4784493

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Jeffrey Glenn Hessing MD

Mailing Address 6748 N Double Eagle Ln

City State Zip Code
 Meridian ID 83646-5190

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

Name of Employer Occupation
 Orthopaedic Associates Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 4784495

Amount of Each Receipt this Period
 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeffrey Einer Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207 Westerly Ct
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2013**
Transaction ID : 4784497
 Amount of Each Receipt this Period **500.00**

B. John S Place MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5710 Marilane
 City Yakima State WA Zip Code 98908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 19 / 2013**
Transaction ID : 4784498
 Amount of Each Receipt this Period **1000.00**

C. James O Sanders MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Oakberry Ln
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Rochester Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 18 / 2013**
Transaction ID : 4784499
 Amount of Each Receipt this Period **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William F Webb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1081 Delaware St
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willis Knighton Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 18 / 2013
Transaction ID : 4784501
 Amount of Each Receipt this Period 1000.00

B. Kevin Earl Wright MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 East 33rd Street Apt. 11D
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2013
Transaction ID : 4784503
 Amount of Each Receipt this Period 250.00

C. Scott J Tarantino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Justa Ln
 City Cockeysville State MD Zip Code 21030-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2013
Transaction ID : 4784504
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Cary Glastein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 S Gilbert St Fl 1
 City Tinton Falls State NJ Zip Code 07701-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shore Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : 4784505
 Amount of Each Receipt this Period
 1000.00

B. J Wesley Mesko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2815 S Pennsylvania Ave Ste 204
 City Lansing State MI Zip Code 48910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : 4784506
 Amount of Each Receipt this Period
 400.00

C. Neal J Labana MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22821 Sun River Drive
 City Frankfort State IL Zip Code 60423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Ortho & Hand Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : 4784507
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jerome Kolavo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Sunset Avenue
 City State Zip Code
 Glen Ellyn IL 60137-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OAD Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : 4784508
 Amount of Each Receipt this Period
 1000.00

B. Gregory K Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 288 Groveland St
 City State Zip Code
 Haverhill MA 01830-6669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associates in Ortho PC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : 4784509
 Amount of Each Receipt this Period
 600.00

C. John H Mahon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8602 N Cardinal Dr
 City State Zip Code
 Phoenix AZ 85028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : 4784512
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Joseph E Alhadeff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Oakwood Dr
 City Red Lion State PA Zip Code 17356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic & Spine Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 18 / 2013**
Transaction ID : 4784516
 Amount of Each Receipt this Period **500.00**

B. Mats Agren MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Northbrook Dr
 City Falmouth State ME Zip Code 04105-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Falmouth Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 18 / 2013**
Transaction ID : 4784517
 Amount of Each Receipt this Period **500.00**

C. Gary T Brock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Pinehill Lane
 City Houston State TX Zip Code 77019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 18 / 2013**
Transaction ID : 4784519
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 452
<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. David J Abraham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2909 Duffield Ln
 City Sinking Spring State PA Zip Code 19608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reading Neck & Spine Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 18 / 2013
Transaction ID : 4784520
 Amount of Each Receipt this Period 250.00

B. Anthony S Wei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20529 SE Brady Rd
 City Camas State WA Zip Code 98607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Surgical Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784528
 Amount of Each Receipt this Period 1000.00

C. Bruce E Heck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7595 Hancock Cty Rd 236
 City Findlay State OH Zip Code 45840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Ohio Ortho & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784529
 Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Patrick G Kirk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8405 Eustisfarm Ln
 City Cincinnati State OH Zip Code 45243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Christ Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784532
 Amount of Each Receipt this Period 1000.00

B. Patrick V McMahon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 White Plains Rd Ste C-1
 City Eastchester State NY Zip Code 10709-4423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784533
 Amount of Each Receipt this Period 250.00

C. S Gopal Krishnan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1331 E 6th St
 City Weslaco State TX Zip Code 78596-6601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Krishnan & Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784535
 Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James F Harris MD
Full Name (Last, First, Middle Initial)

Mailing Address 8404 Hideaway Ln NW

City Silverdale State WA Zip Code 98383

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

Name of Employer US Navy Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784536

Amount of Each Receipt this Period
 500.00

B. Neil Thomas Katz MD
Full Name (Last, First, Middle Initial)

Mailing Address POB 62076

City Irvine State CA Zip Code 92602

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

Name of Employer Katz Ortho Surgery & Sports Medicine Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784538

Amount of Each Receipt this Period
 250.00

C. Eric Jason Strauss MD
Full Name (Last, First, Middle Initial)

Mailing Address 340 East 64th St Apt 17G

City New York State NY Zip Code 10065

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

Name of Employer NYU Hospital for Joint Diseases Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784543

Amount of Each Receipt this Period
 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Richard C Johnston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Larch Lane
 City Iowa City State IA Zip Code 52245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784544
 Amount of Each Receipt this Period 250.00

B. Richard William Vanis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 W Huntington Dr Ste 617
 City Arcadia State CA Zip Code 91007-3471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784545
 Amount of Each Receipt this Period 250.00

C. Richard D Goldner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Wilhelm Dr
 City Durham State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784546
 Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeffrey A Rodgers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3750 Plumwood Drive
 City State Zip Code
 West Des Moines IA 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Des Moines Ortho Surgeons Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784548
 Amount of Each Receipt this Period
 750.00

B. Richard A Kube MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 W Ravinswood Rd
 City State Zip Code
 Peoria IL 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784552
 Amount of Each Receipt this Period
 500.00

C. Jose E Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Electrc Dr
 City State Zip Code
 Houston TX 77073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784553
 Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Richard M Dix MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 50129
 City Henderson State NV Zip Code 89014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784555
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 250.00

B. George Joseph Zambetti Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Catherine Rd
 City Scarsdale State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784557
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date 1000.00

C. Thomas A Russell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Lagrange Creek Dr
 City Eads State TN Zip Code 38028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784558
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date 1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeff Eric Schulman MD
Full Name (Last, First, Middle Initial)

Mailing Address 3851 Barcroft Ln

City Alexandria State VA Zip Code 22312

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

Name of Employer Inova Fairfax Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784559

Amount of Each Receipt this Period
 250.00

B. Jeffrey A Greenberg MD
Full Name (Last, First, Middle Initial)

Mailing Address 8501 Harcourt Rd

City Indianapolis State IN Zip Code 46280-0434

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

Name of Employer Indiana Hand & Shoulder Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784560

Amount of Each Receipt this Period
 1000.00

C. Joseph R O'Brien MD
Full Name (Last, First, Middle Initial)

Mailing Address 4724 23rd St North

City Arlington State VA Zip Code 22207

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

Name of Employer George Washington Univ Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784563

Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mark Monroe Theiss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Gallows Rd
 City Falls Church State VA Zip Code 22042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784565
 Amount of Each Receipt this Period
 500.00

B. Joseph G Mayo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 N Rose Dr Ste 130
 City Placentia State CA Zip Code 92870-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784566
 Amount of Each Receipt this Period
 500.00

C. Jeffrey A Kazaglis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Stoneridge Drive
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784567
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William V Arnold MD
Full Name (Last, First, Middle Initial)

Mailing Address 1070 Randolph Road

City Meadowbrook State PA Zip Code 19046

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

Name of Employer Rothman Institute Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784569

Amount of Each Receipt this Period
 1000.00

B. Jeffrey T Adams MD
Full Name (Last, First, Middle Initial)

Mailing Address 1050 N James Campbell Blvd Ste 200

City Columbia State TN Zip Code 38401

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

Name of Employer Middle Tennessee Bone & Joint Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784571

Amount of Each Receipt this Period
 1000.00

C. Nicholas John Connors MD
Full Name (Last, First, Middle Initial)

Mailing Address 123 Creek Dr

City Port Charlotte State FL Zip Code 33952

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

Name of Employer Advanced Orthopedic Centers Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784572

Amount of Each Receipt this Period
 1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Harry N Herkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3535 W 13 Mile Road
 Suite 744
 City Royal Oak State MI Zip Code 48073-6710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt: 02 / 15 / 2013
Transaction ID : 4784574
 Amount of Each Receipt this Period: 500.00
 Aggregate Year-to-Date: 500.00

B. Salvador B Cecilio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Orthopedic Surgery
 302 California Ave Ste 202
 City Wahiawa State HI Zip Code 96786-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt: 02 / 15 / 2013
Transaction ID : 4784576
 Amount of Each Receipt this Period: 300.00
 Aggregate Year-to-Date: 300.00

C. Vernon Sims Esplin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 560 Memorial Dr
 City Pocatello State ID Zip Code 83201-4070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Idaho Orthopaedic Specialists
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt: 02 / 15 / 2013
Transaction ID : 4784577
 Amount of Each Receipt this Period: 500.00
 Aggregate Year-to-Date: 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 452
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kelly R Sanderford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5890 W 13th St Ste 101
 City State Zip Code
 Greeley CO 80634-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Banner Health Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784578
 Amount of Each Receipt this Period
 500.00

B. John R Dorris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Milledge Circle
 City State Zip Code
 Athens GA 30606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Athens Bone & Joint Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784580
 Amount of Each Receipt this Period
 500.00

C. Gaia Georgopoulos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7294 S Uravan Ct
 City State Zip Code
 Foxfield CO 80016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Colorado Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784581
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Ana K Palmieri MD			Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : 4784582
Mailing Address 9716 Legends Dr			Amount of Each Receipt this Period 500.00
City Germantown	State TN	Zip Code 38139	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David J Collon MD			Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : 4784583
Mailing Address 860 Ardmoor			Amount of Each Receipt this Period 250.00
City Bloomfield	State MI	Zip Code 48301	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Paul W Phillips Jr, MD			Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : 4784584
Mailing Address 1683 Hyde St			Amount of Each Receipt this Period 500.00
City Minden	State NV	Zip Code 89423-7020	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mark Herman Meyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5355 W 85th St
 City Kearney State NE Zip Code 68845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784585
 Amount of Each Receipt this Period 1500.00

B. Charles T Mehlman DO, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 LaFayette Ave
 City Cincinnati State OH Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cincinnati Childrens Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784586
 Amount of Each Receipt this Period 1000.00

C. Richard P Lewallen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 12th Ave N Ste 100E
 City Billings State MT Zip Code 59101-0121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Montana Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784587
 Amount of Each Receipt this Period 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jose Antonio Ortiz Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address S 8965 Stonebrook Dr
 City State Zip Code
 Eleva WI 54738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mayo Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784589
 Amount of Each Receipt this Period
 250.00

B. John P Lyden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Rm 355 West
 535 E 70th St
 City State Zip Code
 New York NY 10021-4892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospital for Special Surgery Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784590
 Amount of Each Receipt this Period
 250.00

C. Paul E Schwaegler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 16th Ave Ste 404
 City State Zip Code
 Seattle WA 98122-5636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedics International Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 4784592
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James G Warmbrod Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 947 Grayson Ln
 City Jackson State TN Zip Code 38305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784593
 Amount of Each Receipt this Period 500.00

B. James Frank Bethea MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1125 Glenwood Ct
 City Columbia State SC Zip Code 29204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 15 / 2013
Transaction ID : 4784595
 Amount of Each Receipt this Period 400.00

C. Timothy P Millea MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 53rd Ave Ste 100
 City Bettendorf State IA Zip Code 52722-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2013
Transaction ID : 4784596
 Amount of Each Receipt this Period 1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Milan M Patel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3836 Sidestreet
 City Atlanta State GA Zip Code 30341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2013
Transaction ID : 4784598
 Amount of Each Receipt this Period 1000.00

B. Leonard J Buck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1050 Isaac Sts Dr Ste 116
 City Oregon State OH Zip Code 43616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2013
Transaction ID : 4784599
 Amount of Each Receipt this Period 250.00

C. Victor W Macko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2545 W Hammer Ln
 City Stockton State CA Zip Code 95209-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gould Medical Foundation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2013
Transaction ID : 4784600
 Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John H Healey MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 York Ave
 City New York State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : 4784601
 Amount of Each Receipt this Period
 300.00

B. Daniel D Rhoads MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4470 Park Royal Dr
 City Flowery Branch State GA Zip Code 30542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCG Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : 4784604
 Amount of Each Receipt this Period
 250.00

C. Michael P Weinstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 San Miguel Dr Ste 701
 City Newport Beach State CA Zip Code 92660-5927
 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 ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : 4784605
 Amount of Each Receipt this Period
 375.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeffrey R Ginther MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13827 Driftwood Dr
 City Carmel State IN Zip Code 46033-8511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverview Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : 4784609
 Amount of Each Receipt this Period
 1000.00

B. Steve G Salyers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Rossview Rd
 City Clarksville State TN Zip Code 37043-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : 4784611
 Amount of Each Receipt this Period
 501.00

C. Russell S VanderWilde MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 W 5th Ave Ste 400
 City Spokane State WA Zip Code 99204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : 4784613
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2251.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Gregory Lane Hummel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15900 Ess Rd
 City Kansas City State MO Zip Code 64136-1259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 13 / 2013
Transaction ID : 4784614
 Amount of Each Receipt this Period 1000.00

B. Kurtis Scott Staples MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8703 W Bent Tree Drive
 City Peoria State AZ Zip Code 85383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sonoran Ortho Trauma Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 13 / 2013
Transaction ID : 4784615
 Amount of Each Receipt this Period 250.00

C. Albert Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1081 Route 22 W
 City Bridgewater State NJ Zip Code 08807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Somerset Orthopaedics Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 13 / 2013
Transaction ID : 4784620
 Amount of Each Receipt this Period 1000.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William Joseph Laughlin Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Baton Rouge Ortho Clinic
 8080 Bluebonnet Blvd Ste 1000
 City Baton Rouge State LA Zip Code 70810-2831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 11 / 2013**
Transaction ID : 4784623
 Amount of Each Receipt this Period **500.00**

B. Thomas J Dennie Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7099 Scenic Hwy
 City Pensacola State FL Zip Code 32504-6842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer T Joseph Dennie MD PA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 11 / 2013**
Transaction ID : 4784624
 Amount of Each Receipt this Period **250.00**

C. Matthew J Bueche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1259 Rickert Dr Ste 101
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M & M Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 11 / 2013**
Transaction ID : 4784625
 Amount of Each Receipt this Period **250.00**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ray M Fitzgerald MD
Full Name (Last, First, Middle Initial)

Mailing Address 101 Westcott St Unit 402

City Houston State TX Zip Code 77007-7030

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

Name of Employer KSF Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 4784628

Amount of Each Receipt this Period 500.00

B. Troy B Watkins Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 8854 W. Emerald Street Suite 170

City Boise State ID Zip Code 83704

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

Name of Employer Mountain States Hand Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 4784629

Amount of Each Receipt this Period 1000.00

C. Michael T Stowell MD
Full Name (Last, First, Middle Initial)

Mailing Address 1120A Professional Court

City Hagerstown State MD Zip Code 21740

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

Name of Employer Mid Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 4784630

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven R Allsing MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4419 Mayapan Ln
 City La Mesa State CA Zip Code 91941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 4784631
 Amount of Each Receipt this Period
 250.00

B. Thomas J Mathews MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 Forest Ridge Pkwy Ste 240
 City New Castle State IN Zip Code 47362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry County Hospital
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 4784634
 Amount of Each Receipt this Period
 250.00

C. Steven M Sanders MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9124 Eagle Hills Dr
 City Las Vegas State NV Zip Code 89134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 4784636
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Nicholas G Weiss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14916 122nd St N
 City Stillwater State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Croix Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 4784637
 Amount of Each Receipt this Period 500.00

B. David B Thordarson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Hanley Ave
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars Sinai Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 4784638
 Amount of Each Receipt this Period 250.00

C. John E Kuhn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Medical Ctr East South Tower
 1215 21st Ave South Ste 3200
 City Nashville State TN Zip Code 37232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Univ Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2013
Transaction ID : 4784640
 Amount of Each Receipt this Period 1000.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John Charles Nordt III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lejeune Rd
 City State Zip Code
 Coral Gables FL 33146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spine Center Of Miami Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 4784641
 Amount of Each Receipt this Period
 500.00

B. Richard A Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9850 Genesee Ave Ste 210
 City State Zip Code
 La Jolla CA 92037-1206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Torrey Pines Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 4784643
 Amount of Each Receipt this Period
 500.00

C. Vincent E Vena MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 528 Waterfall Dr
 City State Zip Code
 Johnstown PA 15906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western PA Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 4784644
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Gregory B Krivchenia II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 East Benjamin Street
 City New Martinsville State WV Zip Code 26155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Settlement Orthopaedics, Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2013
Transaction ID : 4784645
 Amount of Each Receipt this Period
 1000.00

B. Matthew R Hwang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3423 Deer Creek Trail
 City Saint Cloud State MN Zip Code 56301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Cloud Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784647
 Amount of Each Receipt this Period
 250.00

C. Kenneth J Kress MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 Blakenham Ct
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784648
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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--PAC of AAOS

A. Douglas S McFarlane MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4140 Ferncreek Dr Ste 801
 City Fayetteville State NC Zip Code 28314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Fear Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784649
 Amount of Each Receipt this Period
 250.00

B. David D Gallagher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Horizon Dr
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Indiana Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784651
 Amount of Each Receipt this Period
 1000.00

C. Patricia McHale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15819 Glenmiro Dr
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Carolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784652
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Perry L Schoenecker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 N. Dickson
 City Kirkwood State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Univ School of Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784653
 Amount of Each Receipt this Period
 1000.00

B. John J Callaghan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept Of Orthopaedics
 200 Hawkins Dr / 01029 JPP
 City Iowa City State IA Zip Code 52242-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals & Clinics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784654
 Amount of Each Receipt this Period
 5000.00

C. Michael L Gordon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Kings PI
 City Newport Beach State CA Zip Code 92663-3307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newport Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784656
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John Edeen III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 Fawn Dr
 City San Antonio State TX Zip Code 78231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Orthopaedic Services Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784657
 Amount of Each Receipt this Period
 500.00

B. Timothy J Flock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Warner Dr
 City Lewiston State ID Zip Code 83501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lewiston Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784658
 Amount of Each Receipt this Period
 1000.00

C. Kurt W Rathjen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3616 Crescent Ave
 City Dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 4784659
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Joseph G Thometz MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 07 / 2013 Transaction ID : 4784661	
Mailing Address 10500 Capistrano		Amount of Each Receipt this Period 1000.00	
City Orland Park	State IL	Zip Code 60467	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Charles N Hubbard MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 07 / 2013 Transaction ID : 4784662	
Mailing Address Georgia Ortho Society 150 Clinic Ave		Amount of Each Receipt this Period 1000.00	
City Carrollton	State GA	Zip Code 30117	
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia Orthopaedic Society	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Vonda J Wright MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 07 / 2013 Transaction ID : 4784663	
Mailing Address 702 Summerlea St Apt 1		Amount of Each Receipt this Period 500.00	
City Pittsburgh	State PA	Zip Code 15232-1984	
FEC ID number of contributing federal political committee. C			
Name of Employer UPMC	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Jason J Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Timberlake Dr.
 City Commerce Township State MI Zip Code 48390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 4784665
 Amount of Each Receipt this Period
 250.00

B. Derek S Shia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Lantern Hill
 City Madison State CT Zip Code 06443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Group Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 4784666
 Amount of Each Receipt this Period
 500.00

C. Raymond Michael Greiwe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 560 South Loop Road
 City Edgewood State KY Zip Code 41017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : 4784667
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John G Kennedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 523 E 72nd St Fl 5
 City New York State NY Zip Code 10021-4099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 07 / 2013**
Transaction ID : 4784668
 Amount of Each Receipt this Period **500.00**

B. Daniel J Martin Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 S New Ballas Rd Ste 5015B
 City Saint Louis State MO Zip Code 63141-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 07 / 2013**
Transaction ID : 4784670
 Amount of Each Receipt this Period **500.00**

c. Matthew C Reckmeyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lincoln Ortho Ctr PO Box 6939
 City Lincoln State NE Zip Code 68506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lincoln Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 07 / 2013**
Transaction ID : 4784671
 Amount of Each Receipt this Period **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. C Daniel Smith DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Gene Field Rd
 City Saint Joseph State MO Zip Code 64506-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ortho & Sports Medicine Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 07 / 2013
Transaction ID : 4784675
 Amount of Each Receipt this Period 1000.00

B. Andrew H Schmidt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Park Avenue Mailcode G2
 City Minneapolis State MN Zip Code 55415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hennepin Faculty Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 07 / 2013
Transaction ID : 4784676
 Amount of Each Receipt this Period 500.00

C. Daniel J Schwarze MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1177 Clayton Place Dr
 City Saint Louis State MO Zip Code 63131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Louis Orthopaedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 07 / 2013
Transaction ID : 4784677
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert V Knowlan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2266 Morgan Ave N
 City West Lakeland State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Croix Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2013
Transaction ID : 4784678
 Amount of Each Receipt this Period 250.00

B. Jeffrey A Baum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Eton Dr
 City Pittsburgh State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Three Rivers Ortho Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 07 / 2013
Transaction ID : 4784679
 Amount of Each Receipt this Period 1000.00

C. Byron H Izuka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 98-1967 Wilou St
 City Aiea State HI Zip Code 96701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 06 / 2013
Transaction ID : 4784680
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Charles J Winters
 Full Name (Last, First, Middle Initial)
 Mailing Address 3635 Bienville Blvd
 City Ocean Springs State MS Zip Code 39564-5711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bienville Orthopaedic Specialists, LLC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784681
 Amount of Each Receipt this Period
 500.00

B. William T Pennington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7832 W Cheverny Dr
 City Mequon State WI Zip Code 53097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Surgeons of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784682
 Amount of Each Receipt this Period
 1000.00

C. Aron D Rovner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Riverside Blvd Apt. 701
 City New York State NY Zip Code 10069
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784683
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	1725.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Humberto A Galleno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Inter-Community Prof Plaza
 315 N 3rd Ave Ste 302
 City Covina State CA Zip Code 91723-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784684
 Amount of Each Receipt this Period
 250.00

B. Joshua Dines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 E 57th St Apt 11b
 City New York State NY Zip Code 10022-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 David Dines, MD, PC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784685
 Amount of Each Receipt this Period
 500.00

c. Christopher T Donaldson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Donato Ct
 City Johnstown State PA Zip Code 15905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western PA Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784686
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas G Padanilam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 528 Forest Lake Dr
 City Holland State OH Zip Code 43528-9028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Toledo Orthopaedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784687
 Amount of Each Receipt this Period
 500.00

B. Johnathan Richard Perry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 739 Meadows Drive S.
 City Richland State WA Zip Code 99352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784688
 Amount of Each Receipt this Period
 1000.00

C. Jonathan E Fuller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9806 Fieldcrest Dr
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784689
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Bruce R Buhr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1024 N Broadmoor
 City State Zip Code
 Wichita KS 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Via Christi Health Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784691
 Amount of Each Receipt this Period
 250.00

B. Mark T Wichman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4414 W River Willows Ct
 City State Zip Code
 Mequon WI 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Advanced Healthcare Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 4784696
 Amount of Each Receipt this Period
 250.00

C. William J Krywicki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Pinecone Ln
 City State Zip Code
 Shavertown PA 18708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : 4784701
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Michael Blake Sanders MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6800 Rainwood Drive
 City State Zip Code
 Plano TX 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Structure Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : 4784702
 Amount of Each Receipt this Period
 500.00

B. Richard A Kube MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 W Ravinswood Rd
 City State Zip Code
 Peoria IL 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : 4784705
 Amount of Each Receipt this Period
 250.00

c. William L Oppenheim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Outrigger Mall
 City State Zip Code
 Marina Del Rey CA 90292-6795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : 4784706
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jack D Lennox DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 28100 Grand River Ste 209
 City Farmington Hills State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tri County Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2013
Transaction ID : 4784708
 Amount of Each Receipt this Period 250.00

B. John Kirk Drake MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12018 Oak Hollow
 City Vancleave State MS Zip Code 39565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bienville Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2013
Transaction ID : 4784710
 Amount of Each Receipt this Period 500.00

C. Robert Hall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9875 middle rock road
 City Anchorage State AK Zip Code 99507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2013
Transaction ID : 4784711
 Amount of Each Receipt this Period 250.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kenneth Sabbag MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 S Raymond St Ste 300
 City Pasadena State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784712
 Amount of Each Receipt this Period
 250.00

B. Stephen John Zabinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Center St
 City Somers Point State NJ Zip Code 08244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shore Orthopaedic Univ Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784715
 Amount of Each Receipt this Period
 250.00

C. Alan T Kawaguchi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 Doverton Dr
 City Stockton State CA Zip Code 95219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alpine Orthopedic Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784716
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John R Chase MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Suwanee Court
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784718
 Amount of Each Receipt this Period
 500.00

B. Paul R Gregory MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4627 King Ranch Place
 City Granite Bay State CA Zip Code 95746
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784720
 Amount of Each Receipt this Period
 375.00

C. Jeffrey C King MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7665 Finnagen Dr
 City Mattawan State MI Zip Code 49071-9541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784721
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 61 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kurt A Gasner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 Prestige Pt
 City Oviedo State FL Zip Code 32765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784725
 Amount of Each Receipt this Period
 500.00

B. Timothy Charles Fitzgibbons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9824 Nottingham Dr
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GIKK Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784727
 Amount of Each Receipt this Period
 500.00

C. Robert Cameron More MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Sandhill Rd Ste 102
 City Flemington State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hunterdon Ortho Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784728
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Craig Alan Zeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 Solar Dr Ste 102
 City Oxnard State CA Zip Code 93030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784729
 Amount of Each Receipt this Period
 250.00

B. Eric M Orenstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1809 Connemara Ct
 City Lafayette State IN Zip Code 47905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation orthopedic surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784731
 Amount of Each Receipt this Period
 500.00

C. John M Aversa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2408 Whitney Ave
 City Hamden State CT Zip Code 06518-3209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Ortho Specialists
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784732
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mathias A Masem MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Grand Ave #600
 City Oakland State CA Zip Code 94612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784734
 Amount of Each Receipt this Period
 250.00

B. Stephen S Hurst MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Gloucester Ln
 City Foster City State CA Zip Code 94404-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Mateo Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784735
 Amount of Each Receipt this Period
 250.00

C. David A Kavjian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8269 Private Lane
 City Annandale State VA Zip Code 22003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Virginia Ortho Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : 4784736
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas P Vasileff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6600 Lawlor Circle
 City Anchorage State AK Zip Code 99502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : 4784738
 Amount of Each Receipt this Period **250.00**

B. John F Tompkins II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho Surg Ste WP1380 PO Box 26901
 City Oklahoma City State OK Zip Code 73126-0901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : 4784740
 Amount of Each Receipt this Period **250.00**

C. Jeffrey John Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 O'Connor Dr
 City San Jose State CA Zip Code 95128-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : 4784741
 Amount of Each Receipt this Period **500.00**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Hugh Bassewitz MD
Full Name (Last, First, Middle Initial)

Mailing Address 3339 Mission Creek Ct

City Las Vegas State NV Zip Code 89135

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

Name of Employer Desert Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2013

Transaction ID : 4784742

Amount of Each Receipt this Period
 250.00

B. Douglas J McDonald MD
Full Name (Last, First, Middle Initial)

Mailing Address 8 Old Westbury Ln

City Webster Groves State MO Zip Code 63119

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

Name of Employer Washington Univ St Louis Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : 4784744

