Image# 10990127925

01/22/2010 14 : 40

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example:If typing, type over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

Check if different than previously reported. (ACC)

Washington | DC | 20002 –

2. **FEC IDENTIFICATION NUMBER**

C00343137

CITY | STATE | ZIPCODE

3. IS THIS REPORT [X] NEW (N) **OR** [ ] AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report(Q1)
- [ ] July 15 Quarterly Report(Q2)
- [ ] October 15 Quarterly Report(Q3)
- [X] January 31 Quarterly Report(YE)
- [ ] July 31 Mid-Year Report(Non-election Year Only) (MY)
- [ ] Termination Report (TER)

(b) Monthly Report Due On:

- [ ] Feb 20 (M2)
- [ ] Mar 20 (M3)
- [ ] Apr 20 (M4)
- [ ] May 20 (M5)
- [ ] Jun 20 (M6)
- [ ] Jul 20 (M7)
- [ ] Aug 20 (M8)
- [ ] Sep 20 (M9)
- [ ] Oct 20 (M10)
- [ ] Nov 20 (M11) (Non-Election Year Only)
- [ ] Dec 20 (M12) (Non-Election Year Only)
- [ ] Jan 31 (YE)

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

- [ ] Primary (12P)
- [ ] General (12G)
- [ ] Runoff (12R)
- [ ] Convention (12C)
- [ ] Special (12G)

Election on ____ ____ ____ in the State of ____

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

- [ ] General (30G)
- [ ] Runoff (30R)
- [ ] Special (30S)

Election on ____ ____ ____ in the State of ____

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer: William J. Robb, III, MD

Signature of Treasurer: Electronically Filed by William J. Robb, III, MD

Date: 01 22 2010

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

Office Use Only

FEC FORM 3X
(Rev. 12/2004)

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: 07 01 2009 To: 12 31 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		328060.76
(b) Cash on Hand at Begining of Reporting Period	778865.01	
(c) Total Receipts (from Line 19)	707554.19	1634902.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1486419.20	1962963.04
7. Total Disbursements (from Line 31)	241495.00	718038.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1244924.20	1244924.20
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

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

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2009 To: M M 12 D D 31 Y Y Y Y 2009

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)	658255.00	1513105.00
(ii) Unitemized