Amount of Each Receipt this Period
 250.00

C. Jeffrey W Cook MD
Full Name (Last, First, Middle Initial)

Mailing Address 3310 Aspen Grove Dr Ste 102

City Franklin State TN Zip Code 37067

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

Name of Employer Franklin Ortho & Sports Medicine Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : 4784745

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven R Garfin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3386 Bayside Walk
 City San Diego State CA Zip Code 92109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSD Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784746
 Amount of Each Receipt this Period
 750.00

B. Thomas A Malvitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5480 Forest Bend Dr
 City Ada State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784747
 Amount of Each Receipt this Period
 500.00

C. Gordon M Mead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 51455
 City Shreveport State LA Zip Code 71135-1455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highland Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784748
 Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Lawrence J Iwersen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Robocker Ln
 City State Zip Code
 Kalispell MT 59901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784749
 Amount of Each Receipt this Period
 250.00

B. John P K Featheringill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3608 Grand Rock Ln
 City State Zip Code
 Birmingham AL 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopedic Sports Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784750
 Amount of Each Receipt this Period
 300.00

C. Perry William Greene III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30575 N Woodward Ave
 Ste 100
 City State Zip Code
 Royal Oak MI 48073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784751
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 68 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John Marvin Purvis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1954 Petit Bois
 City Jackson State MS Zip Code 39211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Posm Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784753
 Amount of Each Receipt this Period
 500.00

B. Steven D Glassman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12345 Osage Road
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norton Healthcare Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784754
 Amount of Each Receipt this Period
 500.00

C. J Michael Kelbel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2425 Topswood
 City South Bend State IN Zip Code 46614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Bend Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784755
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 69 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Anthony Andres Sanchez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 869 Inverness Circle
 City Spartanburg State SC Zip Code 29306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Specialties of Spartanburg Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2013
Transaction ID : 4784757
 Amount of Each Receipt this Period 1000.00

B. Brian A Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3803 Highknob Circle
 City Naperville State IL Zip Code 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M&M Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2013
Transaction ID : 4784758
 Amount of Each Receipt this Period 1000.00

C. Samuel J Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Leach Ave
 City Park Ridge State NJ Zip Code 07656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garden State Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2013
Transaction ID : 4784759
 Amount of Each Receipt this Period 1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeffrey C Dick MD
Full Name (Last, First, Middle Initial)

Mailing Address 18709 Ridgewood Rd

City State Zip Code
Deephaven MN 55391

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

Name of Employer Occupation
Twin Cities Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2013
Transaction ID : 4784761

Amount of Each Receipt this Period
1000.00

B. Evangelos Megariotis MD
Full Name (Last, First, Middle Initial)

Mailing Address 21 Ravona St

City State Zip Code
Clifton NJ 07012-1521

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

Name of Employer Occupation
Clifton Orthopedic Associates Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2013
Transaction ID : 4784763

Amount of Each Receipt this Period
1000.00

c. George E. Crickard III, MD
Full Name (Last, First, Middle Initial)

Mailing Address 2220 York St

City State Zip Code
Quincy IL 62301-4358

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

Name of Employer Occupation
Quincy Orthopaedic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2013
Transaction ID : 4784767

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ray Payne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Clearfield Ave Ste 124
 City Virginia Beach State VA Zip Code 23462-1832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784768
 Amount of Each Receipt this Period
 1000.00

B. Bruce Wolock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8564 Leisure Hill Dr
 City Baltimore State MD Zip Code 21208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784769
 Amount of Each Receipt this Period
 250.00

C. Christopher R Goll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7758 Chipwood Ln
 City Jacksonville State FL Zip Code 32256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heekin Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784770
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ronald R Romanelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Orchard Ln
 City Springfield State IL Zip Code 62707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Center of Illinois Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784771
 Amount of Each Receipt this Period
 750.00

B. Donald Knapke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3744 Thatcher Dr #1
 City Rochester Hills State MI Zip Code 48309-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : 4784773
 Amount of Each Receipt this Period
 500.00

C. John G Thometz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Bartlett Drive
 City Brookfield State WI Zip Code 53045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 4784776
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. David C Templeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1180 Tonkawa Road
 City Orono State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hennepin County Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **01 / 30 / 2013**
Transaction ID : 4784781
 Amount of Each Receipt this Period **1500.00**

B. Robert P Good MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Steeplechase Ln
 City Malvern State PA Zip Code 19355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 30 / 2013**
Transaction ID : 4784786
 Amount of Each Receipt this Period **1000.00**

C. Darryl W Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7855 Howell PI Blvd Ste 200
 City Baton Rouge State LA Zip Code 70807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 30 / 2013**
Transaction ID : 4784789
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven J Bruce MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1533 Lakeway Pl
 City Bellingham State WA Zip Code 98229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peace Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 30 / 2013**
Transaction ID : 4784790
 Amount of Each Receipt this Period **250.00**

B. Garth S Russell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5344 Woodland Lakes Dr Apt 325
 City Palm Beach Gardens State FL Zip Code 33418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 30 / 2013**
Transaction ID : 4784793
 Amount of Each Receipt this Period **500.00**

C. Jeffrey Chase MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Dell Drive
 City Cherry Hill State NJ Zip Code 08003-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virgin Islands Ortho & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 29 / 2013**
Transaction ID : 4784796
 Amount of Each Receipt this Period **250.00**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Daniel F Haber MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2013 Transaction ID : 4784797
Mailing Address 103 Drakes Ct		Amount of Each Receipt this Period 300.00
City Los Gatos	State CA	
Zip Code 95032		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Richard Wathne MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2013 Transaction ID : 4784798
Mailing Address 333 N 18th Ave Ste D1		Amount of Each Receipt this Period 500.00
City Pocatello	State ID	
Zip Code 83201-3358		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Pocatello Orthopaedics	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dudley S Burwell MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2013 Transaction ID : 4784802
Mailing Address 2781 C T Switzer Sr Dr Ste 402		Amount of Each Receipt this Period 250.00
City Biloxi	State MS	
Zip Code 39531		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Advanced Orthopedic Centers	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James A Slough MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Mount Vernon
 City Snyder State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Excelsior Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784805
 Amount of Each Receipt this Period
 1000.00

B. Hans Robert Tuten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2806 Rams Crossings
 City Richmond State VA Zip Code 23236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tuckahoe Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784806
 Amount of Each Receipt this Period
 250.00

c. Brett Raymond Grebing MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Schwarz Rd
 City Edwardsville State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784807
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 77 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Matthew P Steffes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 47941 Inveraray Rd.
 City Canton State MI Zip Code 48188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784810
 Amount of Each Receipt this Period
 250.00

B. Richard W Tobin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3415 Eagle Crest Rd. NW
 City Salem State OR Zip Code 97304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784812
 Amount of Each Receipt this Period
 250.00

C. Jeffrey John Kovacic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Tarpley Rd NW
 City Kennesaw State GA Zip Code 30152-6228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784813
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 78 OF 452	
	(check only one)			
<input checked="" 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 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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Abbott Kagan II, MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2013 Transaction ID : 4784814	
Mailing Address 8710 College Pky			Amount of Each Receipt this Period 1000.00	
City Fort Myers	State FL	Zip Code 33919-4811		
FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. John Bellatti MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2013 Transaction ID : 4784816	
Mailing Address PO Box 1720			Amount of Each Receipt this Period 250.00	
City Kealakekua	State HI	Zip Code 96750-1720		
FEC ID number of contributing federal political committee. C				
Name of Employer West Hawaii Orthopedics Inc		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Daniel R Ripa MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2013 Transaction ID : 4784817	
Mailing Address 4000 S 98th St			Amount of Each Receipt this Period 250.00	
City Lincoln	State NE	Zip Code 68520		
FEC ID number of contributing federal political committee. C				
Name of Employer Nebraska Ortho & Sports Med		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas J Grogan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 W. Westgate Ave.
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 29 / 2013**
Transaction ID : 4784819
 Amount of Each Receipt this Period **250.00**

B. Douglas R Phillips MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Winged Foot Dr
 City Martinez State GA Zip Code 30907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Augusta Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 29 / 2013**
Transaction ID : 4784820
 Amount of Each Receipt this Period **500.00**

C. Kimberly Lee Furry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Rio Vista Cir
 City Durango State CO Zip Code 81301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Durango Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 29 / 2013**
Transaction ID : 4784822
 Amount of Each Receipt this Period **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 80 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John A Lombardi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6460 Double Eagle Drive #719
 City Woodridge State IL Zip Code 60517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2013
Transaction ID : 4784824
 Amount of Each Receipt this Period 500.00

B. John A Yezerksi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 S 8th St Ste 178 W
 City Murray State KY Zip Code 42071-2400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2013
Transaction ID : 4784826
 Amount of Each Receipt this Period 1000.00

C. James F Barwick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Honey Pod Farm Rd
 City Washington State NC Zip Code 27889-5262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaufort Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2013
Transaction ID : 4784832
 Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 81 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Manuj Chandra Singhal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Mark Twain Ct
 City Arlington State TX Zip Code 76006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784834
 Amount of Each Receipt this Period
 250.00

B. Enrico Marcelli DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 Egg Harbor Rd Ste B-2
 City Sewell State NJ Zip Code 08080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Reconstructive Orthopaedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784835
 Amount of Each Receipt this Period
 250.00

C. Steven Gorin DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 20295 NE 29th Pl Ste 300
 City Aventura State FL Zip Code 33180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784837
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 82 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jason W Hammond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 622 Church Rd
 City Reisterstown State MD Zip Code 21136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784840
 Amount of Each Receipt this Period
 250.00

B. Patrick Roan Ellender MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 Nottoway Dr
 City Houma State LA Zip Code 70360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784842
 Amount of Each Receipt this Period
 500.00

C. Alan B Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9830 NE 14th Street
 City Bellevue State WA Zip Code 98004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Belleville Orthopedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 4784844
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Chitranjan S Ranawat MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 East 70th St 6th Fl
 Suite 637
 City New York State NY Zip Code 10021
 Name of Employer Lenox Hill Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784848
 Amount of Each Receipt this Period 1000.00

B. Dominic S Carreira MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2325 Barcelona Dr
 City Fort Lauderdale State FL Zip Code 33301-1554
 Name of Employer Broward Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784849
 Amount of Each Receipt this Period 250.00

C. Sean Christopher Adelman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3846 46th Ave N.E.
 City Seattle State WA Zip Code 98105-5220
 Name of Employer Group Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784851
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Brett Stanford Sanders MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 McCallie Ave
 City Chattanooga State TN Zip Code 37404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784853
 Amount of Each Receipt this Period 1000.00

B. Douglas R Elenz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 W 38th St Ste 300
 City Austin State TX Zip Code 78705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784854
 Amount of Each Receipt this Period 250.00

C. Neal L Rockowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Rockowitz Orthopaedic Center
 3815 North 32nd St
 City Phoenix State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784855
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Joseph N Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 85th St
 City Lubbock State TX Zip Code 79424-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center Orthopaedic Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784856
 Amount of Each Receipt this Period
 250.00

B. David Irvine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13012 Sunny Dawn Ct
 City Saint Louis State MO Zip Code 63127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784857
 Amount of Each Receipt this Period
 500.00

C. Patricia C McKeever MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 S Plymouth Blvd
 City Los Angeles State CA Zip Code 90004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784858
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Richard Franklin Bruch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Pineview Rd
 City Durham State NC Zip Code 27707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triangle Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784862
 Amount of Each Receipt this Period 500.00

B. Amir Alex Jahangir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Loring Ct
 City Nashville State TN Zip Code 37220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784863
 Amount of Each Receipt this Period 250.00

C. Leland R Mayer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address S 5841 County Rd B
 City Eau Claire State WI Zip Code 54701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Luther-Midelfort Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784864
 Amount of Each Receipt this Period 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Anthony L Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3235 Vollmer Rd Ste 147
 City Flossmoor State IL Zip Code 60422-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784865
 Amount of Each Receipt this Period
 250.00

B. Frederick N Meyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6505 Sugar Pointe Ct
 City Mobile State AL Zip Code 36695-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of South Alabama
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784866
 Amount of Each Receipt this Period
 1000.00

C. Gary Michael Sherman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9705 Redamar Dr
 City Hagerstown State MD Zip Code 21740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robinwood Orthopaedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784867
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Donald R Bohay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Leffingwell NE Ste 100
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 28 / 2013**
Transaction ID : 4784868
 Amount of Each Receipt this Period **250.00**

B. Steven E Casey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Lawn Ave Prof Ctr Bldg 3
 City Sellersville State PA Zip Code 18960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upper Buck Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 28 / 2013**
Transaction ID : 4784870
 Amount of Each Receipt this Period **250.00**

C. Wade P McAlister MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4899 Montrose Blvd #1206
 City Houston State TX Zip Code 77006-6168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 28 / 2013**
Transaction ID : 4784871
 Amount of Each Receipt this Period **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 452
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Champ L Baker Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Mountainbrook Ct
 City Columbus State GA Zip Code 31904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hughston Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784872
 Amount of Each Receipt this Period
 500.00

B. David B Robie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6585 Plesenton Dr S
 City Worthington State OH Zip Code 43085-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Orthopedic Center of Excellence Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784873
 Amount of Each Receipt this Period
 500.00

C. Joseph C Tauro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Hospital Dr Ste B7
 City Toms River State NJ Zip Code 08755-6425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784874
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 452
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Melburn K Huebner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 North Dowell Road
 City Amarillo State TX Zip Code 79124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784877
 Amount of Each Receipt this Period
 500.00

B. Mark C Pinto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1382 Waterways Dr
 City Ann Arbor State MI Zip Code 48108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Health
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784878
 Amount of Each Receipt this Period
 1000.00

C. Joseph R Locker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2240 SW 76th Ln
 City Ocala State FL Zip Code 34476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopaedic Institute
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784879
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Gregg P Hartman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 Erringer Rd
 City State Zip Code
 Simi Valley CA 93065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ventura Orthopaedic Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784882
 Amount of Each Receipt this Period
 325.00

B. Louis J Mariorenzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Bay View Drive
 City State Zip Code
 Jamestown RI 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784883
 Amount of Each Receipt this Period
 1000.00

c. Joseph Andrew Mannino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Tamarack Lane
 City State Zip Code
 Trumansburg NY 14886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784884
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2325.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 92 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daniel E Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 S Howard Ave
 City Tampa State FL Zip Code 33606-2413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tampa Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784885
 Amount of Each Receipt this Period
 375.00

B. Cornelis M Elmes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 647 Jade Way
 City Fairfield State CA Zip Code 94534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784886
 Amount of Each Receipt this Period
 250.00

C. Michael P Nancollas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5183 Candlewood Dr
 City Fayetteville State NY Zip Code 13066-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Syracuse Orthopedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784887
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 93 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven B Wertheim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Old Stratton Chase NW
 City Atlanta State GA Zip Code 30328-3652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784888
 Amount of Each Receipt this Period 500.00

B. Jeffrey Malumed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Van Lears Run
 City Villanova State PA Zip Code 19085-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784889
 Amount of Each Receipt this Period 500.00

C. Lynn M Nelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Des Moines Ortho Surgeons
 6001 Westtown Pkway
 City West Des Moines State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784890
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Sameer B Shammas MD
Full Name (Last, First, Middle Initial)

Mailing Address 10905 Ft Washington Rd Ste 305

City Fort Washington	State MD	Zip Code 20744-5812
-------------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2013

Transaction ID : 4784891

Amount of Each Receipt this Period
1000.00

B. Joseph M Lane MD
Full Name (Last, First, Middle Initial)

Mailing Address 535 E 86th St Apt 14F

City New York	State NY	Zip Code 10028-7533
------------------	-------------	------------------------

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

Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2013

Transaction ID : 4784892

Amount of Each Receipt this Period
1000.00

C. John R Payne MD
Full Name (Last, First, Middle Initial)

Mailing Address 731 Leighton Av Ste 300

City Anniston	State AL	Zip Code 36207
------------------	-------------	-------------------

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

Name of Employer Anniston Orthopaedics Associat	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2013

Transaction ID : 4784894

Amount of Each Receipt this Period
500.00

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

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

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

FOR LINE NUMBER: PAGE 95 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Frank R Noyes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10663 Montgomery Rd 1st Fl
 City Cincinnati State OH Zip Code 45242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cincinnati Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784896
 Amount of Each Receipt this Period 500.00

B. David J Bozentka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 W Rose Valley Rd
 City Wallingford State PA Zip Code 19086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Pennsylvania Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784897
 Amount of Each Receipt this Period 250.00

C. Edward John Mikol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1153 Blackheath Ct
 City Myrtle Beach State SC Zip Code 29575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784900
 Amount of Each Receipt this Period 1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 452
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jean-Maurice Page MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Ridings Mitchell Creek Rd
 City London State KY Zip Code 40741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784901
 Amount of Each Receipt this Period 350.00

B. Anthony R Marino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Misty Ln
 City Londonderry State NH Zip Code 03053-2675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Orthopedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784902
 Amount of Each Receipt this Period 300.00

c. Mark J Ghilarducci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 Solar Dr Ste 102
 City Oxnard State CA Zip Code 93036-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventura Orthopaedic Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784903
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Edward S Homan Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 329 St Augustine Ave

City Tampa State FL Zip Code 33617

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

Name of Employer VA Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784904

Amount of Each Receipt this Period 500.00

B. James Michael Grimes MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 Orthopaedic PI

City Saint Augustine State FL Zip Code 32086-4202

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

Name of Employer Orthopaedic Associates of St Augustine Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784905

Amount of Each Receipt this Period 250.00

c. Gregory Michael Behm MD
Full Name (Last, First, Middle Initial)

Mailing Address 1014 Peppergrass

City Corvallis State MT Zip Code 59828

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 ▼ 300.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784906

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Yram Jan Groff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 551 Linden Ln
 City Pittsburgh State PA Zip Code 15208
 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 ▼ 368.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784907
 Amount of Each Receipt this Period
 368.00

B. A Bruce Reid MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 S 8th St
 City Griffin State GA Zip Code 30224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopaedic & Sports Injury Ctr
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784908
 Amount of Each Receipt this Period
 250.00

C. Traci G Barthel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3130 110th Ave SE
 City Bellevue State WA Zip Code 98004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Orthopedic Associates
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 4784909
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1118.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 452
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ronald K Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2715 W Kettleman Lane
 Suite 203-349
 City Lodi State CA Zip Code 95242
 Name of Employer Sutter Gould Med Foundation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784911
 Amount of Each Receipt this Period 500.00

B. Marc J Michaud MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Cherry Ln
 City Bedford State NH Zip Code 03110
 Name of Employer NH Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784912
 Amount of Each Receipt this Period 250.00

C. David E Attarian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Jupiter Hills Ct
 City Durham State NC Zip Code 27712
 Name of Employer Duke University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2013
Transaction ID : 4784914
 Amount of Each Receipt this Period 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas S Gorsche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1633 Dakota Drive
 City Waterloo State IA Zip Code 50701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVMS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 28 / 2013**
Transaction ID : 4784915
 Amount of Each Receipt this Period **500.00**

B. Sheila Marie Algan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 NW 42nd St
 City Oklahoma City State OK Zip Code 73118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OU Physicians Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 27 / 2013**
Transaction ID : 4784917
 Amount of Each Receipt this Period **500.00**

c. Gerald W Rothacker Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 817 Woodfield Dr
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 26 / 2013**
Transaction ID : 4784919
 Amount of Each Receipt this Period **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 101 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Theodore W Parsons III, MD, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 817 Palms Road
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2013
Transaction ID : 4784920
 Amount of Each Receipt this Period
 1000.00

B. James K Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Belvin St
 City San Marcos State TX Zip Code 78666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lone Star Orthopedics, PA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2013
Transaction ID : 4784921
 Amount of Each Receipt this Period
 300.00

c. Allen G Lang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 British Columbia Ave
 City Ames State IA Zip Code 50014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VAMC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784923
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Edward V Fehring MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2013 Transaction ID : 4784924
Mailing Address 4508-38th St Ste 133		Amount of Each Receipt this Period 250.00
City Columbus	State NE	Zip Code 68601
FEC ID number of contributing federal political committee. C	Name of Employer Nebraska Medical Center	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Brad R Bruns MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2013 Transaction ID : 4784925
Mailing Address 5620 E Bell Rd		Amount of Each Receipt this Period 250.00
City Scottsdale	State AZ	Zip Code 85254-5950
FEC ID number of contributing federal political committee. C	Name of Employer Arizona Bone & Joint Specialists	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David A Fisher MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2013 Transaction ID : 4784926
Mailing Address 351 Breakwater Dr		Amount of Each Receipt this Period 1000.00
City Fishers	State IN	Zip Code 46037
FEC ID number of contributing federal political committee. C	Name of Employer Orthopaedics Indianapolis	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 103 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William D Allen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 My Dr
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates of Zanesville Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784927
 Amount of Each Receipt this Period
 250.00

B. Edward Adrian Connolly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 53rd Ave Ste LL04
 City Bettendorf State IA Zip Code 52722-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho & Rheumatology Assoc. Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784928
 Amount of Each Receipt this Period
 250.00

C. Raymond L Horwood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24723 Detroit Rd
 City Westlake State OH Zip Code 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784930
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Frank J Eismont MD		Date of Receipt
Mailing Address 4201 Palm Ln		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Miami FL 33137		Transaction ID : 4784931
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer University of Miami	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Matthew R Lindaman DO		Date of Receipt
Mailing Address 2130 E Stonebrook Ln		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Eldridge IA 52748		Transaction ID : 4784932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer ORA Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) c. John Sargent Rogerson MD		Date of Receipt
Mailing Address 2 Science Ct #101		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Madison WI 53711		Transaction ID : 4784934
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 105 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John Fletcher Lovejoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8605 Long Acre Ct
 City State Zip Code
 Bethesda MD 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Childrens National Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784935
 Amount of Each Receipt this Period
 250.00

B. Steven James Schechinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1575 Mesa Dr
 City State Zip Code
 Green Bay WI 54313-9367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ortho & Sports Med Spec of Green Bay Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784936
 Amount of Each Receipt this Period
 500.00

C. Howard I Freedberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2354 Tennyson
 City State Zip Code
 Highland Park IL 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Suburban Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784937
 Amount of Each Receipt this Period
 225.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Joseph E Mumford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3110 SW Briarwood Circle
 City Topeka State KS Zip Code 66611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stormont Vail Healthcare Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : 4784938
 Amount of Each Receipt this Period **250.00**

B. Thomas C Kennedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 Pecks Canyon
 City Yakima State WA Zip Code 98908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedics Northwest Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : 4784940
 Amount of Each Receipt this Period **1000.00**

c. Craig S Roberts MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5803 Apache Rd
 City Louisville State KY Zip Code 40207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Louisville Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : 4784941
 Amount of Each Receipt this Period **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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Robert J Hagen MD			Date of Receipt
Mailing Address 1411 S Creasy Ln Ste 120			<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4784942
Lafayette	IN	47905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Lafayette Orthopaedic Clinic	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. George B Verghese MD, FRCS			Date of Receipt
Mailing Address 1385 E 3130 N Rd			<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4784944
Chebanse	IL	60922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="375.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert L Welch MD			Date of Receipt
Mailing Address 1709 Friar Ln			<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4784945
Naperville	IL	60565	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="280.00"/>
Name of Employer	Occupation		
M&M Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1655.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. George Walter Balfour MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11538 Rubio Ave
 City Granada Hills State CA Zip Code 91344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Orthopaedic Surgery Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : 4784946
 Amount of Each Receipt this Period **1000.00**

B. David M King MD
 Full Name (Last, First, Middle Initial)
 Mailing Address W299 N1848 Wind Ridge Ct
 City Pewaukee State WI Zip Code 53072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : 4784947
 Amount of Each Receipt this Period **250.00**

C. Alan S Routman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1717 SE 9th St
 City Fort Lauderdale State FL Zip Code 33316-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : 4784948
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. G Klaud Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Simpson
 City Evanston State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Windy City Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784949
 Amount of Each Receipt this Period
 250.00

B. Steven E Fisher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ft Wayne Orthopaedics PO Box 2526
 City Fort Wayne State IN Zip Code 46801-2526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Wayne Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 4784950
 Amount of Each Receipt this Period
 1000.00

C. Cooper L Terry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 S Lamar Blvd
 City Oxford State MS Zip Code 38655-4732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784955
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James B MacDougall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 38608 128th St
 City Aberdeen State SD Zip Code 57401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Surgery Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4784956
 Amount of Each Receipt this Period **250.00**

B. William F Tucker Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3533 Southwestern Blvd.
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4784958
 Amount of Each Receipt this Period **500.00**

C. Lyle Sorensen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4120 Meridian Ave N
 City Seattle State WA Zip Code 98103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Med Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4784959
 Amount of Each Receipt this Period **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 111 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Adolph V Lombardi Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7277 Smith's Mill Rd
 Ste 200
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Joint Implant Surgeons, Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2013
Transaction ID : 4784960
 Amount of Each Receipt this Period 1000.00

B. Brad L Penenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 Moraga Drive
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2013
Transaction ID : 4784962
 Amount of Each Receipt this Period 1000.00

C. Michael R Ugino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1910 Blanding St
 City Columbia State SC Zip Code 29201-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2013
Transaction ID : 4784963
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. George W Westin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2488 N California St
 City Stockton State CA Zip Code 95204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alpine Orthopedic Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784964
 Amount of Each Receipt this Period
 500.00

B. Andrew Philip Manista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Golden Maple Ct NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olympia Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 542.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784965
 Amount of Each Receipt this Period
 542.00

C. Robert S Gorab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1985 Port Claridge Pl
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784967
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2042.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 452
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John A Barrasso MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4140 Centennial Hills Blvd Ste A
 City Casper State WY Zip Code 82609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United States Government Occupation United States Senator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784968
 Amount of Each Receipt this Period
 1000.00

B. Mininder S Kocher MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Strawberry Hill
 City Dover State MA Zip Code 02030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Childrens Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784969
 Amount of Each Receipt this Period
 250.00

C. Sean E McCance MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1155 Park Ave
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spine Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784971
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. George R Bradbury III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 N Avenida de San Ramon
 City Tucson State AZ Zip Code 85710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arizona Community Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 23 / 2013
Transaction ID : 4784972
 Amount of Each Receipt this Period 750.00

B. C Thomas Hopkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 S 8th St
 City Griffin State GA Zip Code 30224-4818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic And Sports Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2013
Transaction ID : 4784973
 Amount of Each Receipt this Period 250.00

c. Thomas D Magill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3082 W Shorewood Dr
 City La Porte State IN Zip Code 46350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana University La Porte Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2013
Transaction ID : 4784974
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert S Schultz MD
Full Name (Last, First, Middle Initial)

Mailing Address 2667 Weldon Rd

City	State	Zip Code
Billings	MT	59101

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

Name of Employer	Occupation
Billings Clinic	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784975

Amount of Each Receipt this Period
 250.00

B. Jefferey E Michaelson MD
Full Name (Last, First, Middle Initial)

Mailing Address 25871 Pembroke

City	State	Zip Code
Huntington Woods	MI	48070

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

Name of Employer	Occupation
Porretta Ctr for Orthopaedic Surgery	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784976

Amount of Each Receipt this Period
 380.00

C. Benjamin Shaffer MD
Full Name (Last, First, Middle Initial)

Mailing Address 4522 Lingan Way NW

City	State	Zip Code
Washington	DC	20007

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

Name of Employer	Occupation
Washington Orthopaedic Center	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784978

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	880.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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		<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--PAC of AAOS

A. J Lockwood Ochsner Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2018 Jefferson Ave.
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Clinic Foundation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784979
 Amount of Each Receipt this Period
 500.00

B. Matthew E Mitchell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4140 Centennial Hills Blvd Ste A
 City Casper State WY Zip Code 82609-3265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casper Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784980
 Amount of Each Receipt this Period
 1000.00

C. John W McClellan III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12715 Westchester Plz
 City Omaha State NE Zip Code 68154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nebraska Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784981
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kent E Woo MD
Full Name (Last, First, Middle Initial)

Mailing Address 309 Mcalpin Dr

City Savannah State GA Zip Code 31406-8923

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

Name of Employer Southeastern Orthopedic Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784982

Amount of Each Receipt this Period
 1000.00

B. Donald W Roberts MD
Full Name (Last, First, Middle Initial)

Mailing Address 9 Durham Street Number 3

City Boston State MA Zip Code 02115

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

Name of Employer NW Surgical Specialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784984

Amount of Each Receipt this Period
 250.00

C. David M Lintner MD
Full Name (Last, First, Middle Initial)

Mailing Address 6348 Mercer

City Houston State TX Zip Code 77005

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

Name of Employer Methodist Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784985

Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 452
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Louis U Bigliani MD		Date of Receipt
Mailing Address PH 11-1130 Center 622 W 168th St		M M M / D D D / Y Y Y Y Y Y 01 / 23 / 2013
City New York	State NY	Zip Code 10032-3713
FEC ID number of contributing federal political committee. C		Transaction ID : 4784986
Name of Employer Columbia University		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael G Brand MD		Date of Receipt
Mailing Address 16 Whitewood Hollow Ct		M M M / D D D / Y Y Y Y Y Y 01 / 23 / 2013
City Ridgefield	State CT	Zip Code 06877
FEC ID number of contributing federal political committee. C		Transaction ID : 4784987
Name of Employer Danbury Orthopedics		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Kevin Charles Booth MD		Date of Receipt
Mailing Address 100 Bridges Ct		M M M / D D D / Y Y Y Y Y Y 01 / 23 / 2013
City Alamo	State CA	Zip Code 94507
FEC ID number of contributing federal political committee. C		Transaction ID : 4784989
Name of Employer NCSI		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Hugh A Frederick MD		Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2013 Transaction ID : 4784990
Mailing Address 9301 N Central Expy Ste 350		Amount of Each Receipt this Period 250.00
City Dallas	State TX	Zip Code 75231-0808
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Willie J Banks Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2013 Transaction ID : 4784991
Mailing Address 2705 S 19th St		Amount of Each Receipt this Period 250.00
City Arlington	State VA	Zip Code 22204
FEC ID number of contributing federal political committee. C		
Name of Employer Dept of Veterans Affairs	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) c. Gary M Schniegenberg MD		Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2013 Transaction ID : 4784992
Mailing Address 1982 Road P1		Amount of Each Receipt this Period 500.00
City Bluffton	State OH	Zip Code 45817
FEC ID number of contributing federal political committee. C		
Name of Employer Orthopedic Institute of Ohio	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Peter C Amadio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 1st St S W
 City Rochester State MN Zip Code 55902-3008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784993
 Amount of Each Receipt this Period
 500.00

B. Scott W McCall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Tramore Ct
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MTBJ Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784994
 Amount of Each Receipt this Period
 500.00

C. Javad Parvizi MD, FRCS
 Full Name (Last, First, Middle Initial)
 Mailing Address 245 Maple Hill Rd
 City Gladwyne State PA Zip Code 19035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784995
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 121 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Neil B Callister MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1802 Quail Run Dr
 City Ogden State UT Zip Code 84403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Intermountain Healthcare Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784996
 Amount of Each Receipt this Period
 500.00

B. Robert A Bartosh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Magnolia Ct
 City Moultrie State GA Zip Code 31768-6764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DW Adcock Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784997
 Amount of Each Receipt this Period
 250.00

c. J Ollie Edmunds MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 1500 Tidewater Place
 1440 Canal St.
 City New Orleans State LA Zip Code 70112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4784998
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Alpesh D Shah MD		Date of Receipt 01 / 23 / 2013 Transaction ID : 4784999
Mailing Address 106 Fig Dr		Amount of Each Receipt this Period 500.00
City Dix Hills	State NY	Zip Code 11746
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Scott P Steinmann MD		Date of Receipt 01 / 23 / 2013 Transaction ID : 4785000
Mailing Address 1118 Plummer Circle		Amount of Each Receipt this Period 1000.00
City Rochester	State MN	Zip Code 55902
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Isador H Lieberman MD, MBA, F		Date of Receipt 01 / 23 / 2013 Transaction ID : 4785001
Mailing Address 6020 W Parker Rd Ste 200		Amount of Each Receipt this Period 375.00
City Plano	State TX	Zip Code 75093
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Back Institute	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Christopher Edward Emond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2404 Railroad St
 Apt 426
 City Pittsburgh State PA Zip Code 15222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785002
 Amount of Each Receipt this Period
 300.00

B. Andrew J Vicar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8934 Dandy Creek Dr
 City Indianapolis State IN Zip Code 46234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785003
 Amount of Each Receipt this Period
 250.00

c. Matthew John Weresh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6001 Westown Pkwy
 Attn: Mike Tebo
 City West Des Moines State IA Zip Code 50266-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Orthopedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785006
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ralph F Rashbaum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 W Parker Rd Ste 200
 City Plano State TX Zip Code 75093-8172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Back Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4785007
 Amount of Each Receipt this Period **1000.00**

B. William David Weiss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 Tommy Aaron Dr
 City Gainesville State GA Zip Code 30506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Specialty Clinics of Georgia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4785008
 Amount of Each Receipt this Period **250.00**

C. Kevin Bron Cleveland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 E Goodwyn St
 City Memphis State TN Zip Code 38111-2514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Campbell Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4785009
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Alan S Hilibrand MD		Date of Receipt
Mailing Address 925 Chestnut St 5th Fl		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4785011
Name of Employer Reconstruction Orthopaedic Assoc		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Lawrence D Dorr MD		Date of Receipt
Mailing Address 4335 Woodleigh Lane		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City La Canada	State CA	Zip Code 91011
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4785012
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="2000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Brian Makhuli MD		Date of Receipt
Mailing Address 1748 Woodwalk Creek		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4785014
Name of Employer Resurgens Orthopaedics		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John J Larkin Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2845 Chancellor Dr Ste 100
 City State Zip Code
 Crestview Hls KY 41017-3420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785015
 Amount of Each Receipt this Period
 1000.00

B. Craig H Rosen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1802 Champlain Dr
 City State Zip Code
 Voorhees Township NJ 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785016
 Amount of Each Receipt this Period
 500.00

c. Mark A Coppes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1227 Shannock Rd
 City State Zip Code
 Charlestown RI 02813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South County Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785018
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 127 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Roland Y Nakata MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 S Fairmont Ave
 City State Zip Code
 Lodi CA 95240-5116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785020
 Amount of Each Receipt this Period
 250.00

B. Thomas P Gross MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1910 Blanding St
 City State Zip Code
 Columbia SC 29201-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Midlands Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785025
 Amount of Each Receipt this Period
 1000.00

C. Mark W Woolf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3628 Country Club Circle
 City State Zip Code
 Ft Worth TX 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arlington Orthopedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785028
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Wayne Anthony Colizza MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Hillside Ct East
 City Morris Plains State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4785029
 Amount of Each Receipt this Period **500.00**

B. Alfred J Coppola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Vista Verde Way
 City Bakersfield State CA Zip Code 93309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785033
 Amount of Each Receipt this Period **250.00**

C. James John Verner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23075 Nottingham
 City Beverly Hills State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785034
 Amount of Each Receipt this Period **250.00**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Craig Robert Mahoney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 S 40th Ct
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Ortho Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785036
 Amount of Each Receipt this Period 375.00

B. Marc Romaine Davidson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2088 Alpine Dr
 City West Linn State OR Zip Code 97068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advantage Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785038
 Amount of Each Receipt this Period 1000.00

C. Richard N. Peterson JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 N River Rd
 City Rosemont State IL Zip Code 60018-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Orthopaedic Surg Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785041
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1625.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 130 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Carl E Becker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Southview Ln
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westphal Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785042
 Amount of Each Receipt this Period
 2500.00

B. Michael R Heilig MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Kelburn Ct
 City Lexington State KY Zip Code 40515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785043
 Amount of Each Receipt this Period
 1000.00

C. Joseph Assenmacher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7846 Old Sycamore Ln
 City Sylvania State OH Zip Code 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Promedica Physician Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785045
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 131 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Randall Evan Marcus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11100 Euclid Ave
 City Cleveland State OH Zip Code 44106-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNMG Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785046
 Amount of Each Receipt this Period
250.00

B. Thomas M McQuail MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4125 Oberon Dr
 City Smyrna State GA Zip Code 30080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785048
 Amount of Each Receipt this Period
1000.00

C. R William Petty MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 NW 66th Ct
 City Gainesville State FL Zip Code 32653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Exactech, Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785049
 Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Karl E Rathjen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Orthopaedics
 2222 Welborn St
 City Dallas State TX Zip Code 75219-3993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Scottish Rite Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785050
 Amount of Each Receipt this Period
1000.00

B. Peter W Ross MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3916
 City Soldotna State AK Zip Code 99669-3916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785051
 Amount of Each Receipt this Period
250.00

C. Michael Marks MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Marine Ave
 City Westport State CT Zip Code 06880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norwalk Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785052
 Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William H Warden III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2760 Atlantic Ave
 City Long Beach State CA Zip Code 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Orthopaedic Surgical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785057
 Amount of Each Receipt this Period **500.00**

B. William A Frisella Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Princeton Ave
 City University City State MO Zip Code 63130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Peters Bone and Joint Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785058
 Amount of Each Receipt this Period **500.00**

c. Charles A Sommer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Wagon Dr
 City Wilbraham State MA Zip Code 01095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harrington Physician Services Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785060
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kenneth A Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address # 5 Platt Ct
 City Maumelle State AR Zip Code 72113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin Bowen Hefley Orthopaedi Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785061
 Amount of Each Receipt this Period
 500.00

B. Gregory G Orson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2049 Rose Creek Blvd
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785062
 Amount of Each Receipt this Period
 500.00

c. David F Bindelglass MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Kings Hwy Cutoff Ste 100
 City Fairfield State CT Zip Code 06824-5358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785063
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Edward A Stokel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 616
 City Petoskey State MI Zip Code 49770-0616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785064
 Amount of Each Receipt this Period **500.00**

B. David A Mattingly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Longwood Orthopedic Associates 830 Boylston St Ste 106
 City Chestnut Hill State MA Zip Code 02467-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Longwood Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785065
 Amount of Each Receipt this Period **500.00**

C. Shepard R Hurwitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Silver Cedar Ct Ste 100
 City Chapel Hill State NC Zip Code 27514-1585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABOS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785066
 Amount of Each Receipt this Period **300.00**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Douglas W Kiburz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5075 Hwy Y
 City Sedalia State MO Zip Code 65301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785067
 Amount of Each Receipt this Period
 500.00

B. John T Gill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3424 Wentwood Dr
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dallas Sports Medicine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785070
 Amount of Each Receipt this Period
 1000.00

C. Bradley J Nelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6820 Valley View Rd
 City Edina State MN Zip Code 55439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Minnesota Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785071
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James A Moore MD
Full Name (Last, First, Middle Initial)

Mailing Address 425 E 63rd St W2d

City New York State NY Zip Code 10065

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

Name of Employer Lincoln Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785072

Amount of Each Receipt this Period 250.00

B. Odest F Cannon MD
Full Name (Last, First, Middle Initial)

Mailing Address 1015 SE 17th St Ste 100

City Ocala State FL Zip Code 34471-3920

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785073

Amount of Each Receipt this Period 500.00

C. Andrew T Brooks MD
Full Name (Last, First, Middle Initial)

Mailing Address 1412 Exeter Ct

City Davis State CA Zip Code 95618

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 ▼ 225.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785074

Amount of Each Receipt this Period 225.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

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

Mailing Address 668 N. Lake Dr.

City Watertown State SD Zip Code 57201

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 17 / 2013
Transaction ID : 4785077

Amount of Each Receipt this Period
250.00

B. Manuel M Monasterio MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7401

City Ponce State PR Zip Code 00732-7401

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 17 / 2013
Transaction ID : 4785078

Amount of Each Receipt this Period
250.00

c. Anthony J Adrignolo III, MD
Full Name (Last, First, Middle Initial)

Mailing Address 24965 Rivermere Dr

City Eden State MD Zip Code 21822

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

Name of Employer
Pennisula Orthopaedic Associates
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 17 / 2013
Transaction ID : 4785081

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John W Gainor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 Via St
 City Goleta State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Santa Barbara Medical Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785082
 Amount of Each Receipt this Period
 500.00

B. Joseph A Buckwalter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho 01008 JPP
 200 Hawkins Dr
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals & Clinics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785083
 Amount of Each Receipt this Period
 250.00

C. Gregory S Slaphey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Fairway Dr
 City Carrollton State GA Zip Code 30117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carrollton Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785089
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<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--PAC of AAOS

A. John S Early MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8210 Walnut Hill Ln Ste 130
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785090
 Amount of Each Receipt this Period
 1000.00

B. George W Brindley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 7th Street
 City Lubbock State TX Zip Code 79416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Tech Health Sciences Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785091
 Amount of Each Receipt this Period
 1000.00

C. Robert H Harrington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Marsh Brook Dr Ste 205
 City Somersworth State NH Zip Code 03878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seacoast Ortho & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785094
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 141 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James H Van Olst MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 SW Washington Ave #605
 City Corvallis State OR Zip Code 97333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785097
 Amount of Each Receipt this Period
 250.00

B. Thomas J Dowling Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 763 Larkfield Rd 2nd Fl
 City Commack State NY Zip Code 11725-3131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Island Spine Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785098
 Amount of Each Receipt this Period
 1000.00

C. Matthew R Bong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address N61W30697 Beaver View Rd
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785099
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Babak Sheikh MD
Full Name (Last, First, Middle Initial)

Mailing Address 2532 Hunters Run Way

City Weston State FL Zip Code 33327

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 ▼ **750.00**

Date of Receipt **01 / 17 / 2013**

Transaction ID : 4785100

Amount of Each Receipt this Period **750.00**

B. Edward F W Swan MD
Full Name (Last, First, Middle Initial)

Mailing Address 257 Harmony Ln

City Titusville State FL Zip Code 32780

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

Name of Employer Retired Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 17 / 2013**

Transaction ID : 4785102

Amount of Each Receipt this Period **500.00**

C. Paul Tornetta III, MD
Full Name (Last, First, Middle Initial)

Mailing Address 850 Harrison Ave

City Boston State MA Zip Code 02118

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

Name of Employer Boston Medical Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 17 / 2013**

Transaction ID : 4785103

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Scott Gunnar Quisling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3275 Bransley Way
 City Duluth State GA Zip Code 30097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785105
 Amount of Each Receipt this Period
 500.00

B. Scott Berkenblit MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Roland Springs Dr
 City Baltimore State MD Zip Code 21210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785106
 Amount of Each Receipt this Period
 250.00

C. Charles H Alexander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6758 Passons Blvd
 City Pico Rivera State CA Zip Code 90660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785107
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kathryn A Caulfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Major Run
 City Cramerton State NC Zip Code 28032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caromont Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785110
 Amount of Each Receipt this Period
 300.00

B. Jeffrey V Dermksian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1790 Broadway 10th Floor
 City New York State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Orthopaedics & Sports Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785111
 Amount of Each Receipt this Period
 500.00

C. Ganesh G Gupta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17422 Thomas Ln Rd
 City Smithville State MO Zip Code 64089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Orthopaedic Services Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785112
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Andrew Barrett Wolff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 Douglass Dr
 City State Zip Code
 Mc Lean VA 22101-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nirschl Orthopaedic Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785115
 Amount of Each Receipt this Period
 1000.00

B. Thomas N Joseph MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1910 Lyttleton St
 City State Zip Code
 Camden SC 29020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Camden Bone & Joint Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785116
 Amount of Each Receipt this Period
 1000.00

C. George H Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21249 Claythorne Rd
 City State Zip Code
 Shaker Heights OH 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Case Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785117
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2375.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Christopher S Proctor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 Las Palmas Dr
 City Santa Barbara State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alta Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785118
 Amount of Each Receipt this Period
 250.00

B. Gregory J Austin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Narragansett Bay Ave
 City Warwick State RI Zip Code 02889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Assoc Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785120
 Amount of Each Receipt this Period
 250.00

c. Ajoy K Jana MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15902 Patrick Ave
 City Omaha State NE Zip Code 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians Clinic Sports Med C Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785122
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Robert A Caveney MD		Date of Receipt
Mailing Address 2115 Chapline St VPC Ste 107		M M / D D / Y Y Y Y Y 01 / 17 / 2013
City	State	Zip Code
Wheeling	WV	26003-3859
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	
		Amount of Each Receipt this Period
		250.00

Full Name (Last, First, Middle Initial) B. Michael J Archibeck MD		Date of Receipt
Mailing Address 4409 Chinlee Ave		M M / D D / Y Y Y Y Y 01 / 17 / 2013
City	State	Zip Code
Albuquerque	NM	87110
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
New Mexico Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	
		Amount of Each Receipt this Period
		500.00

Full Name (Last, First, Middle Initial) C. William J Best		Date of Receipt
Mailing Address PO Box 3375		M M / D D / Y Y Y Y Y 01 / 17 / 2013
City	State	Zip Code
Jackson	WY	83001
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Retired	Lay Board Member	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	
		Amount of Each Receipt this Period
		1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William L Hennrikus Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Laurel Ridge Rd
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Medical Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785129
 Amount of Each Receipt this Period
 250.00

B. Austin Thomas Fragomen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 48-25 64th St
 City Woodside State NY Zip Code 11377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785132
 Amount of Each Receipt this Period
 500.00

C. Paul Andrew Puckett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Fox Hollow Rd
 City Missoula State MT Zip Code 59802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missoula Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785134
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Russell G Tigges MD
Full Name (Last, First, Middle Initial)

Mailing Address 15 Stanford Court

City Rhinebeck State NY Zip Code 12572

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

Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785136

Amount of Each Receipt this Period
 500.00

B. Robert O Anderson MD
Full Name (Last, First, Middle Initial)

Mailing Address 9800 55th St N

City Lake Elmo State MN Zip Code 55042

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

Name of Employer Summit Orthopedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785140

Amount of Each Receipt this Period
 1000.00

C. Richard D Guyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 6020 W Parker Rd #200

City Plano State TX Zip Code 75093

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

Name of Employer Texas Back Institute Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785141

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James Mastin Farmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Longview Rd
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lewis-Gale Physicians Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785143
 Amount of Each Receipt this Period
 250.00

B. Gregory A Mencio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 906 Riverbend Rd
 City Nashville State TN Zip Code 37221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785144
 Amount of Each Receipt this Period
 500.00

C. Kevin G Shea MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4620 N Bantry Pl
 City Boise State ID Zip Code 83702-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Lukes Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785145
 Amount of Each Receipt this Period
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Peter M Bonutti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 W Evergreen Ave
 City Effingham State IL Zip Code 62401-1387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785146
 Amount of Each Receipt this Period
 750.00

B. Andre Michael Ishak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2221 Wankel Way
 City Oxnard State CA Zip Code 93036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ventura Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785147
 Amount of Each Receipt this Period
 250.00

C. Andrew Peter Kant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2240 Looscan Ln
 City Houston State TX Zip Code 77019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KSF Orthopaedic Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785148
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Treg D Brown MD
Full Name (Last, First, Middle Initial)

Mailing Address 110 Sunrise Trail

City Carbondale State IL Zip Code 62902

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

Name of Employer SIOC Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 17 / 2013
Transaction ID : 4785149

Amount of Each Receipt this Period
250.00

B. Charles M Blitzer MD
Full Name (Last, First, Middle Initial)

Mailing Address 61 Canney Rd

City Durham State NH Zip Code 03824

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

Name of Employer Seacoast Ortho & Sports Medicine Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 17 / 2013
Transaction ID : 4785150

Amount of Each Receipt this Period
1000.00

C. Lowry Jones Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 2609 W 65th St

City Mission Hills State KS Zip Code 66208

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

Name of Employer Dickson Diveley Midwest Ortho Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 17 / 2013
Transaction ID : 4785151

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 153 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mark W Hollmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3865 Bird Dog Lane
 City Deland State FL Zip Code 32724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785154
 Amount of Each Receipt this Period
 250.00

B. Abdul Foad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19152 247th Avenue
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785155
 Amount of Each Receipt this Period
 1000.00

C. John D Tomasin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 G Prentice Dr.
 City Healdsburg State CA Zip Code 95448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern California Medical Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785157
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 154 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kevin P Black MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 628 Grey Drive
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Medical Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785159
 Amount of Each Receipt this Period
 1000.00

B. Hans C Kioschos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 622 Par Dr
 City Gillette State WY Zip Code 82718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Powder River Orthopaedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785160
 Amount of Each Receipt this Period
 500.00

c. Joseph J. Calandra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2514 Harriets Island Ct
 City Mount Pleasant State SC Zip Code 29466-8048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Performance Consultants Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785162
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Hector M Pedraza MD
Full Name (Last, First, Middle Initial)

Mailing Address 101 Teal Pointe Drive

City State Zip Code
Pikeville NC 27863

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

Name of Employer Occupation
Wayne Health Inc Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2013
Transaction ID : 4785166

Amount of Each Receipt this Period
500.00

B. James W Nichols DO
Full Name (Last, First, Middle Initial)

Mailing Address 1112 Mill St

City State Zip Code
Camden SC 29020-3712

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

Name of Employer Occupation
Camden Bone & Joint Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2013
Transaction ID : 4785167

Amount of Each Receipt this Period
1000.00

c. Mark Shannon Lawler MD
Full Name (Last, First, Middle Initial)

Mailing Address 324 Carrera Dr

City State Zip Code
Mill Valley CA 94941

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2013
Transaction ID : 4785168

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. David P Mesna MD
Full Name (Last, First, Middle Initial)

Mailing Address 3704 Camino Codorniz

City Calabasas State CA Zip Code 91302-3043

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

Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785169

Amount of Each Receipt this Period
 300.00

B. Gregory M Hrasky MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2767

City Scottsdale State AZ Zip Code 85252

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 16 / 2013
Transaction ID : 4785170

Amount of Each Receipt this Period
 1000.00

C. Anthony J Shaia MD
Full Name (Last, First, Middle Initial)

Mailing Address 11413 Barrington Bridge Ct

City Richmond State VA Zip Code 23233

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

Name of Employer WEOC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 14 / 2013
Transaction ID : 4785173

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. James D Kelly II, MD		Date of Receipt
Mailing Address 4 Miley St		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Francisco	CA	94123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4785175
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Wesley Hanna MD		Date of Receipt
Mailing Address 1193 Angelo Court		<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Atlanta	GA	30319
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4785177
Name of Employer	Occupation	Amount of Each Receipt this Period
Resurgens Orthopaedics	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen M McCollam MD		Date of Receipt
Mailing Address 2001 Peachtree Rd NE Ste 705		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Atlanta	GA	30309-1476
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4785180
Name of Employer	Occupation	Amount of Each Receipt this Period
Peachtree Orthopaedics	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daveed D Frazier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ortho Assocs of New York
 343 W 58th St Ste 1
 City New York State NY Zip Code 10019-1115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Self Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 4785183
 Amount of Each Receipt this Period
250.00

B. Christopher N Chihlas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 River Farm Drive
 City East Greenwich State RI Zip Code 02818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 4785185
 Amount of Each Receipt this Period
750.00

C. John F Tompkins II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho Surg Ste WP1380
 PO Box 26901
 City Oklahoma City State OK Zip Code 73126-0901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 4785187
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas J Fox MD
Full Name (Last, First, Middle Initial)

Mailing Address 1027 Bellevue Ave Ste 25

City Saint Louis State MO Zip Code 63117-1850

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 07 / 2013
Transaction ID : 4785188

Amount of Each Receipt this Period 500.00

B. Randall J Lewis MD
Full Name (Last, First, Middle Initial)

Mailing Address 5631 Bent Branch Rd

City Bethesda State MD Zip Code 20816

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

Name of Employer Washington Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 07 / 2013
Transaction ID : 4785191

Amount of Each Receipt this Period 500.00

c. Jerald L Cooper MD
Full Name (Last, First, Middle Initial)

Mailing Address 7601 W Jefferson Blvd

City Fort Wayne State IN Zip Code 46804

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2013
Transaction ID : 4785192

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 160 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Stephen T Imrie MD

Mailing Address 123 Di Salvo Ave Ste C

City State Zip Code
 San Jose CA 95128-1717

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

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 4785196

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. J Wendell Duncan MD

Mailing Address 3650 J Dewey Gray Cir

City State Zip Code
 Augusta GA 30909

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

Name of Employer Occupation
 Augusta Ortho & Sports Med Specialists Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 4785197

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Clark P Searle MD

Mailing Address N5390 Rancho Viejo Rd

City State Zip Code
 Fond Du Lac WI 54937

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

Name of Employer Occupation
 Fond Du Lac Regional Clinic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 4785199

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 452		
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Alonzo D Kornegay Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Kimel Park Dr
 PO Box 25626
 City Winston-Salem State NC Zip Code 27114-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 4785200
 Amount of Each Receipt this Period
 1000.00

B. Michael R Schuck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8010 Orchard Path Rd
 City Colorado Springs State CO Zip Code 80919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785247
 Amount of Each Receipt this Period
 500.00

C. Vincent J Russo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10290 N 92nd St Ste 103
 City Scottsdale State AZ Zip Code 85258-4508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : 4785249
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daveed D Frazier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ortho Assocs of New York
 343 W 58th St Ste 1
 City New York State NY Zip Code 10019-1115
 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 **350.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4785252
 Amount of Each Receipt this Period **100.00**

B. David P Rudman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 Clinton Ave
 City Wyckoff State NJ Zip Code 07481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Specialty Orthopedics of NJ Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4785254
 Amount of Each Receipt this Period **500.00**

C. Oran Daniel Fox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11229 Terwilliger's Run Dr
 City Cincinnati State OH Zip Code 45249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beacon Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 23 / 2013**
Transaction ID : 4785255
 Amount of Each Receipt this Period **250.00**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Daniel Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9808 Winter Palace Dr
 City Las Vegas State NV Zip Code 89145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785257
 Amount of Each Receipt this Period
 500.00

B. Alan B Thomas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7308 Bridgeport Way W Ste 201
 City Lakewood State WA Zip Code 98499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785259
 Amount of Each Receipt this Period
 1000.00

C. Patrick J Halpin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3125 Anchor Ln NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olympia Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785260
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert A Arciero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Fallbrook
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Connecticut Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785261
 Amount of Each Receipt this Period
 250.00

B. Steven Marc Stoller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 S Dean St
 City Englewood State NJ Zip Code 07631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785262
 Amount of Each Receipt this Period
 1000.00

C. Peter J Spohn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1809 Brandon Dr
 City Florence State SC Zip Code 29505-3107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albemarle Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785263
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Joseph W Clark MD
 Full Name (Last, First, Middle Initial)
 Mailing Address The Orthopaedic Center
 927 Franklin St SE Ste 3
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TOC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785265
 Amount of Each Receipt this Period **1000.00**

B. Eugene D DellaMaggiore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1214 Sierra Ave
 City San Jose State CA Zip Code 95126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785266
 Amount of Each Receipt this Period **250.00**

C. Peter J Mandell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Rollins Rd
 City Burlingame State CA Zip Code 94010
 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 **5000.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785267
 Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional)..... **6250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert J Berkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 32091 Ventanas Circle
 City Avon Lake State OH Zip Code 44012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785269
 Amount of Each Receipt this Period
 250.00

B. James O Maher III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Peckham Ave
 City Newport State RI Zip Code 02840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785272
 Amount of Each Receipt this Period
 250.00

C. Howard L Berg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7900 Bennington Dr
 City Amarillo State TX Zip Code 79119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785273
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Benjamin N Rosenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1436 Exchange St
 City Middlebury State VT Zip Code 05753
 Name of Employer Champlain Valley Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2013
Transaction ID : 4785276
 Amount of Each Receipt this Period 1000.00

B. David B Coward MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 K St Ste 310
 City Sacramento State CA Zip Code 95816-5119
 Name of Employer Sacramento Knee & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2013
Transaction ID : 4785277
 Amount of Each Receipt this Period 250.00

C. David W Romness MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Commonwealth Orthopaedics
 1635 N George Mason Dr Ste 310
 City Arlington State VA Zip Code 22205-3616
 Name of Employer Commonwealth Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2013
Transaction ID : 4785278
 Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Gary Drillings MD
Full Name (Last, First, Middle Initial)

Mailing Address 10 Nelson Lane

City Montville State NJ Zip Code 07045

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 22 / 2013
Transaction ID : 4785279

Amount of Each Receipt this Period
500.00

B. Stephen C Weber MD
Full Name (Last, First, Middle Initial)

Mailing Address 2801 K St Ste 310

City Sacramento State CA Zip Code 95816-5119

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 22 / 2013
Transaction ID : 4785281

Amount of Each Receipt this Period
250.00

C. Bradford L Currier MD
Full Name (Last, First, Middle Initial)

Mailing Address 200 First St SW
Dept of Ortho Surg

City Rochester State MN Zip Code 55905

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

Name of Employer Occupation
Mayo Clinic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 22 / 2013
Transaction ID : 4785283

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Paul K Peartree MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Hagen Dr Ste 220
 City Rochester State NY Zip Code 14625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Rochester Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785284
 Amount of Each Receipt this Period **250.00**

B. Rafael Antonio Lopez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 363682
 City San Juan State PR Zip Code 00936-3682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785287
 Amount of Each Receipt this Period **1000.00**

C. William A Leone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 NE 27th Ave
 City Lighthouse Point State FL Zip Code 33064-8107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holy Cross Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785289
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John A Repicci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4510 Main St
 City Buffalo State NY Zip Code 14226-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 22 / 2013
Transaction ID : 4785290
 Amount of Each Receipt this Period 500.00

B. Michael Leathers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 K St Ste 330
 City Sacramento State CA Zip Code 95816-5119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 22 / 2013
Transaction ID : 4785292
 Amount of Each Receipt this Period 250.00

c. Mary Haus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Briarwood Dr
 City Jeannette State PA Zip Code 15644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Valley Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 22 / 2013
Transaction ID : 4785293
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 171 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James W Scott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7630
 City Tifton State GA Zip Code 31793-7630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785294
 Amount of Each Receipt this Period
 1000.00

B. Andrew A Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14159 Beresford Rd
 City Beverly Hills State CA Zip Code 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1130.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785296
 Amount of Each Receipt this Period
 1130.00

C. Antoine I Jabbour MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5304 E 79 St
 City Tulsa State OK Zip Code 74136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulsa Bone and Joint Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785297
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2630.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Joseph B Chalal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 Brooks Lane
 City Delray Beach State FL Zip Code 33483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785299
 Amount of Each Receipt this Period
 250.00

B. John R Tongue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6485 SW Borland Rd Ste A
 City Tualatin State OR Zip Code 97062-9762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785305
 Amount of Each Receipt this Period
 1000.00

C. Russell Cecil MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5010 St Hwy 30 Ste 205
 City Amsterdam State NY Zip Code 12010-7532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785307
 Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John C Gordon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1232 Race Rd. #102
 City Baltimore State MD Zip Code 21237-4377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785308
 Amount of Each Receipt this Period
 500.00

B. James L Scales MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 280 Newton Sparta Rd Ste 4
 City Newton State NJ Zip Code 07860-2775
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785310
 Amount of Each Receipt this Period
 300.00

C. Kevin John Bozic MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Pigeon Hollow Rd
 City San Rafael State CA Zip Code 94901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of California San Francisco
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785311
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Larry Benz Marti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12110 State Rt CC
 City Rolla State MO Zip Code 65401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Johns Mercy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785312
 Amount of Each Receipt this Period **250.00**

B. Thomas W Wright MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 112727
 3450 Hull Road
 City Gainesville State FL Zip Code 32610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785315
 Amount of Each Receipt this Period **1000.00**

C. Mark A Sprague MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Old Tree Farm Rd
 City Stockbridge State MA Zip Code 01262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 22 / 2013**
Transaction ID : 4785318
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Eric T Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Nest Ct
 City State Zip Code
 Wilmington DE 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 1st State Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : 4785321
 Amount of Each Receipt this Period
 1000.00

B. William G DeLong Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 Kings Hwy East
 City State Zip Code
 Haddonfield NJ 08033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Lukes Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785323
 Amount of Each Receipt this Period
 500.00

C. Michael J Yaszemski MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2806 15th Ave SW
 City State Zip Code
 Rochester MN 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mayo Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785325
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Stuart L Weinstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Hawkins Dr Ste 01026JPP
 City Iowa City State IA Zip Code 52242-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals & Clinics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785326
 Amount of Each Receipt this Period 1000.00

B. Christian T Royer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5159 Stillwater Trail
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Texas Provider Network Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785327
 Amount of Each Receipt this Period 250.00

C. George F Chimento MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Chester St
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785329
 Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kourosh Korsh Jafarnia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 617 Little John
 City Houston State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Methodist Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785331
 Amount of Each Receipt this Period
 500.00

B. William G Humphreys MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Hill Pine Dr
 City Saint Joseph State MO Zip Code 64505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ortho & Sports Medicine Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785334
 Amount of Each Receipt this Period
 1000.00

C. William Bugbee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10666 north torrey pines rd
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785335
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Wayne Z Burkhead Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9301 N Central Expy
 Ste 400
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Carrell Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785336
 Amount of Each Receipt this Period
 500.00

B. Steven I Grindel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7615 N Beach Dr
 City Fox Point State WI Zip Code 53217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785337
 Amount of Each Receipt this Period
 250.00

C. Robert Thomas Fisher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Thomas Johnson Dr
 City Frederick State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frederick Memorial Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785338
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Peter J Stern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 Albert Sabin Way
 Room 3110
 City Cincinnati State OH Zip Code 45267-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Cincinnati College of Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 18 / 2013**
Transaction ID : 4785340
 Amount of Each Receipt this Period **250.00**

B. Robert A Gurtler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2192 Wagon Trail Rd
 City White Heath State IL Zip Code 61884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carle Clinic Assoc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 18 / 2013**
Transaction ID : 4785341
 Amount of Each Receipt this Period **250.00**

C. John W Durham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 W Fir Ave
 City Flagstaff State AZ Zip Code 86001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Arizona Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 18 / 2013**
Transaction ID : 4785342
 Amount of Each Receipt this Period **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 180 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven Brent Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8811 N Sycamore Ave
 City Kansas City State MO Zip Code 64157-6223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northland Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785345
 Amount of Each Receipt this Period 500.00

B. Timothy Allen Gibbons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 S Crescent Dr
 City Mason City State IA Zip Code 50401-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mason City Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785348
 Amount of Each Receipt this Period 1000.00

C. Matthew J Kirsch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 Epperstone Enclave NE
 City Byron State MN Zip Code 55920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785352
 Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 181 OF 452
(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--PAC of AAOS

A. David Matthew Beard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 32nd Ave South
 City State Zip Code
 Fargo ND 58103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Essentia Health Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785353
 Amount of Each Receipt this Period
 300.00

B. Eric Wroten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 Ridgewood Rd
 City State Zip Code
 Fort Worth TX 76107-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Texas Health Care Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785355
 Amount of Each Receipt this Period
 250.00

C. Lorenzo Pacelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10675 Haven Brook Pl
 City State Zip Code
 San Diego CA 92130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scripps Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785356
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Brian Jeffrey Bear MD
Full Name (Last, First, Middle Initial)

Mailing Address 324 Roxbury Rd

City Rockford State IL Zip Code 61107

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

Name of Employer Rockford Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785359

Amount of Each Receipt this Period 1000.00

B. Michael P Young MD
Full Name (Last, First, Middle Initial)

Mailing Address 350 Fox Hunt Trail

City Barrington State IL Zip Code 60010

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

Name of Employer Lake Cook Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785360

Amount of Each Receipt this Period 250.00

c. John J Callahan Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 10 Braunview Way

City Orchard Park State NY Zip Code 14127

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

Name of Employer Excelsior Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785361

Amount of Each Receipt this Period 1000.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. F Thomas Davies Kaplan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11542 Willow Springs Dr
 City Zionsville State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hand Surgery Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785362
 Amount of Each Receipt this Period 500.00

B. Arthur L Valadie III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 526 56th St
 City Holmes Beach State FL Zip Code 34217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785365
 Amount of Each Receipt this Period 250.00

C. Matthew J Landfried MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Chandler Ave
 City Batavia State NY Zip Code 14020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785367
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 184 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Lauren Parkhill Adey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Bridle Path
 City Falmouth State ME Zip Code 04105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Maine Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785368
 Amount of Each Receipt this Period
 250.00

B. Joseph H Wombwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4715 john scott drive
 City Lynchburg State VA Zip Code 24503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCCV Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785370
 Amount of Each Receipt this Period
 250.00

c. Gerald J Lang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 Highland Ave
 City Madison State WI Zip Code 53705-2281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785371
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 185 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. David M Henneghan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 Shadow View Circle
 City Plover State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Klasinski Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785375
 Amount of Each Receipt this Period
 250.00

B. Joseph S Barr Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Edgewater Dr
 City Needham State MA Zip Code 02492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Assoc Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785376
 Amount of Each Receipt this Period
 250.00

C. Robert M O'Hollaren MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3525 Loma Vista Rd
 City Ventura State CA Zip Code 93003-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventura Ortho & Sports Medical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785378
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Richard J Mason MD
Full Name (Last, First, Middle Initial)

Mailing Address 510 Idlewild Ave

City Easton State MD Zip Code 21601

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

Name of Employer Delmarva Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785382

Amount of Each Receipt this Period 500.00

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

Mailing Address 201 Stoney Creek Rd

City Clarks Summit State PA Zip Code 18411

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

Name of Employer Wayne Memorial Healthcare System Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785383

Amount of Each Receipt this Period 250.00

C. Mark W Diehl MD
Full Name (Last, First, Middle Initial)

Mailing Address 1110 Hazeltine Ln

City Kennesaw State GA Zip Code 30152

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

Name of Employer Pinnacle Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2013
Transaction ID : 4785386

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Scott P Schemmel MD
Full Name (Last, First, Middle Initial)

Mailing Address 1160 Pamela Ct

City Dubuque State IA Zip Code 52003

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

Name of Employer Medical Associates Clinic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785387

Amount of Each Receipt this Period
 250.00

B. Brian A Shaw MD
Full Name (Last, First, Middle Initial)

Mailing Address 8340 Westwood Rd

City Colorado Springs State CO Zip Code 80919-3243

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

Name of Employer Univ of Colorado Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785389

Amount of Each Receipt this Period
 250.00

c. John English Feighan MD
Full Name (Last, First, Middle Initial)

Mailing Address 2260 Harcourt Dr

City Cleveland Heights State OH Zip Code 44106

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

Name of Employer University Hospital Medical Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785391

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. A Herbert Alexander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Defiance
 PO Box 1657
 City Sun Valley State ID Zip Code 83353-1657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785392
 Amount of Each Receipt this Period
 250.00

B. Jacob M Buchowski MD, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Rio Vista Dr
 City Saint Louis State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Univ St Louis
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785393
 Amount of Each Receipt this Period
 250.00

C. Peter W Gilmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3211 Moore's Mill Rd
 City Rougemont State NC Zip Code 27572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triangle Orthopaedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785394
 Amount of Each Receipt this Period
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven J Triantafyllou MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 Country Manor Drive
 City York State PA Zip Code 17408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785395
 Amount of Each Receipt this Period
 1000.00

B. Jeffrey R Kuhlman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 179 Arnold Palmer Dr
 City Advance State NC Zip Code 27006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Healthcare, PA Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785397
 Amount of Each Receipt this Period
 250.00

C. Gautham Gondi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Atherholt Rd
 City Lynchburg State VA Zip Code 24501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ortho Center of Central Virginia Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785398
 Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Susan E Stephens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Chartley
 City Gates Mills State OH Zip Code 44040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Institute for Spine, Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785399
 Amount of Each Receipt this Period
 250.00

B. Robert C Kramer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3650 Laurel Ave
 City Beaumont State TX Zip Code 77707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Bone & Joint Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785402
 Amount of Each Receipt this Period
 500.00

C. Jay M Minorik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4924 Silentwind Way
 City Appleton State WI Zip Code 54913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785403
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James J Purtill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 Darby Paoli Rd
 City Villanova State PA Zip Code 19085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785404
 Amount of Each Receipt this Period
 1000.00

B. S Dale Yakish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1030 Beaner Hollow Rd
 City Beaver State PA Zip Code 15009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Association of Specialty Physicians Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785405
 Amount of Each Receipt this Period
 1000.00

C. Tomasz W Borowiecki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Linden Ln
 City Springfield State IL Zip Code 62712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springfield Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785406
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 192 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Douglas S Musgrave MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15800 NW Fair Acres Dr
 City Vancouver State WA Zip Code 98685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Surgical Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785407
 Amount of Each Receipt this Period
 500.00

B. Richard Layfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12722 Clifton Heights Lane
 City Clifton State VA Zip Code 20124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nova Ortho and Spine Care Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785408
 Amount of Each Receipt this Period
 250.00

C. James R Kasser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Vesta Rd
 City Natick State MA Zip Code 01760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COSF Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785409
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Edward C Littlejohn MD
Full Name (Last, First, Middle Initial)

Mailing Address 14911 National Ave Ste 3A

City Los Gatos	State CA	Zip Code 95032-2632
-------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	18	/	2013

Transaction ID : 4785411

Amount of Each Receipt this Period
250.00

B. Rick W Wright MD
Full Name (Last, First, Middle Initial)

Mailing Address Department of Orthopaedic Surgery
660 South Euclid Avenue, Campus Bo

City Saint Louis	State MO	Zip Code 63110
---------------------	-------------	-------------------

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

Name of Employer Washington University	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	18	/	2013

Transaction ID : 4785413

Amount of Each Receipt this Period
250.00

C. William B Stetson MD
Full Name (Last, First, Middle Initial)

Mailing Address 228 20th Street

City Manhattan Beach	State CA	Zip Code 90266
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	18	/	2013

Transaction ID : 4785414

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Jacquelin Perry MD			Date of Receipt MM / DD / YYYY 01 / 18 / 2013 Transaction ID : 4785415
Mailing Address 12319 Brock Ave			Amount of Each Receipt this Period 250.00
City Downey	State CA	Zip Code 90242-3503	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Retired		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Bryan H Larson MD			Date of Receipt MM / DD / YYYY 01 / 18 / 2013 Transaction ID : 4785416
Mailing Address 1194 23rd St			Amount of Each Receipt this Period 250.00
City Cameron	State WI	Zip Code 54822	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Marshfield Clinic		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bernard A Roehr MD			Date of Receipt MM / DD / YYYY 01 / 18 / 2013 Transaction ID : 4785417
Mailing Address 601 John St. Suite M-424			Amount of Each Receipt this Period 1000.00
City Kalamazoo	State MI	Zip Code 49007	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Healthcare Midwest		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Peter A Caprise MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 St Andrews Circle
 City Lynchburg State VA Zip Code 24503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCCV Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785419
 Amount of Each Receipt this Period
 500.00

B. Chris John Dangles MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 W University Ave
 City Champaign State IL Zip Code 61821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carle Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785420
 Amount of Each Receipt this Period
 250.00

C. Joel Wolfe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 278 Blue Isle Drive
 City Holland State MI Zip Code 49424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shoreline Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785421
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 452
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas P Obade Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 Tatum St
 City Woodbury State NJ Zip Code 08096-3499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Orthopaedic Centers Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785422
 Amount of Each Receipt this Period
 1000.00

B. Samuel R Rosenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Bennington Dr
 City Santa Ana State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APOS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : 4785425
 Amount of Each Receipt this Period
 100.00

C. Steven F Harwin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Park Ave
 City New York State NY Zip Code 10075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785426
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 197 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kent F Dickson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3812 Imperial Drive
 City Flower Mound State TX Zip Code 75208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785427
 Amount of Each Receipt this Period
 250.00

B. Paul S Lin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Buffalo Rd
 City Lewisburg State PA Zip Code 17837-1206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sun Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785431
 Amount of Each Receipt this Period
 150.00

C. Richard J. Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Barclay Cir
 City Inverness State IL Zip Code 60010-5263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Orthopaedic Surg Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785432
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert Willse Meyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Andrews Way
 City Canandaigua State NY Zip Code 14424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Canandaigua Ortho Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785433
 Amount of Each Receipt this Period
 250.00

B. Nicholas Benjamin Bruggeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22626 Atwood Ave
 City Elkhorn State NE Zip Code 68022-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nebraska Ortho Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785434
 Amount of Each Receipt this Period
 250.00

C. Joseph W Carlson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9515 Sibley Dr
 City Bismarck State ND Zip Code 58504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone And Joint Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785435
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 199 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven R Myers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 38325
 City State Zip Code
 Colorado Springs CO 80937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785437
 Amount of Each Receipt this Period
 250.00

B. Theodore A Evans MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6045 Rolling Rd Dr
 City State Zip Code
 Pinecrest FL 33156-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Dade Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785439
 Amount of Each Receipt this Period
 250.00

C. Gregg A Ferrero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8865 Locust Grove Drive
 City State Zip Code
 Port Tobacco MD 20677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785440
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Tal S David MD
Full Name (Last, First, Middle Initial)

Mailing Address 5165 Rancho Quinta Bend

City San Diego	State CA	Zip Code 92130
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCal	Occupation Orthopaedic Surgeon
------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2013

Transaction ID : 4785441

Amount of Each Receipt this Period
250.00

B. Bradley C Edgerton MD
Full Name (Last, First, Middle Initial)

Mailing Address 4888 Adrian Ln

City Duluth	State MN	Zip Code 55811-3904
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Marys Duluth Clinic	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2013

Transaction ID : 4785443

Amount of Each Receipt this Period
500.00

C. Cary T Tanamachi MD
Full Name (Last, First, Middle Initial)

Mailing Address 4821 St James Ct

City Mesquite	State TX	Zip Code 75150
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2013

Transaction ID : 4785444

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Frank A Luzi Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9660 Rocky Pt
 City Clarence State NY Zip Code 14031-1588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northtowns Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785445
 Amount of Each Receipt this Period 500.00

B. John M Fenlin Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 Chestnut St Fl 5
 City Philadelphia State PA Zip Code 19107-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785447
 Amount of Each Receipt this Period 250.00

C. Paul S Lin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Buffalo Rd
 City Lewisburg State PA Zip Code 17837-1206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sun Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785450
 Amount of Each Receipt this Period 100.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Richard V Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5980 Cartier Dr
 City State Zip Code
 Reno NV 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785451
 Amount of Each Receipt this Period
 1000.00

B. Timothy J Clader MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Telephone Rd
 City State Zip Code
 Rush NY 14543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785452
 Amount of Each Receipt this Period
 250.00

C. Eric Theodore Hansen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1826 Island Dr
 City State Zip Code
 Longview WA 98632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Longview Orthopedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785454
 Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Domingo Cheleuitte MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5270 N Gate Ridge Rd
 City Tucson State AZ Zip Code 85750-6084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785455
 Amount of Each Receipt this Period
 250.00

B. Robert Louis Morrow Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 Woodbluff Dr
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785456
 Amount of Each Receipt this Period
 300.00

C. Michael Francis Harrer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Kings Hwy West
 City Haddonfield State NJ Zip Code 08033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785457
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paul A Manner MD
Full Name (Last, First, Middle Initial)

Mailing Address 2222 78th Avenue SE

City Mercer Island State WA Zip Code 98040

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

Name of Employer University of Washington Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785458

Amount of Each Receipt this Period
 500.00

B. David Vittetoe MD
Full Name (Last, First, Middle Initial)

Mailing Address 717 55th St

City Des Moines State IA Zip Code 50312

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

Name of Employer Des Moines Orthopaedic Surgeons Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785459

Amount of Each Receipt this Period
 250.00

C. Todd V Swanson MD
Full Name (Last, First, Middle Initial)

Mailing Address 51 Meadowhawk Lane

City Las Vegas State NV Zip Code 89135

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

Name of Employer Desert Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785460

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 205 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Rudolf Hoellrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 84553 Pheasant Ln
 City Pleasant Hill State OR Zip Code 97455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Slocum Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785461
 Amount of Each Receipt this Period
 300.00

B. Carlos Guanche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24959 John Fremont Road
 City Hidden Hills State CA Zip Code 91302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785464
 Amount of Each Receipt this Period
 500.00

C. Thomas B Fleeter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Town Ctr Dr Ste 300
 City Reston State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Town Center Ortho Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785465
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Franklin H Sim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Woodland Dr SW
 City Rochester State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785468
 Amount of Each Receipt this Period
 500.00

B. Russell A Hudgens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3610 Springhill Memorial Dr N
 City Mobile State AL Zip Code 36608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785470
 Amount of Each Receipt this Period
 500.00

C. Kevin Coupe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207 Riva Row Apt 3106
 City Spring State TX Zip Code 77380-3140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Physicians Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785472
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mitchell Forest Reiter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Ravine Lake Rd
 City State Zip Code
 Bernardsville NJ 07924-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785473
 Amount of Each Receipt this Period
 250.00

B. Garth Robert Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 875 Mallard Circle
 City State Zip Code
 Arnold MD 21012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785474
 Amount of Each Receipt this Period
 250.00

C. Stephane Lavoie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Lake Harbor Drive
 City State Zip Code
 Deland FL 32724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785476
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 209 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas Atkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5N105 Burr Rd
 City Saint Charles State IL Zip Code 60175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Valley Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785482
 Amount of Each Receipt this Period
 250.00

B. Gerald R Williams Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 859 Lesley Rd
 City Villanova State PA Zip Code 19085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785483
 Amount of Each Receipt this Period
 2000.00

C. Michael J Bercik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Westminster Ave
 City Elizabeth State NJ Zip Code 07208-2210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785484
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert S Sterling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Stream Valley Garth
 City Owings Mills State MD Zip Code 21201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Maryland Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785485
 Amount of Each Receipt this Period 500.00

B. Charles A Hope II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Bent Tree Circle
 City Savannah State GA Zip Code 31411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Orthopedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785486
 Amount of Each Receipt this Period 5000.00

C. Gary P Goodfried MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19140 Falls Creek Dr
 City Flint State TX Zip Code 75162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hip & Knee Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785487
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Eugene Michael Wolf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 California St 3rd Fl
 City San Francisco State CA Zip Code 94115-2411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sportsmed Ortho Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785489
 Amount of Each Receipt this Period 1000.00

B. Jeffrey Dean Watson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2923 W Bay Vista Ave
 City Tampa State FL Zip Code 33611-1609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785490
 Amount of Each Receipt this Period 250.00

C. Frank A Cordasco MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2013
Transaction ID : 4785491
 Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Keith L Wapner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 N Heilbron Dr
 City State Zip Code
 Media PA 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Penn Health System Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785492
 Amount of Each Receipt this Period
 500.00

B. Michael R Clain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Indian Head Rd
 City State Zip Code
 Riverside CT 06878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ONS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785493
 Amount of Each Receipt this Period
 500.00

C. Pierre Durand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13230 Red Bird Ct
 City State Zip Code
 Moorpark CA 93021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785495
 Amount of Each Receipt this Period
 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kenneth Ortega DO
Full Name (Last, First, Middle Initial)
Mailing Address 1903 Sunset Ave
City Utica State NY Zip Code 13502-5617
FEC ID number of contributing federal political committee. **C**
Name of Employer St Lukes Hospital Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785496
Amount of Each Receipt this Period **250.00**

B. Warren R Bourgeois III, MD
Full Name (Last, First, Middle Initial)
Mailing Address 10025 Hyde PI
City River Ridge State LA Zip Code 70123
FEC ID number of contributing federal political committee. **C**
Name of Employer Audubon Orthopaedics Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785498
Amount of Each Receipt this Period **250.00**

C. Thomas G Craven MD
Full Name (Last, First, Middle Initial)
Mailing Address 7395 S 26th West Ave
City Tulsa State OK Zip Code 74132-2219
FEC ID number of contributing federal political committee. **C**
Name of Employer Central States Orthopaedic Specialists Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **203.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : 4785499
Amount of Each Receipt this Period **203.00**

SUBTOTAL of Receipts This Page (optional)..... **703.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Randeep S Kahlon MD		Date of Receipt
Mailing Address 206 Hockessin Cir		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Hockessin	DE	19707
FEC ID number of contributing federal political committee.		Transaction ID : 4785503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
First State Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steven Douglas K Ross MD		Date of Receipt
Mailing Address 555 Wildhorse		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Orange	CA	92869-2339
FEC ID number of contributing federal political committee.		Transaction ID : 4785504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="380.00"/>
Name of Employer	Occupation	
Univ of California	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lawrence R Walker MD		Date of Receipt
Mailing Address PO Box 925 294 N Fairway		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lake Arrowhead	CA	92352
FEC ID number of contributing federal political committee.		Transaction ID : 4785505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Arrowhead Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1130.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Christopher J Spagnuola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 Grange Avenue
 City Fair Haven State NJ Zip Code 07704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seaview Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785506
 Amount of Each Receipt this Period
 500.00

B. Michael M Lynch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Sturbridge Ln
 City Southport State CT Zip Code 06890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785507
 Amount of Each Receipt this Period
 250.00

C. William R Sterba MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Stuarnton Dr
 City Wheaton State IL Zip Code 60189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cadence Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785508
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven D Washburn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 Highway 260 Ste 103
 City Lakeside State AZ Zip Code 85929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785509
 Amount of Each Receipt this Period
 250.00

B. Andrew H Glassman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 North Drexel Avenue
 City Columbus State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785513
 Amount of Each Receipt this Period
 300.00

C. Samuel R Rosenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Bennington Dr
 City Santa Ana State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APOS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 4785514
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. John D Miles MD		Date of Receipt
Mailing Address PO Box 0 1 S Keene St		M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2013
City Columbia	State MO	Zip Code 65205-5014
FEC ID number of contributing federal political committee. C		Transaction ID : 4785515
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		750.00

Full Name (Last, First, Middle Initial) B. Paul E Papierski MD		Date of Receipt
Mailing Address 913 S Dryden Pl		M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2013
City Arlington Heights	State IL	Zip Code 60005
FEC ID number of contributing federal political committee. C		Transaction ID : 4785519
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		250.00

Full Name (Last, First, Middle Initial) C. John C Richmond MD		Date of Receipt
Mailing Address 20 Malcolm Street		M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2013
City Hingham	State MA	Zip Code 02043
FEC ID number of contributing federal political committee. C		Transaction ID : 4785522
Name of Employer New England Baptist Hospital		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		500.00

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

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

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

FOR LINE NUMBER: PAGE 220 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Ferris Ray Nickel MD

Mailing Address 1191 Brunswick Ln

City State Zip Code
 Ventura CA 93001

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

Name of Employer Occupation
 Ventura Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 17 / 2013
Transaction ID : 4785531

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Wayne Anthony Johnson MD

Mailing Address 8212 NW Stonebridge Ct

City State Zip Code
 Lawton OK 73505

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

Name of Employer Occupation
 Premier Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 31 / 2013
Transaction ID : 4811789

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Bonhomme Joseph Prud'homme MD

Mailing Address 4117 Cove Point Dr

City State Zip Code
 Morgantown WV 26508

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

Name of Employer Occupation
 West Virginia University Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 03 / 30 / 2013
Transaction ID : 4811792

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 885.00

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

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

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

FOR LINE NUMBER: PAGE 221 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt 03 / 30 / 2013
Transaction ID : 4811794
 Amount of Each Receipt this Period 167.00

B. William Gerard Cimino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 Merwins Ln
 City Fairfield State CT Zip Code 06824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beach Road Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2013
Transaction ID : 4811795
 Amount of Each Receipt this Period 250.00

c. Paul Strawn Sherbondy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 Beaumont Dr
 City State College State PA Zip Code 16801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 30 / 2013
Transaction ID : 4811797
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.33
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 222 OF 452
(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--PAC of AAOS

A. P Douglas Kiester MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho Surg Rm 210
 101 The City Dr South Bldg 29A
 City Orange State CA Zip Code 92868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Irvine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 4811801
 Amount of Each Receipt this Period
500.00

B. James H Carson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Belgian Way
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 4811802
 Amount of Each Receipt this Period
1000.00

C. Thomas Vaill King MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Borthwick Ave Ste 301
 City Portsmouth State NH Zip Code 03801-7128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 4811803
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Eric Gunn Bonenberger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10539 Emerald Chase Dr
 City Orlando State FL Zip Code 32836-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811811
 Amount of Each Receipt this Period
 500.00

B. Randall Duane Roush MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1805 Summer Blossom Place
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SSM Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811812
 Amount of Each Receipt this Period
 250.00

C. Steven Weber DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 West Crystal Lake St Ste 200
 City Orlando State FL Zip Code 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811814
 Amount of Each Receipt this Period
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Renny Uppal MD			Date of Receipt
Mailing Address 1730 Sharpe Hill Circle			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4811817
Reno	NV	89523-3924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Reno Orthopedic Clinic	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Anthony J DiStasio II, MD			Date of Receipt
Mailing Address 2944 Bruce Station			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4811820
Chesapeake	VA	23321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Sports Medicine & Orthopedic C	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Stephen R Goll MD			Date of Receipt
Mailing Address 711 Pinetree Rd			<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4811821
Winter Park	FL	32789	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Orlando Orthopaedic Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Douglas J Strahley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14590 W 58th Pl
 City Arvada State CO Zip Code 80004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811822
 Amount of Each Receipt this Period
 500.00

B. Bryan Lee Reuss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 476 Sylvan Dr
 City Winter Park State FL Zip Code 32789-3975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811823
 Amount of Each Receipt this Period
 500.00

C. Danielle Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3736 W Seneca Turnpike
 City Syracuse State NY Zip Code 13215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY Upstate Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811824
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 227 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Randy Steven Schwartzberg MD
 Mailing Address 25 W. Crystal Lake St. Suite 200
 City State Zip Code
 Orlando FL 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orlando Orthopaedic Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811825
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Nicholas M Halikis MD
 Mailing Address 23456 Hawthorne Blvd Ste 300
 City State Zip Code
 Torrance CA 90505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811827
 Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
C. Samuel S Blick MD
 Mailing Address 8707 Southern Breeze Dr
 City State Zip Code
 Orlando FL 32836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orlando Orthopaedic Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811828
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Lawrence S Halperin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811829
 Amount of Each Receipt this Period
 500.00

B. G Grady McBride MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Lakewood Dr
 City Winter Park State FL Zip Code 32789-3939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811830
 Amount of Each Receipt this Period
 500.00

C. Craig P Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1345 Spring Lake Dr
 City Orlando State FL Zip Code 32804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811831
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Alan Jay Schefer MD		Date of Receipt
Mailing Address 90 S Bedford Rd		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Mount Kisco	NY	10549
FEC ID number of contributing federal political committee.		Transaction ID : 4811832
Name of Employer		Amount of Each Receipt this Period
Mount Kisco Medical Group	Occupation	<input type="text" value="250.00"/>
Mount Kisco Medical Group	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Andrew G Urquhart MD		Date of Receipt
Mailing Address 9222 Northpointe Rd.		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Brighton	MI	48114
FEC ID number of contributing federal political committee.		Transaction ID : 4811834
Name of Employer		Amount of Each Receipt this Period
Univ of Michigan	Occupation	<input type="text" value="500.00"/>
Univ of Michigan	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Warren Jay Kropminger MD		Date of Receipt
Mailing Address 295 Westmont		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
West Hartford	CT	06117
FEC ID number of contributing federal political committee.		Transaction ID : 4811837
Name of Employer		Amount of Each Receipt this Period
Orthopedic Associates, LLC	Occupation	<input type="text" value="1200.00"/>
Orthopedic Associates, LLC	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1950.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Neil J Maki MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2013 Transaction ID : 4811838
Mailing Address 525 St Mary St		Amount of Each Receipt this Period 500.00
City Thibodaux	State LA	Zip Code 70301-2627
FEC ID number of contributing federal political committee. C	Name of Employer Thibodaux Orthopaedics	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Frederick W Close MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2013 Transaction ID : 4811839
Mailing Address 5565 Grossmont Ctr Dr Ste 156		Amount of Each Receipt this Period 500.00
City La Mesa	State CA	Zip Code 91942-3021
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Leslie P Dean MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2013 Transaction ID : 4811840
Mailing Address 11556 Tanglewood Lakes Circle		Amount of Each Receipt this Period 1000.00
City Anchorage	State AK	Zip Code 99516
FEC ID number of contributing federal political committee. C	Name of Employer Anchorage Fracture & Ortho Clinic	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 231 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Edward L Morgan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Regency Blvd
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid-South Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811842
 Amount of Each Receipt this Period
 250.00

B. James Hon Kit Lau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1820 Catlin St
 City Fullerton State CA Zip Code 92833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811843
 Amount of Each Receipt this Period
 250.00

c. S Terry Canale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Campbell Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811844
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Charles Justin Petit MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 E 12th St
 City The Dalles State OR Zip Code 97058
 Name of Employer Cascade Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2013
Transaction ID : 4811845
 Amount of Each Receipt this Period 250.00

B. David Thull MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12625 E Turquoise Ave
 City Scottsdale State AZ Zip Code 85259
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 26 / 2013
Transaction ID : 4811846
 Amount of Each Receipt this Period 1500.00

C. David F Sitler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12701 Sagecrest Dr
 City Poway State CA Zip Code 92064
 Name of Employer Sharp-rees-stealy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2013
Transaction ID : 4811847
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Scott Beecher Scutchfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1591 Lexington Rd
 City Danville State KY Zip Code 40422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Veterans Administration Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811849
 Amount of Each Receipt this Period
 500.00

B. Barry J Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 497 Long Ln
 City Huntingdon Valley State PA Zip Code 19006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811850
 Amount of Each Receipt this Period
 500.00

C. Holly J Duck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Middleton Beach Rd
 City Middleton State WI Zip Code 53562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Surgery Associate Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811851
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 234 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kent R Adamson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Via Rancho
 City San Clemente State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811852
 Amount of Each Receipt this Period
 250.00

B. Jonathan P Keeve MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12410 E. Sinto Ave Suite 201
 City Spokane Valley State WA Zip Code 99216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NWOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811853
 Amount of Each Receipt this Period
 250.00

C. James J York MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Sandgate Ct.
 City Millersville State MD Zip Code 21108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chesapeake Ortho & Sports Medicine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811854
 Amount of Each Receipt this Period
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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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Adolph J Yates Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Mallard Dr
 City Pittsburgh State PA Zip Code 15238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Pittsburgh Med Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 26 / 2013
Transaction ID : 4811855
 Amount of Each Receipt this Period 400.00

B. Jeffery J Soldatis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Sugarbush Dr
 City Zionsville State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedics Indianapolis Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2013
Transaction ID : 4811856
 Amount of Each Receipt this Period 1000.00

C. Ronald Emilio Delanois MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Brookfield Garth
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sinai Hospital Baltimore Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 26 / 2013
Transaction ID : 4811857
 Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2900.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 236 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Garnett Andrew Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Campbell Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811859
 Amount of Each Receipt this Period
 500.00

B. Richard Allen Geline MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 Central Rd
 City Glenview State IL Zip Code 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811861
 Amount of Each Receipt this Period
 250.00

C. Jeffrey F Klassen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 Greysolon Rd
 City Duluth State MN Zip Code 55812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Essentia Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811862
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Alex B Bodenstab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Fawn Lane
 City Chadds Ford State PA Zip Code 19317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 26 / 2013**
Transaction ID : 4811863
 Amount of Each Receipt this Period **1000.00**

B. Kevin L Garvin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 North 68th Street
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 26 / 2013**
Transaction ID : 4811864
 Amount of Each Receipt this Period **1000.00**

C. Lawrence L Lenderman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Branch Oak Way
 City Shavano Park State TX Zip Code 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 26 / 2013**
Transaction ID : 4811865
 Amount of Each Receipt this Period **500.00**

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

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

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

FOR LINE NUMBER: PAGE 238 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Michael B Grillot MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5919 S Farm Rd 183
 City State Zip Code
 Rogersville MO 65742-8235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811866
 Amount of Each Receipt this Period
 500.00

B. Craig Alan Butler MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 10800 Knights Road
 City State Zip Code
 Philadelphia PA 19114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aria Health Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811867
 Amount of Each Receipt this Period
 500.00

C. Joseph A Bosco III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 East 17th Street
 Suite 1402
 City State Zip Code
 New York NY 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811868
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. E Jeff Kennedy MD
Full Name (Last, First, Middle Initial)

Mailing Address 235 Johnstone Dr

City Madison	State MS	Zip Code 39110-7686
-----------------	-------------	------------------------

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

Name of Employer Capital Orthopaedic Clinic	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

Transaction ID : 4811869

Amount of Each Receipt this Period
1000.00

B. Douglas W Lundy MD
Full Name (Last, First, Middle Initial)

Mailing Address 1368 Wynbrook Trace

City Mableton	State GA	Zip Code 30126
------------------	-------------	-------------------

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

Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

Transaction ID : 4811870

Amount of Each Receipt this Period
1000.00

C. Ather Mirza MD
Full Name (Last, First, Middle Initial)

Mailing Address 290 E Main St Ste 200

City Smithtown	State NY	Zip Code 11787-2916
-------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

Transaction ID : 4811871

Amount of Each Receipt this Period
1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas Parker Vail MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3474 Clay Street
 City San Francisco State CA Zip Code 94118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSF Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811873
 Amount of Each Receipt this Period
 1000.00

B. Robert Daniel Mastey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Sunset Mountain Dr
 City Chattanooga State TN Zip Code 37421-2076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 4811874
 Amount of Each Receipt this Period
 250.00

C. Joffrey G Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Reeves Dr
 City Grand Forks State ND Zip Code 58201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Bone & Joint Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : 4811877
 Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 452
(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--PAC of AAOS

A. Robert H Blotter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Ortman
 City Marquette State MI Zip Code 49855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Surg Assoc of Marquette Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : 4811878
 Amount of Each Receipt this Period
 500.00

B. Kenneth P Pohl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5692 Far Hills Ave Ste 4
 City Dayton State OH Zip Code 45429-2202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : 4811880
 Amount of Each Receipt this Period
 250.00

C. Joel M Goldstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Newark Ave
 City Spring Lake State NJ Zip Code 07762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Institute of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : 4811881
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 242 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ariel Goldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Woodbine Rd
 City Roslyn Heights State NY Zip Code 11577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore Tyson Long Island Jewish H Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : 4811882
 Amount of Each Receipt this Period
 500.00

B. David W Duffner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste W201
 1180 N Indian Canyon Dr
 City Palm Springs State CA Zip Code 92262-4876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : 4811884
 Amount of Each Receipt this Period
 250.00

C. Dirk H Alander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 W Adams Ave
 City Kirkwood State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Louis University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : 4811885
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 243 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Patrick M Sullivan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DMOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 12 / 2013
Transaction ID : 4811886
 Amount of Each Receipt this Period
 1000.00

B. Daniel J Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Ben Bar Circle
 City Whitesboro State NY Zip Code 13492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Syracuse Orthopedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 12 / 2013
Transaction ID : 4811887
 Amount of Each Receipt this Period
 250.00

C. Jesse G Eisler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Stoner Dr
 City West Hartford State CT Zip Code 06107-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT Back Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 12 / 2013
Transaction ID : 4811888
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Fredrick Huang MD
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2013
Transaction ID : 4811889

Amount of Each Receipt this Period 1000.00

B. Keith M Baumgarten MD
Full Name (Last, First, Middle Initial)

Mailing Address 807 W Chicory

City Sioux Falls State SD Zip Code 57108

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

Name of Employer Orthopaedic Institute of Wisconsin Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2013
Transaction ID : 4811890

Amount of Each Receipt this Period 1000.00

C. Bryan T Edwards MD
Full Name (Last, First, Middle Initial)

Mailing Address 18527 Carnegie Overlook Boulevard

City Davidson State NC Zip Code 28036

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

Name of Employer Novant Health Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2013
Transaction ID : 4811893

Amount of Each Receipt this Period 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 245 OF 452
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeffrey M Spivak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Bradford Rd
 City Scarsdale State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital For Joint Diseases Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : 4811895
 Amount of Each Receipt this Period
 250.00

B. Thomas M Florack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2083 Lost Dauphin Rd
 City De Pere State WI Zip Code 54115-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prevea Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : 4811897
 Amount of Each Receipt this Period
 500.00

C. Bruce R Buhr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1024 N Broadmoor
 City Wichita State KS Zip Code 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Via Christi Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : 4811899
 Amount of Each Receipt this Period
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. James K McKechnie MD			Date of Receipt
Mailing Address 103 Professional Plz			<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4811900
Mattoon	IL	61938-9252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="1000.00"/>
Name of Employer	Occupation		
LTOC SC	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kent Jason Lowry MD			Date of Receipt
Mailing Address 3746 N Faust Lake Rd			<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4811910
Rhinelanders	WI	54501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Ministry Health Care	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jon J Cherney MD			Date of Receipt
Mailing Address Hand and Upper Extreimity Center 2323 N Casaloma Dr			<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4811912
Appleton	WI	54912-7079	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="300.00"/>
Name of Employer	Occupation		
Hand And Upper Extreimity Cente	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 247 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Blake A Nonweiler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3315 NW Windwood Way
 City Bend State OR Zip Code 97701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 4811916
 Amount of Each Receipt this Period
 500.00

B. Mark P Madden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9463 Coral Crest Ln
 City Vienna State VA Zip Code 22182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Commonwealth Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 4811917
 Amount of Each Receipt this Period
 500.00

C. Keith M Rezin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5395 Cresent Green Ct
 City Morris State IL Zip Code 60450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 4811919
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Leonard J Marchinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 S 7th Ave Ste 3020
 City West Reading State PA Zip Code 19611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 4811920
 Amount of Each Receipt this Period
 500.00

B. Philip J Branson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Courthouse Rd
 City Princeton State WV Zip Code 24740-2421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 4811922
 Amount of Each Receipt this Period
 500.00

C. Louis M Kwong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Orthopaedic Surgery
 1000 W Carson Street, Box 422
 City Torrance State CA Zip Code 90509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 4811923
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 249 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Gregory T Bigler MD

Mailing Address 9101 Alta Dr Unit 901

City Las Vegas State NV Zip Code 89145-8538

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2013

Transaction ID : 4811924

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Wilford K Gibson MD

Mailing Address 4003 Arrowhead Point Ct

City Virginia Beach State VA Zip Code 23455

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

Name of Employer Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2013

Transaction ID : 4811926

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Geoffrey F Haft MD

Mailing Address 2905 S St Charles Ln

City Sioux Falls State SD Zip Code 57103

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

Name of Employer Sanford Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : 4811927

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 250 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Lois Kathleen Osier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address OrthoCarolina
 1915 Randolph Rd
 City Charlotte State NC Zip Code 28207-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 4811928
 Amount of Each Receipt this Period
 250.00

B. Edward J Bieber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7407 Beverly Road
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Bethesda Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 4811934
 Amount of Each Receipt this Period
 500.00

C. Reginald E Manning MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 Maple St
 City Brooklyn State NY Zip Code 11225-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 4811937
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Rick Wilkerson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Walnut Lane Farm
 2470 Hwy 18
 City State Zip Code
 Spencer IA 51301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NW Iowa Bone,Joint & Sports Surgeons Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 4811939
 Amount of Each Receipt this Period
 1000.00

B. Russell E Windsor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City State Zip Code
 New York NY 10021-4892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospital for Special Surgery Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 4811941
 Amount of Each Receipt this Period
 1000.00

C. Amer J Mirza MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 Iron Mountain Blvd
 City State Zip Code
 Lake Oswego OR 97034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oregon Health & Science University Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 4811944
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 252 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ramesh Gidumal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 East 74th St Apt 2G
 City State Zip Code
 New York NY 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYU Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 4811945
 Amount of Each Receipt this Period
 500.00

B. Donald A Deinlein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 Clairmont Ave
 City State Zip Code
 Birmingham AL 35222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Alabama Health Foundation Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811946
 Amount of Each Receipt this Period
 250.00

C. Stephen L Curtin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5810 N Moccasin Trl
 City State Zip Code
 Tucson AZ 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tucson Ortho Institute Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811947
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. J Criss Yelton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 471 Klutey Park Plaza Dr
 City Henderson State KY Zip Code 42420-3347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811948
 Amount of Each Receipt this Period
 1000.00

B. Todd J Albert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 Chestnut St 5th Fl
 City Philadelphia State PA Zip Code 19107-4216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811950
 Amount of Each Receipt this Period
 1000.00

C. Paul David Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4812 S 109th East Ave Fl 1
 City Tulsa State OK Zip Code 74146-5829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811951
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 254 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. David Goodman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 380 Woodcreek Ln
 City Fayetteville State GA Zip Code 30215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811952
 Amount of Each Receipt this Period
 1000.00

B. Bernard N Stulberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7470 Waterfall Trail
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811953
 Amount of Each Receipt this Period
 1000.00

C. Robert J Benz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Linden Lake Road
 City Fort Collins State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho & Spine Ctr of Rockies Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811954
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 255 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Peter G Noordsij MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Concord Orthopaedics PA
 264 Pleasant St
 City Concord State NH Zip Code 03301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811955
 Amount of Each Receipt this Period
 250.00

B. Gregory H Portland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 666 Garland Ave
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Bone & Joint Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811957
 Amount of Each Receipt this Period
 250.00

C. Patricia M Kallemeier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15005 Maple Dr
 City Des Moines State IA Zip Code 50323-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Orthopaedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 4811959
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven F Schutzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 Farmington Ave Suite 200
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Assoc of Hartford Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2013**
Transaction ID : 4811966
 Amount of Each Receipt this Period **500.00**

B. Jeffrey L Zilberfarb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Rollins Pl
 City Boston State MA Zip Code 02114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Meeks & Zilberfarb Orthopaedic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2013**
Transaction ID : 4811967
 Amount of Each Receipt this Period **500.00**

C. Trevor Wayne Yardley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Theatre Dr ATTN:Louise
 City Johnstown State PA Zip Code 15904-2838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2013**
Transaction ID : 4811968
 Amount of Each Receipt this Period **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 257 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Richard Krugel MD

Mailing Address 1257 Charrington

City Bloomfield Hills State MI Zip Code 48301

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

Name of Employer Wayne State Physician Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : 4811969

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Miguel Antonio Schmitz MD

Mailing Address 8624 E Maringo Dr

City Spokane State WA Zip Code 99212

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : 4811971

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Steven Scott Goldberg MD

Mailing Address 5867 Whisperwood Ct

City Naples State FL Zip Code 34110

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : 4811972

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 258 OF 452
<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Daniel William Green MD		Date of Receipt
Mailing Address 535 E 70th St		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10021
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4811980
Name of Employer Hospital for Special Surgery		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="167.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="334.00"/>	

Full Name (Last, First, Middle Initial) B. Nitin S Banwar MD		Date of Receipt
Mailing Address 90 Gorham Street		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Canandaigua	NY	14424
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4811984
Name of Employer Interlakes Orthopedic Surgery		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Michael O LaGrone MD		Date of Receipt
Mailing Address #17 Edgewater		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Amarillo	TX	79106
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4811986
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1417.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Monroe I Levine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3019 West 111th Drive
 City Westminster State CO Zip Code 80031-6832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Spinal Disorders Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **03 / 01 / 2013**
Transaction ID : 4811987
 Amount of Each Receipt this Period **700.00**

B. Michael A Yergler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 53880 Carmichael Dr
 City South Bend State IN Zip Code 46635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Bend Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 27 / 2013**
Transaction ID : 4811990
 Amount of Each Receipt this Period **500.00**

C. Patrick E Clare MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 S 70th St Ste 200
 City Lincoln State NE Zip Code 68510-2471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nebraska Orthopaedic & Sports Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 27 / 2013**
Transaction ID : 4811991
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Frederick F Fakharzadeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 829 Ellis Place
 City State Zip Code
 Oradell NJ 07649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4811993
 Amount of Each Receipt this Period
 500.00

B. Mark A Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7229 Overton Way
 City State Zip Code
 Maineville OH 45039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wellington Orthopaedic & Sports Med Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4811994
 Amount of Each Receipt this Period
 2000.00

C. Peter D Vizzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 318 Beverly Drive
 City State Zip Code
 Lafayette LA 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4811995
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Kevin Joseph Sprague MD		Date of Receipt
Mailing Address 4573 Chelsea Ln		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bloomfield Hills	MI	48301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Henry Ford Wyandotte Hospital	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : 4811996
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Laura M Bruse Gehrig MD		Date of Receipt
Mailing Address 2349 Fresno Drive		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bismarck	ND	58504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
UAMS	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : 4811998
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Edward R Sweetser MD		Date of Receipt
Mailing Address 5020 Creosote Run Rd		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Las Cruces	NM	88011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mountain View Regional Med Ctr	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : 4811999
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Spiro N Papas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Delafield Rd Ste 1040
 City Pittsburgh State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4812000
 Amount of Each Receipt this Period
 500.00

B. Charles L Sullivan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8815 Pickering
 City Missoula State MT Zip Code 59808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Unknown
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4812001
 Amount of Each Receipt this Period
 500.00

C. Peter B Salamon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6950 Cumberland Place
 City Stockton State CA Zip Code 95219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alpine Orthopedic Medical Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4812002
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. K William Kumler III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 Ridgewood Dr
 City Maysville State KY Zip Code 41056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Meadowview Ortho Care Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4812006
 Amount of Each Receipt this Period
 1000.00

B. Jose Manuel Montanez-Huertas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Villa Torrimar Reina Isabel 410
 City Guaynabo State PR Zip Code 00969
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4812008
 Amount of Each Receipt this Period
 300.00

C. Edward R McDevitt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 Drogue Ct
 City Annapolis State MD Zip Code 21403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Area Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4812010
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Henry G Chambers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Children's Way
 Ste 410
 City San Diego State CA Zip Code 92123-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of California Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4812011
 Amount of Each Receipt this Period
 250.00

B. Kirk Kindsfater MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16285 CR 76
 City Eaton State CO Zip Code 80615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 4812012
 Amount of Each Receipt this Period
 500.00

C. Stephen Paul Falatyn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 362 Little Creek Dr
 City Nazareth State PA Zip Code 18064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OAA Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : 4812013
 Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 265 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Constantine Charoglu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 318 40th Pl
 City Hattiesburg State MS Zip Code 39402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Bone & Joint Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : 4812014
 Amount of Each Receipt this Period
 1000.00

B. Richard A Cautilli Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Pin Oak Dr
 City Langhorne State PA Zip Code 19047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : 4812015
 Amount of Each Receipt this Period
 500.00

C. Leigh Brezenoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Ventres Way
 City Burlington State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Litchfield Hills Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : 4812016
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mark S Humphrey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18190 Berryhill Drive
 City State Zip Code
 Stilwell KS 66085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Overland Park Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : 4812017
 Amount of Each Receipt this Period
 750.00

B. G Brian Holloway MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8956 Hemingway Grove Circle
 City State Zip Code
 Knoxville TN 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ortho Tennessee Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : 4812018
 Amount of Each Receipt this Period
 250.00

C. Gerard G Adler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Woodland Ln
 City State Zip Code
 Oconomowoc WI 53066-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : 4812019
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Myron W Smith III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Forest Rd
 City Asheville State NC Zip Code 28803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Ridge Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 26 / 2013**
Transaction ID : 4812021
 Amount of Each Receipt this Period **250.00**

B. John M Flynn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Cedar Hollow Dr
 City Wallingford State PA Zip Code 19086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Surgical Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2013**
Transaction ID : 4812023
 Amount of Each Receipt this Period **500.00**

C. Glenn J Jarrett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2360 Mullan Rd Ste C
 City Missoula State MT Zip Code 59808-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 25 / 2013**
Transaction ID : 4812024
 Amount of Each Receipt this Period **250.00**

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Warren G Kramer III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Avocado Ave Ste 307
 City Newport Beach State CA Zip Code 92660-8732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 4812026
 Amount of Each Receipt this Period
 1000.00

B. Craig T Arntz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4011 Talbot Rd S Ste 300
 City Renton State WA Zip Code 98055-5791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 4812029
 Amount of Each Receipt this Period
 500.00

C. Joseph W Dryer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 Huron Dr
 City Chatham State NJ Zip Code 07928-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spine Care, Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 4812030
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Elizabeth A Ouellette MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7445 SW 127 St
 City Miami State FL Zip Code 33156
 Name of Employer Miami International Hand Surgi Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2013
Transaction ID : 4812031
 Amount of Each Receipt this Period 1000.00

B. Elly Susannah LaRoque MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 154 Stanyan St
 City San Francisco State CA Zip Code 94118
 Name of Employer Post St Ortho & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2013
Transaction ID : 4812033
 Amount of Each Receipt this Period 250.00

C. Leon P Mead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Barefoot Beach Blvd
 City Bonita Springs State FL Zip Code 34134
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2013
Transaction ID : 4812034
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas P Schmalzried MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 W Third St
 Ste 400
 City Los Angeles State CA Zip Code 90057-0992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 4812035
 Amount of Each Receipt this Period
 1000.00

B. Sheldon S Lin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Lake Rd
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMDNJ Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 4812037
 Amount of Each Receipt this Period
 1000.00

C. David Teuscher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 Thomas Rd
 City Beaumont State TX Zip Code 77706-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 David Teuscher, MD, PA Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2013
Transaction ID : 4812038
 Amount of Each Receipt this Period
 1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William Gerard Cimino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 Merwins Ln
 City State Zip Code
 Fairfield CT 06824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beach Road Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2013
Transaction ID : 4812039
 Amount of Each Receipt this Period
 250.00

B. John H Lyon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25393 W Scott Rd
 City State Zip Code
 Barrington IL 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Surgery Group, PC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4812041
 Amount of Each Receipt this Period
 250.00

c. William O Samuelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Pierce St Ste 101
 City State Zip Code
 Sioux City IA 51104-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4812043
 Amount of Each Receipt this Period
 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Gregory Neal Lervick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4601 Lake Harriet Pkwy East
 City State Zip Code
 Minneapolis MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Orthopedic Sports Medicine I Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4812044
 Amount of Each Receipt this Period
 250.00

B. Jay G Stein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 NE 95th St Ste 8
 City State Zip Code
 Miami Shores FL 33138-2721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4812046
 Amount of Each Receipt this Period
 300.00

C. Jose A Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 E 77th St 11th Fl
 City State Zip Code
 New York NY 10075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4812047
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daniel Guy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 Country Club Rd
 City Lagrange State GA Zip Code 30240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4812048
 Amount of Each Receipt this Period
 1000.00

B. Ira M Parsons IV, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Shearwater St
 City Durham State NH Zip Code 03824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seacoast Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4812051
 Amount of Each Receipt this Period
 1000.00

C. Harry E Rubash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Harvard Affl Hospitals
 55 Fruit St YAW 3700
 City Boston State MA Zip Code 02114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2013
Transaction ID : 4812052
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 277 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Anthony V Petrosini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Passaic Ave
 City Spring Lake State NJ Zip Code 07762-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Institute of Central Jersey Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4863088
 Amount of Each Receipt this Period
 2000.00

B. Daniel C Wnorowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4309 Hepatica Hill Rd
 City Manlius State NY Zip Code 13104-8714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4863089
 Amount of Each Receipt this Period
 250.00

C. Mary Lloyd Ireland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Perimeter Dr Ste 200
 City Lexington State KY Zip Code 40517-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kentucky Sports Medicine Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4863091
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kenneth R Catalozzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2138 Mendon Rd Ste 302
 City Cumberland State RI Zip Code 02864-3836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 04 / 01 / 2013
Transaction ID : 4863092
 Amount of Each Receipt this Period: **500.00**

B. Charles Richard Clark MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wildberry Ct NE
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Univ of Iowa Hospitals & Clinics Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt: 04 / 01 / 2013
Transaction ID : 4863140
 Amount of Each Receipt this Period: **250.00**

C. Michael Hayden Boothby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Hidden Lake Ranch Rd
 City Aledo State TX Zip Code 76008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt: 04 / 01 / 2013
Transaction ID : 4863142
 Amount of Each Receipt this Period: **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Andrew N Pollak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1692 Bullock Circle
 City Owings Mills State MD Zip Code 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4863149
 Amount of Each Receipt this Period
 1000.00

B. Jamil Jacobs-EI MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 S Commonwealth Ave
 City Aurora State IL Zip Code 60506-4815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dryer Medical Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4863152
 Amount of Each Receipt this Period
 500.00

C. Kyle James Jeray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. of Orthopedic Surgery
 701 Grove Road, 2nd FL Support Tow
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Hospital System Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4863158
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 280 OF 452
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James S Gardiner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10015 Kendale Rd
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : 4863160
 Amount of Each Receipt this Period
 500.00

B. Brian J McGinley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Caterham Ln
 City East Setauket State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Long Island Bone & Joint Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 4863161
 Amount of Each Receipt this Period
 1000.00

C. Terry Younger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 W Higgins Rd
 City Schaumburg State IL Zip Code 60195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Barrington Orthopedic Speciali Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 4863167
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 452
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mark C Meier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Orhopaedic Associates
 901 N Curtis #501
 City Boise State ID Zip Code 83706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 4863172
 Amount of Each Receipt this Period
500.00

B. Ralph M Costanzo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2751 Gregory Drive N
 City Billings State MT Zip Code 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Montana Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 4863173
 Amount of Each Receipt this Period
1000.00

C. William E Carlson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 SE Tuscan Ln
 City Stuart State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Florida Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 4863175
 Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 452
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James B Stiehl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4573 CJ Heck Rd
 City Salem State IL Zip Code 62881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 4863176
 Amount of Each Receipt this Period
 250.00

B. Thomas J Errico MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 East 17th Street, Rm 400
 City New York State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYU Medical School Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 4863177
 Amount of Each Receipt this Period
 1000.00

C. Howard R Epps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1936 Wroxton Road
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : 4863178
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Samuel E Smith MD
Full Name (Last, First, Middle Initial)

Mailing Address 8416 Brittany Pl

City Longmont State CO Zip Code 80503

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 04 / 2013
Transaction ID : 4863179

Amount of Each Receipt this Period 500.00

B. Thomas W Wise MD
Full Name (Last, First, Middle Initial)

Mailing Address 117 S Washington Street

City Winchester State VA Zip Code 22601

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

Name of Employer Occupation Winchester Orthopedic Associates Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 04 / 2013
Transaction ID : 4863180

Amount of Each Receipt this Period 250.00

C. John A Gracy MD
Full Name (Last, First, Middle Initial)

Mailing Address 7011 Shallowford Rd Ste106

City Chattanooga State TN Zip Code 37421

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

Name of Employer Occupation Orthopedic Specialists of Ct Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 10 / 2013
Transaction ID : 4863182

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 284 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Serena Young-Nguyen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Termino Ave #208
 City Long Beach State CA Zip Code 90804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Beach Advanced Ortho Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863183
 Amount of Each Receipt this Period
 250.00

B. Dean C Sukin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2623 Huckleberry Ln N
 City Billings State MT Zip Code 59106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863189
 Amount of Each Receipt this Period
 500.00

C. David Thomas Sowa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Center Meeting Rd
 City Wilmington State DE Zip Code 19807-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863191
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 285 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas David Greider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5210 Brae Burn
 City State Zip Code
 Bellaire TX 77401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863192
 Amount of Each Receipt this Period
 300.00

B. Matthew M Malerich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1710
 City State Zip Code
 Bakersfield CA 93302-1710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863195
 Amount of Each Receipt this Period
 500.00

c. Richard W Springstead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Ponce de Leon Blvd
 City State Zip Code
 Brooksville FL 34601-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863196
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 286 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kevin Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 11th St
 City Lubbock State TX Zip Code 79416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lubbock Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863197
 Amount of Each Receipt this Period
 1000.00

B. Steven J Bruce MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1533 Lakeway PI
 City Bellingham State WA Zip Code 98229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peace Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863198
 Amount of Each Receipt this Period
 250.00

C. Michael Laird MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 Oak Park Blvd Ste 204
 City Pismo Beach State CA Zip Code 93449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863199
 Amount of Each Receipt this Period
 250.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mark W Zawadsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3460 Ordway Street NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863201
 Amount of Each Receipt this Period
 250.00

B. Christopher John Evanich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 North Mayfair Rd Suite 300
 City Wauwatosa State WI Zip Code 53226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Institute of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863203
 Amount of Each Receipt this Period
 1000.00

C. Gregory S Slaphey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Fairway Dr
 City Carrollton State GA Zip Code 30117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carrollton Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863204
 Amount of Each Receipt this Period
 250.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Christopher C Schmidt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Murfield Ct
 City Bridgeville State PA Zip Code 15017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alleghany Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2013
Transaction ID : 4863205
 Amount of Each Receipt this Period 1000.00

B. Christopher William Peer MD, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Oak Lawn Dr
 City Hancock State MI Zip Code 49930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Portage Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2013
Transaction ID : 4863207
 Amount of Each Receipt this Period 250.00

C. Thomas Atkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5N105 Burr Rd
 City Saint Charles State IL Zip Code 60175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Valley Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2013
Transaction ID : 4863309
 Amount of Each Receipt this Period 250.00

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

**SCHEDULE A (FEC Form 3X)
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Bradley Todd Smith MD
Full Name (Last, First, Middle Initial)

Mailing Address 3702 Arrowwood Dr

City Wilson State NC Zip Code 27896

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2013
Transaction ID : 4863313

Amount of Each Receipt this Period 250.00

B. Howard J Gelb MD
Full Name (Last, First, Middle Initial)

Mailing Address 6214 NW 120th Dr

City Coral Springs State FL Zip Code 33076

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2013
Transaction ID : 4863314

Amount of Each Receipt this Period 250.00

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

Mailing Address 120 La Casa Via Ste 206

City Walnut Creek State CA Zip Code 94598-3007

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 ▼ 400.00

Date of Receipt 04 / 16 / 2013
Transaction ID : 4863315

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daniel R Orcutt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 Country Lake Dr
 City McDonough State GA Zip Code 30228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : 4863316
 Amount of Each Receipt this Period
 500.00

B. Laurie O Hughes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Kings Arms Rd
 City Little Rock State AR Zip Code 72227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Arkansas Veterans Heal Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : 4863317
 Amount of Each Receipt this Period
 300.00

C. Andrew W Piasecki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Mill St
 City Camden State SC Zip Code 29020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Camden Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : 4863318
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00
TOTAL This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Bruce A Bollinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 Ridgehaven Rd
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : 4863319
 Amount of Each Receipt this Period
 1000.00

B. Jean-Maurice Page MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Ridings Mitchell Creek Rd
 City London State KY Zip Code 40741
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : 4863321
 Amount of Each Receipt this Period
 250.00

C. Michael P Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Springdale Place
 City Longmont State CO Zip Code 80504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : 4863322
 Amount of Each Receipt this Period
 250.00

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

**SCHEDULE A (FEC Form 3X)
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		<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John R Gleason MD
Full Name (Last, First, Middle Initial)

Mailing Address 5671 Peachtree Dunwoody Rd NE, Ste

City Atlanta State GA Zip Code 30342

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

Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2013
Transaction ID : 4863323

Amount of Each Receipt this Period 500.00

B. Daniel J Daluga MD
Full Name (Last, First, Middle Initial)

Mailing Address 4601 Penelope Ct

City West Lafayette State IN Zip Code 47906

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 22 / 2013
Transaction ID : 4863324

Amount of Each Receipt this Period 250.00

C. LeRoy Scott Atkins Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2447

City Tuscaloosa State AL Zip Code 35403-2447

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

Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2013
Transaction ID : 4863327

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

**SCHEDULE A (FEC Form 3X)
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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daniel M Veltri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Farview Run
 City Marlborough State CT Zip Code 06447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : 4863329
 Amount of Each Receipt this Period
 500.00

B. Joseph Andrew Mannino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Tamarack Lane
 City Trumansburg State NY Zip Code 14886
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4863330
 Amount of Each Receipt this Period
 1000.00

c. James F Scoggin III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 25823
 City Honolulu State HI Zip Code 96825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4863332
 Amount of Each Receipt this Period
 500.00

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. S Robert Rozbruch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Horton Ct
 City West Harrison State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4863333
 Amount of Each Receipt this Period
 250.00

B. Edward H Saer III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 S McKinley St Ste 300
 City Little Rock State AR Zip Code 72205-5220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arkansas Specialty Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4863334
 Amount of Each Receipt this Period
 250.00

C. Pat D Do MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 Steeplechase St
 City Wichita State KS Zip Code 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid America Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4863335
 Amount of Each Receipt this Period
 150.00

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Pierre Durand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13230 Red Bird Ct
 City Moorpark State CA Zip Code 93021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4863336
 Amount of Each Receipt this Period
 250.00

B. William John Hopkinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 E 59th St
 City Hinsdale State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Loyola University Health System Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4863337
 Amount of Each Receipt this Period
 500.00

C. Joseph E Mumford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3110 SW Briarwood Circle
 City Topeka State KS Zip Code 66611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stormont Vail Healthcare Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 4863338
 Amount of Each Receipt this Period
 500.00

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

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. J Patrick Kessler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Hemlock Hills Dr.
 City Franklin State NC Zip Code 28734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Orthopaedic Service Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 29 / 2013
Transaction ID : 4863339
 Amount of Each Receipt this Period 500.00

B. Daniel Patrick Hely MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Dunwoody Dr
 City Carlisle State PA Zip Code 17015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 29 / 2013
Transaction ID : 4863340
 Amount of Each Receipt this Period 500.00

C. Pamela E Glennon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Ashland Ave
 City Wausau State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 29 / 2013
Transaction ID : 4863341
 Amount of Each Receipt this Period 250.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Timothy Allen Gibbons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 S Crescent Dr
 City State Zip Code
 Mason City IA 50401-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mason City Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 4863343
 Amount of Each Receipt this Period
 1000.00

B. Peter C Janes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1303
 City State Zip Code
 Frisco CO 80443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Vail Summit Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 4863344
 Amount of Each Receipt this Period
 500.00

C. Robert Allen Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 421 Cottage Grove Rd Ste B
 City State Zip Code
 Bloomfield CT 06002-3170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greater Hartford Orthopedic Gr Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 4863345
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 452
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

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

Mailing Address 3084 W Roxboro RD NE

City Atlanta State GA Zip Code 30324

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

Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2013
Transaction ID : 4863346

Amount of Each Receipt this Period 1000.00

B. William R Boulden MD
Full Name (Last, First, Middle Initial)

Mailing Address 12499 University Ave # 210

City Clive State IA Zip Code 50325-8281

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

Name of Employer Capital Ortho Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2013
Transaction ID : 4863347

Amount of Each Receipt this Period 1000.00

c. Melbourne D Boynton MD
Full Name (Last, First, Middle Initial)

Mailing Address 3 Albert Cree Dr

City Rutland State VT Zip Code 05701-4601

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

Name of Employer Vermont Ortho Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 29 / 2013
Transaction ID : 4863348

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Donald A Dinwoodie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1254 Irvine Blvd Ste 230
 City Tustin State CA Zip Code 92780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 4863349
 Amount of Each Receipt this Period
 250.00

B. John R Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1495
 City Billings State MT Zip Code 59103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : 4863350
 Amount of Each Receipt this Period
 1000.00

C. Frank L Barnes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3117 Avalon Pl
 City Houston State TX Zip Code 77019
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : 4863351
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 300 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Hans C Kioschos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 622 Par Dr
 City State Zip Code
 Gillette WY 82718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Powder River Orthopaedic Surgeons Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863828
 Amount of Each Receipt this Period
 500.00

B. Garth Robert Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 875 Mallard Circle
 City State Zip Code
 Arnold MD 21012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863829
 Amount of Each Receipt this Period
 1000.00

C. John P K Featheringill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3608 Grand Rock Ln
 City State Zip Code
 Birmingham AL 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopedic Sports Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863831
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 301 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. E Michael Keating MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1199 Hadley Rd
 City State Zip Code
 Mooresville IN 46158-1788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Joint Replacement Surgeons of Indiana Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863832
 Amount of Each Receipt this Period
 1000.00

B. Louis J Mariorenzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Bay View Drive
 City State Zip Code
 Jamestown RI 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863833
 Amount of Each Receipt this Period
 1000.00

C. Charlotte J Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 732 East Maple Leaf Road
 City State Zip Code
 Maysville KY 41056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fleming County Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863834
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 302 OF 452
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Stephen G Silver MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Bellaire Drive
 City Demarest State NJ Zip Code 07627-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863835
 Amount of Each Receipt this Period
 500.00

B. Charles H Alexander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6758 Passons Blvd
 City Pico Rivera State CA Zip Code 90660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863836
 Amount of Each Receipt this Period
 1000.00

C. Richard Zapanta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5830 Beverly Hills Drive
 City Whittier State CA Zip Code 90601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863838
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 452
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jaafar M Bazih MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2715 S Birmingham Pl
 City State Zip Code
 Tulsa OK 74104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2013
Transaction ID : 4863839
 Amount of Each Receipt this Period
 250.00

B. Richard L Lawton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9160 CR 250
 City State Zip Code
 Durango CO 81301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2013
Transaction ID : 4863840
 Amount of Each Receipt this Period
 300.00

c. Douglas G Orndorff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 L Tenderfoot Ct
 City State Zip Code
 Durango CO 81301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2013
Transaction ID : 4863841
 Amount of Each Receipt this Period
 300.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 452
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Bryan Scott Kamps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RMCHS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 05 / 09 / 2013
Transaction ID : 4863843
 Amount of Each Receipt this Period
 250.00

B. Jack L Deetjen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Twin Oak
 City Seguin State TX Zip Code 78155
 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 ▼ 300.00

Date of Receipt
 05 / 09 / 2013
Transaction ID : 4863846
 Amount of Each Receipt this Period
 300.00

c. William Harper Satterfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2816 Fieldwood Ct
 City Winston-Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Specialist Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 05 / 09 / 2013
Transaction ID : 4863848
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 305 OF 452
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Sunil Dedhia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3947 Johnson Ave
 City Western Springs State IL Zip Code 60558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSNI Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 09 / 2013
Transaction ID : 4863850
 Amount of Each Receipt this Period
 500.00

B. Dennis H Gordon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17290
 City Salt Lake City State UT Zip Code 84117-0290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 09 / 2013
Transaction ID : 4863851
 Amount of Each Receipt this Period
 250.00

C. Roy Hallum Trawick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Lone Hollow
 City Sandy State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 09 / 2013
Transaction ID : 4863854
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Elliot L Gross MD		Date of Receipt
Mailing Address 3831 Hughes Ave Ste 509		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2013
City	State	Zip Code
Culver City	CA	90232-6861
FEC ID number of contributing federal political committee. C		Transaction ID : 4863856
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) B. Richard H Cobden MD		Date of Receipt
Mailing Address 385 Forest Hills Ct		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2013
City	State	Zip Code
Fairbanks	AK	99709
FEC ID number of contributing federal political committee. C		Transaction ID : 4863857
Name of Employer Fairbanks Orthopaedics		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. Donald F Garver Jr, MD		Date of Receipt
Mailing Address 1020 Three Mile Rd		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2013
City	State	Zip Code
Grosse Pointe Park	MI	48230
FEC ID number of contributing federal political committee. C		Transaction ID : 4863858
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

A. Douglas M Goumas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Three Corners Rd
 City Bedford State NH Zip Code 03110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TOC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2000.00

Date of Receipt 05 / 09 / 2013
Transaction ID : 4863859
 Amount of Each Receipt this Period 2000.00

B. Leah T Cyran MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3672 Holboro Dr
 City Los Angeles State CA Zip Code 90027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 09 / 2013
Transaction ID : 4863860
 Amount of Each Receipt this Period 250.00

C. Sergio Andres Mendoza-Lattes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3758 Forest Gate Dr NE
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 09 / 2013
Transaction ID : 4863861
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert G Kloepper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Charter Oaks Drive
 City Roseburg State OR Zip Code 97471-2384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allen Memorial Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 10 / 2013**
Transaction ID : 4863867
 Amount of Each Receipt this Period **250.00**

B. Scott Edward Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho, Acad Serv
 701 Grove Rd 2nd Fl Suprt Twr
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **04 / 09 / 2013**
Transaction ID : 4863868
 Amount of Each Receipt this Period **85.00**

c. Claudette Malvina Lajam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Knollwood Dr
 City Larchmont State NY Zip Code 10538-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital For Joint Diseases Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 13 / 2013**
Transaction ID : 4863869
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1335.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 310 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Edward R Sweetser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Creosote Run Rd
 City Las Cruces State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain View Regional Med Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 4863872
 Amount of Each Receipt this Period
 250.00

B. Christopher George Furey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18900 South Woodland Road
 City Shaker Heights State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 4863873
 Amount of Each Receipt this Period
 500.00

C. Theodore W Crofford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6863 Lahontan Dr.
 City Fort Worth State TX Zip Code 76132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hip & Knee Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 4863874
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 311 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert N Walker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1873 E Parkhurst Ct
 City Eagle State ID Zip Code 83616-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Lukes Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2013
Transaction ID : 4863875
 Amount of Each Receipt this Period 500.00

B. Peter C Rink DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 E 43rd
 City Davenport State IA Zip Code 52807-1580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Surgery Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2013
Transaction ID : 4863880
 Amount of Each Receipt this Period 250.00

C. David F Sitler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12701 Sagecrest Dr
 City Poway State CA Zip Code 92064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp-rees-stealy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 14 / 2013
Transaction ID : 4863881
 Amount of Each Receipt this Period 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 452		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William Gerard Cimino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 Merwins Ln
 City State Zip Code
 Fairfield CT 06824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beach Road Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 4863882
 Amount of Each Receipt this Period
 250.00

B. Susan Cero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 Avalon Dr
 City State Zip Code
 Mercer Island WA 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Proliance Surgeons Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 4863883
 Amount of Each Receipt this Period
 1000.00

C. Michael S Marandola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26401 Crown Valley Prkwy Ste 101
 City State Zip Code
 Mission Viejo CA 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 4863884
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 313 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Stephen G Taylor MD

Mailing Address 6001 Westown Pkwy

City State Zip Code
 West Des Moines IA 50266-7702

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

Name of Employer Occupation
 Des Moines Ortho Surgeons Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 14 / 2013
Transaction ID : 4863885

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Michael L Schmitz MD

Mailing Address 130 Cartier Court

City State Zip Code
 Roswell GA 30076

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

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 14 / 2013
Transaction ID : 4863891

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Donald H Rosenbaum DO

Mailing Address 118 Shadowood Dr

City State Zip Code
 Warner Robins GA 31088

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

Name of Employer Occupation
 Dodge County Hospital Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 14 / 2013
Transaction ID : 4863892

Amount of Each Receipt this Period
 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 314 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James A Keeney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 S Euclid Ave
 Campus Box 8233 Dept of Ortho Surg
 City St Louis State MO Zip Code 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 4863893
 Amount of Each Receipt this Period
 1000.00

B. David Lee Spencer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1875 W Dempster Ste 425
 City Park Ridge State IL Zip Code 60068
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 4863894
 Amount of Each Receipt this Period
 2000.00

C. Cass K Nakasone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3758 Old Pali Rd
 City Honolulu State HI Zip Code 96817-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Straub Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2013
Transaction ID : 4863895
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **668.00**

Date of Receipt **04 / 29 / 2013**
Transaction ID : 4863897
 Amount of Each Receipt this Period **167.00**

B. Wayne Anthony Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8212 NW Stonebridge Ct
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 29 / 2013**
Transaction ID : 4863902
 Amount of Each Receipt this Period **500.00**

C. Scott Edward Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho, Acad Serv
 701 Grove Rd 2nd Fl Suprt Twr
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 29 / 2013**
Transaction ID : 4863905
 Amount of Each Receipt this Period **85.00**

SUBTOTAL of Receipts This Page (optional)..... **752.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Bonhomme Joseph Prud'homme MD		Date of Receipt
Mailing Address 4117 Cove Point Dr		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Morgantown	WV	26508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4863906
Name of Employer	Occupation	Amount of Each Receipt this Period
West Virginia University	Orthopaedic Surgeon	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) B. Paul Strawn Sherbondy MD		Date of Receipt
Mailing Address 507 Beaumont Dr		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
State College	PA	16801
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4863907
Name of Employer	Occupation	Amount of Each Receipt this Period
Penn State Hershey	Orthopaedic Surgeon	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="333.32"/>	

Full Name (Last, First, Middle Initial) C. Frank A B Gottschalk MD		Date of Receipt
Mailing Address 16316 Fallkirk Dr		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75248-2332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4863908
Name of Employer	Occupation	Amount of Each Receipt this Period
UTSouthwestern	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1168.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Neal D Lintecum MD

Mailing Address 789 N 1500 Rd

City Lawrence State KS Zip Code 66049

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 10 / 2013
Transaction ID : 4863909

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Bruce T Henderson MD

Mailing Address 44555 Woodward Ste 407

City Pontiac State MI Zip Code 48341-2965

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 10 / 2013
Transaction ID : 4863910

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Curtis W Spencer III, MD

Mailing Address 2760 Atlantic Ave

City Long Beach State CA Zip Code 90806-2755

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

Name of Employer Occupation Memorial Ortho Surgical Group Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
04 / 10 / 2013
Transaction ID : 4863911

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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FOR LINE NUMBER: PAGE 318 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John Sargent Rogerson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Science Ct #101
 City Madison State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2013
Transaction ID : 4863912
 Amount of Each Receipt this Period 250.00

B. Russell Cecil MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5010 St Hwy 30 Ste 205
 City Amsterdam State NY Zip Code 12010-7532
 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 ▼ 750.00

Date of Receipt 04 / 10 / 2013
Transaction ID : 4863918
 Amount of Each Receipt this Period 250.00

c. Dwight Saint Aubyn Tyndall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Orthopaedic Specialists NW IN 730-45th Ave
 City Munster State IN Zip Code 46321-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Specialist Inc
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2013
Transaction ID : 4863919
 Amount of Each Receipt this Period 500.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 319 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Burnet Todd Clarke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4820 Bellechase
 City State Zip Code
 Beaumont TX 77706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863920
 Amount of Each Receipt this Period
 250.00

B. Mark R Colville MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2375 NW Overton St
 City State Zip Code
 Portland OR 97210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Surgical Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863921
 Amount of Each Receipt this Period
 1000.00

C. Roberto A Moya MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3163 NE 166 St Eastern Shores
 City State Zip Code
 North Miami Beach FL 33160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863922
 Amount of Each Receipt this Period
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. David Eli Rojer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 Walton Rd
 City State Zip Code
 Maplewood NJ 07040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Union County Orthopaedic Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863933
 Amount of Each Receipt this Period
 1000.00

B. Thomas H Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 274 Redtail Ridge Ln
 City State Zip Code
 Roseburg OR 97471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863934
 Amount of Each Receipt this Period
 250.00

C. William E Carlson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 SE Tuscan Ln
 City State Zip Code
 Stuart FL 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Florida Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863935
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 OF 452
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James B Stiehl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4573 CJ Heck Rd
 City Salem State IL Zip Code 62881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863936
 Amount of Each Receipt this Period
 250.00

B. Thomas J Errico MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 East 17th Street, Rm 400
 City New York State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Medical School
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863937
 Amount of Each Receipt this Period
 1000.00

C. Francis J Lamberta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 E Central Rd Ste 1A
 City Arlington Hts State IL Zip Code 60005-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Bone & Joint Institute
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : 4863955
 Amount of Each Receipt this Period
 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 322 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mary I O'Connor MD
Full Name (Last, First, Middle Initial)
Mailing Address 4500 San Pablo Rd
City Jacksonville State FL Zip Code 32224
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Jacksonville Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 10 / 2013
Transaction ID : 4863956
Amount of Each Receipt this Period 1000.00

B. Clarence H Fossier MD
Full Name (Last, First, Middle Initial)
Mailing Address 1050 Hattie's View
City Greensboro State GA Zip Code 30642
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 10 / 2013
Transaction ID : 4863957
Amount of Each Receipt this Period 250.00

C. Brian J McGinley MD
Full Name (Last, First, Middle Initial)
Mailing Address 16 Caterham Ln
City East Setauket State NY Zip Code 11733
FEC ID number of contributing federal political committee. **C**
Name of Employer Long Island Bone & Joint Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 04 / 10 / 2013
Transaction ID : 4863959
Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William A Frisella Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Princeton Ave
 City State Zip Code
 University City MO 63130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Peters Bone and Joint Surgery Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863960
 Amount of Each Receipt this Period
 500.00

B. Donald H Rosenbaum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Shadowood Dr
 City State Zip Code
 Warner Robins GA 31088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dodge County Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863963
 Amount of Each Receipt this Period
 250.00

C. Cooper L Terry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 S Lamar Blvd
 City State Zip Code
 Oxford MS 38655-4732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863964
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 452
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		<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--PAC of AAOS

A. Paul K Peartree MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Hagen Dr Ste 220
 City Rochester State NY Zip Code 14625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Rochester Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863965
 Amount of Each Receipt this Period
 100.00

B. Brock Stefan Cummings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Heaven's Gate
 City Paradise State CA Zip Code 95969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863966
 Amount of Each Receipt this Period
 250.00

C. Adam Mirarchi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Upper Dr
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Health and Science University Occupation Ass. Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : 4863967
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 325 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Richard S Levy MD
Full Name (Last, First, Middle Initial)

Mailing Address Suite 200
6901 Snider Plaza

City Dallas State TX Zip Code 75205

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 ▼
300.00

Date of Receipt
04 / 15 / 2013
Transaction ID : 4863968

Amount of Each Receipt this Period
300.00

B. Richard L Rouhe MD
Full Name (Last, First, Middle Initial)

Mailing Address 341 Magnolia Ave Ste 101

City Corona State CA Zip Code 92879

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

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 15 / 2013
Transaction ID : 4863969

Amount of Each Receipt this Period
500.00

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

Mailing Address 31012 Wilderness Trail

City Westlake State OH Zip Code 44145

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

Name of Employer
Orthopaedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 15 / 2013
Transaction ID : 4863971

Amount of Each Receipt this Period
500.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 327 OF 452
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ira Joel Singer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Intervale Rd
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : 4863977
 Amount of Each Receipt this Period
 500.00

B. Kirk A Kaiser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4450 Mountaingate Dr
 City Reno State NV Zip Code 89519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : 4863978
 Amount of Each Receipt this Period
 500.00

C. Paul D Burton DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Campbell Ave
 City Redlands State CA Zip Code 92374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arrowhead Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : 4863979
 Amount of Each Receipt this Period
 250.00

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Stephen A Cord MD

Mailing Address 4110 22nd Pl

City Lubbock State TX Zip Code 79410-1143

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

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 04 / 16 / 2013
Transaction ID : 4863981

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Richard Mills Roberts MD

Mailing Address 1505 Cottonwood Valley Circ North

City Irving State TX Zip Code 75038

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

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 04 / 16 / 2013
Transaction ID : 4863983

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. James Spiegel MD

Mailing Address 84 Tan Oak Dr

City Scotts Valley State CA Zip Code 95066-4441

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

Name of Employer Occupation
 Palo Alto Medical Foundation Group Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 04 / 16 / 2013
Transaction ID : 4863984

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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Detailed Summary Page

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James R Whatley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2604 Oakbowery Rd
 City Opelika State AL Zip Code 36801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : 4863988
 Amount of Each Receipt this Period
 500.00

B. Joshua J Jacobs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2407 Pomona Ln
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Orthopaedics at Rush Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : 4863989
 Amount of Each Receipt this Period
 1000.00

C. Paul J Braaton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
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 04 / 22 / 2013
Transaction ID : 4863991
 Amount of Each Receipt this Period
 1000.00

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

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. William Orlon Shaffer MD, BS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 Country Club Ln
 City State Zip Code
 Spencer IA 51301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Iwoa Bone, Joint & Sports Su Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : 4863992
 Amount of Each Receipt this Period
 500.00

B. David Jevsevar MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 652 S Medical Center Dr Ste 400
 City State Zip Code
 Saint George UT 84790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dixie Regional Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : 4863993
 Amount of Each Receipt this Period
 500.00

C. Robert C Durkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2721 Huapala St
 City State Zip Code
 Honolulu HI 96822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hawaii Pacific Health Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
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 04 / 22 / 2013
Transaction ID : 4863995
 Amount of Each Receipt this Period
 500.00

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Joseph E Alhadeff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Oakwood Dr
 City State Zip Code
 Red Lion PA 17356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic & Spine Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
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 04 / 22 / 2013
Transaction ID : 4863996
 Amount of Each Receipt this Period
 500.00

B. Miguel Pablo Prietto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1462 Foothill Blvd
 City State Zip Code
 Santa Ana CA 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : 4863997
 Amount of Each Receipt this Period
 500.00

C. Gregory D Gramstad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6702 SW Canyon Crest Dr
 City State Zip Code
 Portland OR 97225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Surgical Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : 4863998
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Mark R Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 Finnegan Dr
 City Brighton State MI Zip Code 48116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2013
Transaction ID : 4863999
 Amount of Each Receipt this Period 500.00

B. Peter O Newton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Children's Way Ste 410
 City San Diego State CA Zip Code 92123-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CSSD Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 4864002
 Amount of Each Receipt this Period 500.00

C. Howard R Epps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1936 Wroxtton Road
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2013
Transaction ID : 4864004
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 333 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven D Steinlauf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Victoria Isle Way
 City Weston State FL Zip Code 33327-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Assoc of RI Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 4864007
 Amount of Each Receipt this Period **1500.00**

B. David L Wiest MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 11th Street South #209
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 4864008
 Amount of Each Receipt this Period **250.00**

c. Thomas A McEnnerney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5150 Journal Center Blvd NE
 City Albuquerque State NM Zip Code 87109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABQ Health Partners Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 23 / 2013**
Transaction ID : 4864009
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **1950.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 334 OF 452
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Michael R Schuck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8010 Orchard Path Rd
 City State Zip Code
 Colorado Springs CO 80919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4864011
 Amount of Each Receipt this Period
 500.00

B. Christopher S Proctor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 Las Palmas Dr
 City State Zip Code
 Santa Barbara CA 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alta Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4864012
 Amount of Each Receipt this Period
 500.00

C. Steven Michael Topper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3470 Centenniel Blvd Ste 200
 City State Zip Code
 Colorado Springs CO 80907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4864013
 Amount of Each Receipt this Period
 500.00

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

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

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

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(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Edward G Law MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 Evergreen Ct
 City Iowa City State IA Zip Code 52245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Steindler Orthopedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4864015
 Amount of Each Receipt this Period
 2000.00

B. John Adrian Leupold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15581 213th Ave
 City Spirit Lake State IA Zip Code 51360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4864016
 Amount of Each Receipt this Period
 250.00

C. Cassim M Igram MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 NW 130th Street
 City Clive State IA Zip Code 50325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : 4864017
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 336 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Francis A Ennis Jr, MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2013 Transaction ID : 4864019
Mailing Address 8 Dialstone Lane		Amount of Each Receipt this Period 250.00
City Riverside	State CT	Zip Code 06878
FEC ID number of contributing federal political committee. C		
Name of Employer ONS	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert E Van Demark Jr, MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2013 Transaction ID : 4864020
Mailing Address 332 Aspen Circle		Amount of Each Receipt this Period 250.00
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		
Name of Employer Sanford Health	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael R Heilig MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2013 Transaction ID : 4864021
Mailing Address 200 Kelburn Ct		Amount of Each Receipt this Period 1000.00
City Lexington	State KY	Zip Code 40515
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 337 OF 452
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Andrew J Stein MD		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 Transaction ID : 4864023
Mailing Address 220 Camino Encanto		Amount of Each Receipt this Period 250.00
City Danville	State CA	Zip Code 94526
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Andrew L Terrono Jr, MD		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 Transaction ID : 4864026
Mailing Address 192 Hinckley Rd		Amount of Each Receipt this Period 500.00
City Milton	State MA	Zip Code 02186
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hand Surgical Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Joseph Tobin MD		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 Transaction ID : 4864027
Mailing Address 38 Cotesworth Pl		Amount of Each Receipt this Period 500.00
City Hilton Head	State SC	Zip Code 29926
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. James M Donley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5002 Lago Dr
 City Madisonville State KY Zip Code 42431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Orthopaedic Service Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 4864028
 Amount of Each Receipt this Period
 1000.00

B. J R Rudzki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5306 Elliott Rd
 City Bethesda State MD Zip Code 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : 4864029
 Amount of Each Receipt this Period
 500.00

C. Paul C Milling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 N Date St
 City Escondido State CA Zip Code 92025-3405
 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 ▼ 349.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : 4864030
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Douglas A Dennis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 S Downing St Ste 100
 City State Zip Code
 Denver CO 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Porter Adventist Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : 4864032
 Amount of Each Receipt this Period
 1500.00

B. Robert S Gorab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1985 Port Claridge Pl
 City State Zip Code
 Newport Beach CA 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Specialty Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : 4864034
 Amount of Each Receipt this Period
 1000.00

C. Todd W Maily MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 High Wood Rd
 City State Zip Code
 West Hartford CT 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT Ortho & Sports Medicine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4895771
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 340 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Luis M Espinoza MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Savannah Ridge Lane
 City State Zip Code
 Metairie LA 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OCSM Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4895772
 Amount of Each Receipt this Period
 250.00

B. Rowland Brook Mayor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Lantern Hill Ln
 City State Zip Code
 Guilford CT 06437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Orthopaedic Service Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4895773
 Amount of Each Receipt this Period
 500.00

C. Courtland G Lewis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 Farmington Ave, Suite 300
 City State Zip Code
 Farmington CT 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ortho Assoc of RI Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4895775
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 341 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. David Blum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Dockside Circle
 City Weston State FL Zip Code 33327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 4900304
 Amount of Each Receipt this Period
 250.00

B. Letha Y Griffin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2540 Brookdale Dr NW
 City Atlanta State GA Zip Code 30305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Peachtree Ortho Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 4900306
 Amount of Each Receipt this Period
 250.00

C. Kevin P Christensen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 Lunalilo Home Rd Unit 210
 City Honolulu State HI Zip Code 96825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 4900308
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 342 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Kevin J Reagan MD		Date of Receipt
Mailing Address 35 Kennedy Dr		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Putnam	CT	06260
FEC ID number of contributing federal political committee.		Transaction ID : 4900309
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Center of Bone & Joint Care	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Frank Mike Essis Jr, MD		Date of Receipt
Mailing Address 2111 Waterford Dr		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lancaster	PA	17601
FEC ID number of contributing federal political committee.		Transaction ID : 4900316
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David D Sieger MD		Date of Receipt
Mailing Address 31 Olde Mill Ct		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lititz	PA	17543
FEC ID number of contributing federal political committee.		Transaction ID : 4900317
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Orthopedic Associates, LLC	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 343 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Vincent Battista MD

Mailing Address 1336 Sylvan Road

City Lancaster State PA Zip Code 17601

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

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 05 / 23 / 2013
Transaction ID : 4900318

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. John C Rodgers MD

Mailing Address 2163 Meadow Ridge Dr

City Lancaster State PA Zip Code 17601

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

Name of Employer Occupation
 Orthopedic Associates, LLC Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 05 / 23 / 2013
Transaction ID : 4900319

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Michael W Gish MD

Mailing Address 2630 Old Orchard Rd

City Lancaster State PA Zip Code 17601

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

Name of Employer Occupation
 Orthopedic Associates, LLC Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 05 / 23 / 2013
Transaction ID : 4900320

Amount of Each Receipt this Period
 1000.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 344 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Paul Francis Carroll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 N Pointe Blvd
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 4900321
 Amount of Each Receipt this Period
 1000.00

B. Craig Mines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2347 Treehaven Dr
 City Snellville State GA Zip Code 30078
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4900323
 Amount of Each Receipt this Period
 250.00

C. Bernard Andrew Pfeifer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 631 Riverview Drive
 City Chatham State MA Zip Code 02633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4900324
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 345 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Daniel E Gelb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11880 Linden Chapel Rd.
 City Clarksville State MD Zip Code 21029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4900325
 Amount of Each Receipt this Period
 250.00

B. John R Chase MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Suwanee Court
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4900326
 Amount of Each Receipt this Period
 250.00

C. Steven M Mulawka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3113 Joyce St
 City Saint Cloud State MN Zip Code 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Cloud Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : 4900328
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Michele T Glasgow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3085 Wolf Ct
 City Dekalb State IL Zip Code 60115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Orthopaedic Consultants Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 21 / 2013**
Transaction ID : 4900329
 Amount of Each Receipt this Period **1000.00**

B. Steven G Glasgow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 Midlands Ct Ste 100
 City Sycamore State IL Zip Code 60178-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Orthopaedic Consultants Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 21 / 2013**
Transaction ID : 4900330
 Amount of Each Receipt this Period **1000.00**

C. Frederick Suh Song MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Beechtree Ln
 City Princeton State NJ Zip Code 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Princeton Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 20 / 2013**
Transaction ID : 4900336
 Amount of Each Receipt this Period **1000.00**

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 347 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Joshua Seth Rovner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 Lydecker St
 City Englewood State NJ Zip Code 07631-3006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Spine and Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : 4900337
 Amount of Each Receipt this Period
 250.00

B. James Alexander Foley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 E Bristlecone Dr
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : 4900338
 Amount of Each Receipt this Period
 250.00

C. John Ryan Cotton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13516 Westshire Drive
 City Tampa State FL Zip Code 33618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeland Regional Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 4900339
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 348 OF 452
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Joanna Garnas Branstetter MD

Mailing Address 1220 S Aurora Ave

City State Zip Code
Tacoma WA 98465

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

Name of Employer Occupation
Madigan Army Medical Center Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 31 / 2013
Transaction ID : 4900340

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Michael P Murphy DO

Mailing Address 13100 Blue Heron Cove

City State Zip Code
Plainfield IL 60585

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

Name of Employer Occupation
Meridian Medical Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 31 / 2013
Transaction ID : 4900341

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Carlos Gonzalez-Sandoval MD

Mailing Address 6505 Brisa del Mar

City State Zip Code
El Paso TX 79912

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 31 / 2013
Transaction ID : 4900342

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 349 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Eric T Miller MD
Full Name (Last, First, Middle Initial)

Mailing Address 4101 Okey CT

City Medina State OH Zip Code 44256

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

Name of Employer Summa Health Systems Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2013
Transaction ID : 4900344

Amount of Each Receipt this Period
 1000.00

B. Ryan Edward Will MD
Full Name (Last, First, Middle Initial)

Mailing Address 2007 60th Ave NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Multicare Health System Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2013
Transaction ID : 4900345

Amount of Each Receipt this Period
 250.00

C. James P Tasto MD
Full Name (Last, First, Middle Initial)

Mailing Address 6719 Alvarado Rd Ste 200

City San Diego State CA Zip Code 92120-5256

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2013
Transaction ID : 4900347

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Michael Jacob Battaglia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1641 Windermere Dr E
 City Seattle State WA Zip Code 98112-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellevue Bone & Joint Physicians Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2013
Transaction ID : 4900348
 Amount of Each Receipt this Period 500.00

B. Christopher M Jobe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 W. Highland
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loma Linda University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2013
Transaction ID : 4900350
 Amount of Each Receipt this Period 1000.00

c. David Andrew Spiegel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Delancey Street
 City Philadelphia State PA Zip Code 19106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pennsylvania Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2013
Transaction ID : 4900351
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 351 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jonathan L Chang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1456 Oak Crest Ave
 City South Pasadena State CA Zip Code 91030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Ortho Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2013
Transaction ID : 4900352
 Amount of Each Receipt this Period
 500.00

B. Steven C Dennis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Corporate Plaza Drive
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newport Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2013
Transaction ID : 4900353
 Amount of Each Receipt this Period
 1000.00

C. Joseph Hasbrouck Schwab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Chestnut St
 City Boston State MA Zip Code 02108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 4900354
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 352 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<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--PAC of AAOS

A. Donnis K Harrison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720A Medical Park Drive
 Suite 220
 City Biloxi State MS Zip Code 39532
 Name of Employer Bienville Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2013
Transaction ID : 4900356
 Amount of Each Receipt this Period 1000.00

B. Jeffrey A Bash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 97 Balfour Dr
 City West Hartford State CT Zip Code 06117
 Name of Employer Middlesex Orthopaedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2013
Transaction ID : 4900359
 Amount of Each Receipt this Period 1000.00

C. Alberto D Cuellar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Doe Run Dr
 City The Woodlands State TX Zip Code 77380
 Name of Employer KSF Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 06 / 2013
Transaction ID : 4926104
 Amount of Each Receipt this Period 1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 452
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Kent R Adamson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Via Rancho
 City San Clemente State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 4926105
 Amount of Each Receipt this Period
250.00

B. Jonathan R Schiller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Walker Street
 City Seekonk State MA Zip Code 02771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 4926108
 Amount of Each Receipt this Period
500.00

C. Edward Akelman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Pheasant Ln
 City Barrington State RI Zip Code 02806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 4926109
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Jose M Massanet-Vollrath MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Vereda st. #27
 Monte Verde Real
 City San Juan State PR Zip Code 00926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 4926114
 Amount of Each Receipt this Period
 250.00

B. Arnold M Schwartz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Beardsley Lane
 City Huntington State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Spine Care of Long Island Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2013
Transaction ID : 4926119
 Amount of Each Receipt this Period
 1000.00

c. Charles D Hummer III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1157 Avonlea Circle
 City Glen Mills State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Premier Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2013
Transaction ID : 4926167
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 355 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Peter T Hurley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2048 2nd st N.W.
 City Hickory State NC Zip Code 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Carolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 4926177
 Amount of Each Receipt this Period
 250.00

B. Lawrence S Halperin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 4926178
 Amount of Each Receipt this Period
 100.00

C. John W Acampa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Bayberry Rd W
 City Islip State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : 4926179
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 357 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Michael S Kain MD

Mailing Address 16 Blossom St

City Lexington State MA Zip Code 02421

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

Name of Employer Lahey Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2013
Transaction ID : 4926188

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Geoffrey Van Thiel MD, MBA

Mailing Address 324 Roxbury Road

City Rockford State IL Zip Code 61107

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

Name of Employer Rockford Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : 4929153

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Jonathan D Swindle DO

Mailing Address W 4072 Cliff Crest Drive

City Monroe State WI Zip Code 53566

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

Name of Employer Monroe Clinic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : 4929154

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 358 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

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

Mailing Address 192 Tilley Drive

City State Zip Code
 South Burlington VT 05403-4440

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

Name of Employer Occupation
 Fletcher Allen Health Care Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : 4929156

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. John J McGraw MD

Mailing Address 1541 Mill Springs Rd

City State Zip Code
 New Market TN 37820

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

Name of Employer Occupation
 Knoxville Orthopaedic Clinic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : 4929157

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Byron H Izuka MD

Mailing Address 98-1967 Wilou St

City State Zip Code
 Aiea HI 96701

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

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2013
Transaction ID : 5083024

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Patrick H Noud MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5906 Coventry Circle
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MMP Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2013
Transaction ID : 5091169
 Amount of Each Receipt this Period
 250.00

B. Nomaan Ashraf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 E 53rd St Apt 303
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2013
Transaction ID : 5091170
 Amount of Each Receipt this Period
 250.00

c. Matthew R Lindaman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2130 E Stonebrook Ln
 City Eldridge State IA Zip Code 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORA Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2013
Transaction ID : 5091171
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 360 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Linda J Rasmussen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 649 Kanaha St
 City Kailua State HI Zip Code 96734
 Name of Employer Occupation
 Windward Ortho Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Occupation
 Orthopaedic Surgeon
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2013
Transaction ID : 5091173
 Amount of Each Receipt this Period
 500.00

B. Jeffrey B Cantor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Bayview Dr
 City Fort Lauderdale State FL Zip Code 33306
 Name of Employer Occupation
 South Florida Spine Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Occupation
 Orthopaedic Surgeon
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2013
Transaction ID : 5091174
 Amount of Each Receipt this Period
 500.00

C. Michael J O'Brien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 Ridgewood Drive
 City Metairie State LA Zip Code 70001
 Name of Employer Occupation
 Tulane University Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Occupation
 Orthopaedic Surgeon
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 5091178
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 361 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John Paul Seaberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2931 Georgetown Street
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Methodist Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 5091180
 Amount of Each Receipt this Period **250.00**

B. Anthony Louis Finuoli DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Legends Cir
 City Melville State NY Zip Code 11747-5301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 5091183
 Amount of Each Receipt this Period **500.00**

C. Susan E Stephens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Chartley
 City Gates Mills State OH Zip Code 44040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Institute for Spine, Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 5091186
 Amount of Each Receipt this Period **250.00**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 362 OF 452
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. Ronald S Levey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 78366 Hollister Dr
 City State Zip Code
 Palm Desert CA 92211-3718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 5091192
 Amount of Each Receipt this Period
 250.00

B. William A Crotwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4217 River Oaks Lane
 City State Zip Code
 Mobile AL 36619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alabama Orthopaedic Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : 5170016
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$2000.00 This changes the YTD Total to \$-2000.00

C. Lana Kang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 E 76th St Apt 12B
 City State Zip Code
 New York NY 10021-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospital for Special Surgery Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : 5170017
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$125.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	602691.66

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 363 OF 452
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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--PAC of AAOS

Full Name (Last, First, Middle Initial) A. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 317 Massachusetts Ave NE		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4784622
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3399.29"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3908.08"/>	

Full Name (Last, First, Middle Initial) B. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 317 Massachusetts Ave NE		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4785428
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="508.79"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="508.79"/>	

Full Name (Last, First, Middle Initial) C. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 317 Massachusetts Ave NE		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4811804
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2522.84"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="6430.92"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6430.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 364 OF 452
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 317 Massachusetts Ave NE		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4864074
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1642.32"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="8073.24"/>	

Full Name (Last, First, Middle Initial) B. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 317 Massachusetts Ave NE		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4897456
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1160.22"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="9233.46"/>	

Full Name (Last, First, Middle Initial) C. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 317 Massachusetts Ave NE		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4956598
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="928.84"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="10162.30"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3731.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="10162.30"/>

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

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

FOR LINE NUMBER: PAGE 365 OF 452
(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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Triangle Orthopaedic Associates, PA Political Action Committee

Mailing Address 120 William Penn Plaza

City Durham State NC Zip Code 27704

FEC ID number of contributing federal political committee. **C** C00418582

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 4812036

Amount of Each Receipt this Period
 4000.00

Unsolicited contribution from member's PAC org

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 366 OF 452
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Kind for Congress Committee		Date of Receipt
Mailing Address 205 5th Avenue South Suite 428		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
La Crosse	WI	54601
FEC ID number of contributing federal political committee. C C00312017		Transaction ID : 4811970
Name of Employer		Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼		<input type="text"/> 2500.00
		Refund General 2014 Contribution

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Date of Receipt
Mailing Address P.O. Box 586		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
Helena	MT	59624
FEC ID number of contributing federal political committee. C C00328211		Transaction ID : 4864082
Name of Employer		Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼		<input type="text"/> 5000.00
		Refund due to retirement

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 7500.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 7500.00

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

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

FOR LINE NUMBER:
(check only one)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815150

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815167

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815179

Amount of Each Disbursement this Period

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	1	3		

Transaction ID : 4815205

Amount of Each Disbursement this Period

7	8	.	2	1
---	---	---	---	---

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	5			2	0	1	3		

Transaction ID : 4815219

Amount of Each Disbursement this Period

1	0	1	0	7	7
---	---	---	---	---	---

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	3		

Transaction ID : 4815237

Amount of Each Disbursement this Period

1	1	1	.	5	9
---	---	---	---	---	---

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	2	0	0	5	7
---	---	---	---	---	---

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

2	2	0	0	5	7
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2013

Transaction ID : 4815245

Amount of Each Disbursement this Period

4.50

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2013

Transaction ID : 4815290

Amount of Each Disbursement this Period

78.00

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2013

Transaction ID : 4815296

Amount of Each Disbursement this Period

40.00

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

122.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815334

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815351

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815352

Amount of Each Disbursement this Period

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2013

Transaction ID : 4815369

Amount of Each Disbursement this Period

1109.26

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2013

Transaction ID : 4815400

Amount of Each Disbursement this Period

1874.69

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2013

Transaction ID : 4815417

Amount of Each Disbursement this Period

146.77

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3130.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815452

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815459

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4864070

Amount of Each Disbursement this Period

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 4864071

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 4864072

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 4864073

Amount of Each Disbursement this Period

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4864076

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4864077

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4864079

Amount of Each Disbursement this Period

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 4864080

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 4864081

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 4921911

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

Transaction ID : 4921912

Amount of Each Disbursement this Period

512.77

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

512.77

10035.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Joe Heck

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	24	/	2013

Transaction ID : 4813066

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Texans for Senator John Cornyn, Inc

Mailing Address P.O. Box 13026

City Austin State TX Zip Code 78767

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2013

Transaction ID : 4813083

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Every Republican is Crucial (ERIC) Pac

Mailing Address 25 East Main Street
Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Cantor's LPAC

011

Category/
Type

Candidate Name

Every Republican is Crucial (ERIC) Pac

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2013

Transaction ID : 4813085

Amount of Each Disbursement this Period

2500.00

Cantor's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. LEGPAC

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Cardin's LPAC

011

Category/
Type

Candidate Name

LEGPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 4813131

Amount of Each Disbursement this Period

5000.00

Cardin's LPAC

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Commit

Mailing Address 430 S Capitol St SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Annual Dues

011

Category/
Type

Candidate Name

Democratic Congressional Campaign Commit

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2013

Transaction ID : 4813141

Amount of Each Disbursement this Period

15000.00

2013 Annual Dues

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Mailing Address P.O. Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gus Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 4813157

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

21000.00

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)

<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--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ameripac: The Fund for a Greater America

Mailing Address 499 South Capitol Street, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Hoyer's LPAC

011

Category/
Type

Candidate Name

Ameripac: The Fund for a Greater America

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2013

Transaction ID : 4813162

Amount of Each Disbursement this Period

5000.00

Hoyer's LPAC

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2013

Transaction ID : 4813163

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Walberg for Congress

Mailing Address P.O. Box 1362

City Jackson State MI Zip Code 49287

Purpose of Disbursement

011

Category/
Type

Candidate Name

Timothy Walberg

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : 4813173

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Pat Toomey for Senate Committee

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement

011

Candidate Name

Patrick Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4813227

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz for Congress

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Allyson Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	3

Transaction ID : 4813246

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address P.O. Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Candidate Name

Frank Pallone

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	3

Transaction ID : 4813252

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Trey Radel, Inc.

Mailing Address P.O. Box 1329

City State Zip Code
Fort Myers FL 33902

Purpose of Disbursement

011

Category/
Type

Candidate Name

Henry Radel

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2013

Transaction ID : 4813300

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Boehner

Mailing Address 7908 Cincinatti Dayton Road

City State Zip Code
West Chester OH 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2013

Transaction ID : 4813435

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Rosa Delauro

Mailing Address 12 Trumbull Street
2nd Floor

City State Zip Code
New Haven CT 06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rosa Delauro

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2013

Transaction ID : 4813442

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)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. To Organize a Majority PAC (TOMPAC)

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Harkin's LPAC

011

Candidate Name

To Organize a Majority PAC (TOMPAC)

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 4813466

Amount of Each Disbursement this Period

5000.00

Harkin's LPAC

Full Name (Last, First, Middle Initial)

B. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Richard Neal

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : 4813492

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Vern Buchanan for Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Candidate Name

Vernon Buchanan

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : 4813506

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Blumenthal for Senate

Mailing Address 10 G Street
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4813527

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Candidate Name

Jim Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	3

Transaction ID : 4813557

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of John Boehner

Mailing Address 7908 Cincinatti Dayton Road

City West Chester State OH Zip Code 20003

Purpose of Disbursement

011

Candidate Name

John Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	3

Transaction ID : 4813562

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	1	5	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	1	5	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Royce Campaign Committee

Mailing Address PO Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement

011

Candidate Name

Edward Royce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4813604

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011

Candidate Name

Eric Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	3

Transaction ID : 4813685

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pitts

Mailing Address P.O. Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name

Joseph Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	3

Transaction ID : 4813717

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address P.O. Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement

011

Category/
Type

Candidate Name

James Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 4813731

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address P.O. Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frank Pallone

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2013

Transaction ID : 4813746

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Allyson Schwartz for Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Allyson Schwartz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2013

Transaction ID : 4813750

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Jeanne Shaheen

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
VOID - Disbursement of 9/1/2012

Candidate Name

Jeanne Shaheen

Office Sought: House Senate President
State: NH District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2013

Transaction ID : 4813813

Amount of Each Disbursement this Period

-1000.00

VOID - Disbursement of 9/1/2012

Full Name (Last, First, Middle Initial)

B. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

Candidate Name

Lee Terry

Office Sought: House Senate President
State: NE District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : 4813823

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bera for Congress

Mailing Address P.O.Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

Candidate Name

Amerish Bera

Office Sought: House Senate President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 4813834

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Pompeo for Congress Inc

Mailing Address P.O. Box 780146

City State Zip Code
Wichita KS 67278

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Pompeo

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 4813835

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Keystone Leadership PAC

Mailing Address 1017 N Elbow Lane

City State Zip Code
Yardley PA 19067

Purpose of Disbursement
VOID - Fitzpatrick's LPAC Disbursement of 9/11/2012

011

Category/
Type

Candidate Name

Keystone Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	3

Transaction ID : 4813844

Amount of Each Disbursement this Period

-	2	5	0	.	0	0
---	---	---	---	---	---	---

VOID - Fitzpatrick's LPAC Disbursement of 9/11/2012

Full Name (Last, First, Middle Initial)

C. Moderate Democrats PAC

Mailing Address 303 Massachusetts Ave NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
2013 Annual Dues

011

Category/
Type

Candidate Name

Moderate Democrats PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4813852

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

2013 Annual Dues

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Schock for Congress

Mailing Address P.O. Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2013

Transaction ID : 4813870

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jim Gerlach for Congress Committee

Mailing Address P.O. Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jim Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2013

Transaction ID : 4813902

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Nutmeg PAC

Mailing Address c/o Cacace Tusch & Santagata
777 summer St, Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement
Blumenthal's LPAC

011

Category/
Type

Candidate Name

Nutmeg PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2013

Transaction ID : 4813905

Amount of Each Disbursement this Period

2500.00

Blumenthal's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Lincoln PAC

Mailing Address c/o Caryn Eggeraat
3701 Connecticut ave. NW. #404

City Washington State DC Zip Code 20008

Purpose of Disbursement
Kirk's Leadership PAC

Category/
Type

Candidate Name
Lincoln PAC

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4813910

Amount of Each Disbursement this Period

Kirk's Leadership PAC

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address P.O. Box 108

City Gladstone State MI Zip Code 49802

Purpose of Disbursement

Category/
Type

Candidate Name
Daniel Benishek

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4813973

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 22305

Purpose of Disbursement

Category/
Type

Candidate Name
Thomas Price

Office Sought: House Senate President
State: GA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4813982

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Mailing Address P.O. Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement

011

Category/
Type

Candidate Name

Raul Ruiz

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	1		2	0	1	3		

Transaction ID : 4813998

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Scott Rigell for Congress

Mailing Address 915 First Colonial Road Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement

011

Category/
Type

Candidate Name

Edward Rigell

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	6		2	0	1	3		

Transaction ID : 4814005

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. Freedom Project, The

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Boehner's LPAC

011

Category/
Type

Candidate Name

Freedom Project, The

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	0		2	0	1	3		

Transaction ID : 4814011

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Boehner's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. ORRINPAC

Mailing Address 175 S West Temple
Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Hatch's LPAC

011

Category/
Type

Candidate Name
ORRINPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : 4814064

Amount of Each Disbursement this Period

2500.00

Hatch's LPAC

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address P. O. Box 48928

City State Zip Code
Sarasota FL 34230

Purpose of Disbursement

011

Category/
Type

Candidate Name
Vernon Buchanan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : 4814078

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Common Values PAC

Mailing Address 406 Virginia Ave

City State Zip Code
Alexandria VA 22302

Purpose of Disbursement
Barrasso's LPAC

011

Category/
Type

Candidate Name
Common Values PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 4814158

Amount of Each Disbursement this Period

5000.00

Barrasso's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bucshon for Congress

Mailing Address P.O. Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

011

Category/Type

Candidate Name

Larry Bucshon

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	3

Transaction ID : 4814172

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2013 Annual Contribution

011

Category/Type

Candidate Name

Democratic Senatorial Campaign Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	3

Transaction ID : 4814199

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

2013 Annual Contribution

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Category/Type

Candidate Name

Kevin Brady

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 4814209

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	0	0	0	.	0	0
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2	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ron Barber for Congress

Mailing Address P.O. Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald Barber

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 4814211

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Blue Dog Pac, The

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Annual Dues

011

Category/
Type

Candidate Name

Blue Dog Pac, The

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4814222

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

2013 Annual Dues

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	3

Transaction ID : 4814308

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	0	0	.	0	0
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2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Adam Smith for Congress Committee

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement

011

Category/
Type

Candidate Name

D Adam Smith

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2013

Transaction ID : 4814324

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address P.O.Box 479
501 3rd Street NW

City Glastonbury State CT Zip Code 20001

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Larson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

Transaction ID : 4814340

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Defend America PAC

Mailing Address P.O. Box 2626

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
Shelby's LPAC

011

Category/
Type

Candidate Name

Defend America PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2013

Transaction ID : 4814377

Amount of Each Disbursement this Period

5000.00

Shelby's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Mailing Address P.O. Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement

011

Category/
Type

Candidate Name

Raul Ruiz

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : 4814380

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Category/
Type

Candidate Name

Anna Eshoo

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : 4814389

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Category/
Type

Candidate Name

Garland Barr

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2013

Transaction ID : 4814418

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kirk for Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

011

Candidate Name

Mark Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	3

Transaction ID : 4814509

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Pompeo for Congress Inc

Mailing Address P.O. Box 780146

City Wichita State KS Zip Code 67278

Purpose of Disbursement

011

Candidate Name

Michael Pompeo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	3

Transaction ID : 4814514

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address P.O. Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Candidate Name

Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4814522

Amount of Each Disbursement this Period

1	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8	5	0	0	0	0
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8	5	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Glacier PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement
Baucus LPAC

011

Candidate Name

Glacier PAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2013

Transaction ID : 4814547

Amount of Each Disbursement this Period

5000.00

Baucus LPAC

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612 Suite 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Candidate Name

Henry Waxman

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 29

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : 4814560

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Upton For All of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Candidate Name

Frederick Upton

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 4814564

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Adam Smith for Congress Committee

Mailing Address PO Box 23626

City State Zip Code
Federal Way WA 98093

Purpose of Disbursement

011

Candidate Name

D Adam Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2013

Transaction ID : 4814612

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Country Roads PAC

Mailing Address P.O. Box 1387

City State Zip Code
Charleston WV 25325

Purpose of Disbursement
Manchin's LPAC

011

Candidate Name

Country Roads PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2013

Transaction ID : 4814630

Amount of Each Disbursement this Period

5000.00

Manchin's LPAC

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Mailing Address P.O. Box 17813

City State Zip Code
Richmond VA 23226

Purpose of Disbursement

011

Candidate Name

Eric Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	08	/	2013

Transaction ID : 4814663

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Save America PAC

Mailing Address 407 W. Jefferson

City Boise State ID Zip Code 83702

Purpose of Disbursement Risch's LPAC

011

Candidate Name

Save America PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 4814673

Amount of Each Disbursement this Period

2500.00

Risch's LPAC

Full Name (Last, First, Middle Initial)

B. Andy Harris for Congress

Mailing Address PO Box 604

City Bel Air State MD Zip Code 21404

Purpose of Disbursement

011

Candidate Name

Andrew Harris

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 4814696

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PETE PAC

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement Session's LPAC

011

Candidate Name

PETE PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 4814719

Amount of Each Disbursement this Period

2500.00

Session's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. ACTON PAC

Mailing Address P.O. Box 442

City State Zip Code
Sharpsburg GA 30277

Purpose of Disbursement
Westmoreland's LPAC

011

Category/
Type

Candidate Name

ACTON PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 4814726

Amount of Each Disbursement this Period

5000.00

Westmoreland's LPAC

Full Name (Last, First, Middle Initial)

B. JOEPAC

Mailing Address 233 W Franklin St

City State Zip Code
Ephrata PA 17522

Purpose of Disbursement
Pitt's LPAC

011

Category/
Type

Candidate Name

JOEPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 4814755

Amount of Each Disbursement this Period

5000.00

Pitt's LPAC

Full Name (Last, First, Middle Initial)

C. Cantwell Victory

Mailing Address 130 Nickerson St
Suite 312

City State Zip Code
Seattle WA 98109

Purpose of Disbursement
Joint Fundraising Committee

011

Category/
Type

Candidate Name

Cantwell Victory

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2013

Transaction ID : 4814780

Amount of Each Disbursement this Period

2500.00

Joint Fundraising Committee

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Latham for Congress

Mailing Address P.O. Box 8237

City State Zip Code
Des Moines IA 50525

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tom Latham

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2013

Transaction ID : 4814797

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Upton For All of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frederick Upton

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2013

Transaction ID : 4814807

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Republican Main Street Partnership

Mailing Address 1220 L Street, NW
Suite 100-263

City State Zip Code
Washington DC 20005

Purpose of Disbursement
2013 Annual Dues

011

Category/
Type

Candidate Name

Republican Main Street Partnership

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	08	/	2013

Transaction ID : 4814915

Amount of Each Disbursement this Period

5000.00

2013 Annual Dues

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for Congress

Mailing Address P.O. Box 80505
Suite 1001

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : 4814940

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Westmoreland for Congress

Mailing Address P.O. Box 458

City State Zip Code
Sharpsburg GA 30277

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lynn Westmoreland

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 4814973

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City State Zip Code
La Crosse WI 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2013

Transaction ID : 4815020

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Shelby for U.S. Senate

Mailing Address P.O. Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement

011

Candidate Name

Richard Shelby

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	3

Transaction ID : 4815033

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Manchin for West Virginia

Mailing Address P.O. Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

011

Candidate Name

Joe Manchin

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	3

Transaction ID : 4815084

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address P.O. Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Candidate Name

Frank Pallone

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 4815494

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Richmond for Congress

Mailing Address 1631 Elysian Fields
Suite 150

City State Zip Code
New Orleans LA 70117

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cedric Richmond

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2013

Transaction ID : 4815503

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address P.O. Box 2485

City State Zip Code
Springfield VA 22152

Purpose of Disbursement
Roe's Leadership PAC

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2013

Transaction ID : 4815516

Amount of Each Disbursement this Period

5000.00

Roe's Leadership PAC

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address P.O. Box 586

City State Zip Code
Helena MT 59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Max Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2013

Transaction ID : 4815575

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

City State Zip Code
Bel Air MD 21404

Purpose of Disbursement

011

Category/
Type

Candidate Name

Andrew Harris

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 4815591

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Keeping Republican Ideas Strong Timely and Inventive (KRISTI PAC)

Mailing Address P.O. Box 312

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Noem's LPAC

011

Category/
Type

Candidate Name

Keeping Republican Ideas Strong Timely and Inventive (KRISTI PAC)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4815598

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Noem's LPAC

Full Name (Last, First, Middle Initial)

C. Duckworth for Congress

Mailing Address P.O. Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	3

Transaction ID : 4815620

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Maria

Mailing Address P.O. Box 12740

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
VOID - Disbursement of 10/5/2012

Candidate Name

Maria Cantwell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	3

Transaction ID : 4815766

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
-	2	5	0	0	0	0	0	0	0

VOID - Disbursement of 10/5/2012

Full Name (Last, First, Middle Initial)

B. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement

Candidate Name

David Camp

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	3

Transaction ID : 4815806

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. VIEW PAC

Mailing Address 3106 Russel Road

City State Zip Code
Alexandria VA 22305

Purpose of Disbursement
Annual Contribution

Candidate Name

VIEW PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	3

Transaction ID : 4815825

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Annual Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kevin McCarthy

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4815831

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Brady for Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kevin Brady

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	3

Transaction ID : 4815849

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Making Business Excel PAC

Mailing Address P.O. Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement
Enzi's LPAC

011

Category/
Type

Candidate Name

Making Business Excel PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	3

Transaction ID : 4815866

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Enzi's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Synergy PAC

Mailing Address 718 7th Street, NW
Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Larson's LPAC

011

Category/
Type

Candidate Name

Synergy PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Transaction ID : 4815885

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Larson's LPAC

Full Name (Last, First, Middle Initial)

B. John S Fund

Mailing Address P.O. Box 853

City Washington State IL Zip Code 62025-0853

Purpose of Disbursement
Shimkus' LPAC

011

Category/
Type

Candidate Name

John S Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	3

Transaction ID : 4815905

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Shimkus' LPAC

Full Name (Last, First, Middle Initial)

C. Citizens for Prosperity in America

Mailing Address 700 12th St NW, Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
Toomey's LPAC

011

Category/
Type

Candidate Name

Citizens for Prosperity in America

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : 4815931

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Toomey's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. McKinley for Congress

Mailing Address P.O. Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Category/
Type

Candidate Name

David McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2013

Transaction ID : 4815966

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael C. Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2013

Transaction ID : 4815994

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Westmoreland for Congress

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lynn Westmoreland

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2013

Transaction ID : 4816040

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

10000.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

Transaction ID : 4816046

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2013

Transaction ID : 4816058

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2013 Annual Dues

011

Category/
Type

Candidate Name

National Republican Senatorial Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2013

Transaction ID : 4816069

Amount of Each Disbursement this Period

15000.00

2013 Annual Dues

SUBTOTAL of Disbursements This Page (optional)..... ▶

18500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jim Risch for U.S. Senate Committee

Mailing Address 407 W Jefferson Street

City State Zip Code
Boise ID 83702

Purpose of Disbursement

011

Category/
Type

Candidate Name

James Risch

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2013

Transaction ID : 4816143

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address P.O. Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gregory Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2013

Transaction ID : 4816158

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz Consulting

Mailing Address 499 S Capitol St. SW
Suite 422

City State Zip Code
Washington DC 20003

Purpose of Disbursement
In-kind of Event Expenses

011

Category/
Type

Candidate Name

Max Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2013

Transaction ID : 4818975

Amount of Each Disbursement this Period

350.00

In-kind of Event Expenses

SUBTOTAL of Disbursements This Page (optional)..... ▶

7850.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859449

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address P.O. Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859450

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Victory in November Election Pac (VINE P)

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Victory in November Election Pac (VINE P)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859503

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

City Bel Air State MD Zip Code 21404

Purpose of Disbursement

011

Category/
Type

Candidate Name

Andrew Harris

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : 4859702

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eric Cantor

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : 4859703

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pete Sessions for Congress

Mailing Address P.O. Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pete Sessions

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : 4859754

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ron Barber for Congress

Mailing Address P.O. Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement

011

Candidate Name

Ronald Barber

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859755

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859756

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress, Inc.

Mailing Address P.O. Box 3750
Suite 4916

City Brentwood State TN Zip Code 37027

Purpose of Disbursement

011

Candidate Name

Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859757

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Duckworth for Congress

Mailing Address P.O. Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859764

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Dick Durbin

Mailing Address P.O. Box 1949

City State Zip Code
Springfield IL 62705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Durbin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859770

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859772

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Joe Pitts

Mailing Address P.O. Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4859773

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Vote to Elect Republicans Now PAC (VERN PAC)

Mailing Address P.O. Box 48928

City Sarasota State FL Zip Code 34236

Purpose of Disbursement

011

Category/
Type

Candidate Name

Vote to Elect Republicans Now PAC (VERN PAC)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	3

Transaction ID : 4860003

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Johnson for Congress

Mailing Address P.O. Box 14496
104 Hume Ave

City Poland State OH Zip Code 22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Transaction ID : 4864048

Amount of Each Disbursement this Period

2	5	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Duncan D. Hunter for Congress

Mailing Address P.O. Box 1545

City El Cajon State CA Zip Code 91941

Purpose of Disbursement

011

Category/
Type

Candidate Name

Duncan Hunter

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2013

Transaction ID : 4864049

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address P.O. Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gregory Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2013

Transaction ID : 4864050

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Common Ground PAC

Mailing Address 20 W Maple St

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Kaine's LPAC

011

Category/
Type

Candidate Name

Common Ground PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2013

Transaction ID : 4864052

Amount of Each Disbursement this Period

2500.00

Kaine's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Gardner for Congress

Mailing Address P.O. Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cory Gardner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2013

Transaction ID : 4864053

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Category/
Type

Candidate Name

Garland Barr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2013

Transaction ID : 4864054

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Category/
Type

Candidate Name

Garland Barr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2013

Transaction ID : 4864055

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jim Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2013

Transaction ID : 4864056

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hoyer's Majority Fund

Mailing Address 700 13th Street NW
Ste 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoyer's Majority Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2013

Transaction ID : 4864057

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jeanne Shaheen

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeanne Shaheen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2013

Transaction ID : 4864058

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Rosa Delauro

Mailing Address 12 Trumbull Street
2nd Floor

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rosa Delauro

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Transaction ID : 4864059

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address P.O. Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Transaction ID : 4864060

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Jon Runyan for Congress, Inc

Mailing Address P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jon Runyan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Transaction ID : 4864061

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jim Gerlach for Congress Committee

Mailing Address P.O. Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jim Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Transaction ID : 4864062

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Austin Scott for Congress Inc

Mailing Address P.O. Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

011

Category/
Type

Candidate Name

James Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

Transaction ID : 4864063

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lamar Alexander

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Transaction ID : 4864064

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Neal

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 4864065

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tom Reed for Congress

Mailing Address P.O. Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 4864067

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pete Sessions for Congress

Mailing Address P.O. Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pete Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	23	/	2013

Transaction ID : 4864068

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ben Cardin for Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement

011

Category/
Type

Candidate Name

Benjamin Cardin

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Transaction ID : 4864069

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Re-Elect McGovern Committee

Mailing Address P.O. Box 60405

City State Zip Code
Worcester MA 01606

Purpose of Disbursement

011

Category/
Type

Candidate Name

James McGovern

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	3

Transaction ID : 4864083

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Mailing Address P.O. Box 450

City State Zip Code
Victor NY 14564

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	3

Transaction ID : 4866693

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9	5	0	0	0	0	0	0	0	0
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9	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Pompeo for Congress Inc

Mailing Address P.O. Box 780146

City State Zip Code
Wichita KS 67278

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Pompeo

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	3

Transaction ID : 4866694

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of John Barrasso

Mailing Address P.O. Box 52008

City State Zip Code
Casper WY 82605

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Barrasso

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	3

Transaction ID : 4866695

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City State Zip Code
St. Petersburg FL 33743

Purpose of Disbursement

011

Category/
Type

Candidate Name

C Young

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	3

Transaction ID : 4866696

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0
---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

2	5	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Steve Cohen for Congress

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement

011

Candidate Name

Rep. Stephen Cohen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Transaction ID : 4885936

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Udall for Colorado

Mailing Address P.O. Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement

011

Candidate Name

Mark Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Transaction ID : 4885937

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gabriel Gomez for Senate

Mailing Address C/O Red Curve Solutions
138 Conant Street

City Beverly State MA Zip Code 01915

Purpose of Disbursement

011

Candidate Name

Gabriel Gomez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: MA District: 2013 Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Transaction ID : 4885938

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)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. John S Fund

Mailing Address P.O. Box 853

City Washington State IL Zip Code 62025-0853

Purpose of Disbursement Shimkus' LPAC

Candidate Name

John S Fund

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

Transaction ID : 4885949

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Shimkus' LPAC

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

Candidate Name

Ann Wagner

Office Sought: House Senate President

State: MO District: 02

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

Transaction ID : 4885950

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address P.O. Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

S. Brett Guthrie

Office Sought: House Senate President

State: KY District: 02

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

Transaction ID : 4885951

Amount of Each Disbursement this Period

3	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tuesday Group PAC

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Tuesday Group PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 4885952

Amount of Each Disbursement this Period

5000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lynn Jenkins

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 4885953

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Mailing Address P.O. Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul Ryan

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 4885955

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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address P.O. Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

Transaction ID : 4885956

Amount of Each Disbursement this Period

4	6	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Kurt Schrader for Congress

Mailing Address P.O. Box 3314
Suite 240

City State Zip Code
Oregon City OR 97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

Transaction ID : 4885957

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Fitzpatrick for Congress

Mailing Address 115 N Broad Street

City State Zip Code
Doylestown PA 18901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Fitzpatrick

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

Transaction ID : 4885958

Amount of Each Disbursement this Period

1	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	0	6	5	0	0
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1	0	6	5	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Every Republican is Crucial (ERIC) Pac

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

Mailing Address 25 East Main Street
Suite 200

Transaction ID : 4885960

City Richmond State VA Zip Code 23219

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Every Republican is Crucial (ERIC) Pac

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Lone Star PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

Mailing Address 104 Hume Ave

Transaction ID : 4886696

City Alexandria State VA Zip Code 22301

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Burgess' LPAC

011
Category/ Type

Candidate Name

Lone Star PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

Mailing Address P.O. Box 1496

Transaction ID : 4887113

City Louisville State KY Zip Code 40201

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Whitfield for Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Category/Type

Candidate Name

Edward Whitfield

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KY District: 01

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 4887287

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Charlie Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/Type

Candidate Name

Charles Dent

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 4887288

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nita Lowey for Congress

Mailing Address P.O. Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement

011

Category/Type

Candidate Name

Nita Lowey

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2013

Transaction ID : 4887289

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Category/
Type

Candidate Name

Garland Barr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Transaction ID : 4887294

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lamar Alexander

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Transaction ID : 4887295

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Dick Durbin

Mailing Address P.O. Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Durbin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2013

Transaction ID : 4887296

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)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz Consulting

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Sander Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2013

Transaction ID : 4904553

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Candidate Name

Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2013

Transaction ID : 4909881

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

David Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2013

Transaction ID : 4909892

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5350.00

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)

<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Blumenauer for Congress

Mailing Address 830 N.E. Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Category/
Type

Candidate Name

Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	3

Transaction ID : 4909895

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. David Scott for Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	3

Transaction ID : 4909946

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. McKinley for Congress

Mailing Address P.O. Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Category/
Type

Candidate Name

David McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	3

Transaction ID : 4909947

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
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6	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Texans for Senator John Cornyn, Inc

Mailing Address P.O. Box 13026

City State Zip Code
Austin TX 78767

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2013

Transaction ID : 4909958

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address P.O. Box 108

City State Zip Code
Gladstone MI 49802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daniel Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2013

Transaction ID : 4909960

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Heck

Mailing Address P.O. Box 750114

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2013

Transaction ID : 4909961

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).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bera for Congress

Mailing Address P.O.Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Amerish Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

Transaction ID : 4922552

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mike Rogers for Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

Transaction ID : 4922553

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Chesapeake PAC

Mailing Address 170 Old Enterprise Rd
P.O. Box 5323

City Upper Marlboro State MD Zip Code 20774

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chesapeake PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

Transaction ID : 4922554

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Majority Initiative to Keep Electing Republicans Fund A.K.A Mike R Fund

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

011

Candidate Name
Majority Initiative to Keep Electing Republicans Fund A.K.A Mike R Fund

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

Transaction ID : 4922555

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address P.O. Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Candidate Name
Gregory Walden

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

Transaction ID : 4922556

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Mailing Address 175 S West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011

Candidate Name
ORRINPAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

Transaction ID : 4922557

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Van Hollen for Congress

Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chris Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

Transaction ID : 4922559

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
5/16 Brady Breakfast

011

Category/
Type

Candidate Name

Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

Transaction ID : 4931568

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

5/16 Brady Breakfast

Full Name (Last, First, Middle Initial)

C. For Americas Republican Majority PAC (FARM PAC)

Mailing Address 675 N Washington St Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Latham's LPAC

011

Category/
Type

Candidate Name

For Americas Republican Majority PAC (FARM PAC)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

Transaction ID : 4946583

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Latham's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	3	5	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	3	5	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. New Pioneers PAC

Mailing Address 228 S Washington St Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Walden's LPAC

011

Candidate Name

New Pioneers PAC

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2013

Transaction ID : 4946585

Amount of Each Disbursement this Period

2500.00

Walden's LPAC

Full Name (Last, First, Middle Initial)

B. Ken Calvert for Congress Committee

Mailing Address P.O. Box 78376

City Corona State CA Zip Code 92516

Purpose of Disbursement

011

Candidate Name

Kenneth Calvert

Category/
Type

Office Sought: House Senate President
State: CA District: 43

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2013

Transaction ID : 4946588

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Candidate Name

Lynn Jenkins

Category/
Type

Office Sought: House Senate President
State: KS District: 02

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2013

Transaction ID : 4946590

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. John D. Dingell for Congress

Mailing Address 700 13th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

John Dingell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DC District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

Transaction ID : 4946858

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Candidate Name

Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

Transaction ID : 4946859

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Buck McKeon for Congress

Mailing Address 23942 Lyons Ave #105

City Santa Clarita State CA Zip Code 91321

Purpose of Disbursement

011

Candidate Name

Buck McKeon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

Transaction ID : 4946860

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address c/o EH Murray Group
6510 Anna Maria Court

City McLean State VA Zip Code 22101

Purpose of Disbursement

011

Category/
Type

Candidate Name
Orrin Hatch

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2013

Transaction ID : 4958512

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for U.S. Senate

Mailing Address P.O. Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement

011

Category/
Type

Candidate Name
William Cassidy

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2013

Transaction ID : 4958513

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

698700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. William A Crotwell MD

Mailing Address 4217 River Oaks Lane

City State Zip Code
Mobile AL 36619

Purpose of Disbursement
Refund of erroneous contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815096

Amount of Each Disbursement this Period

Refund of erroneous contribution

Full Name (Last, First, Middle Initial)

B. William A Crotwell MD

Mailing Address 4217 River Oaks Lane

City State Zip Code
Mobile AL 36619

Purpose of Disbursement
Refund of erroneous contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4815099

Amount of Each Disbursement this Period

Refund of erroneous contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Thurgood Marshall College Fund

Mailing Address 901 F Street, NW
Ste 300

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2013

Transaction ID : 4864066

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. The One Fund

Mailing Address P.O. Box 990009

City Boston State MA Zip Code 02199

Purpose of Disbursement
Donation-The One Fund (Boston Marathon)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2013

Transaction ID : 4904549

Amount of Each Disbursement this Period

1000.00

Donation-The One Fund (Boston Marathon)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

2000.00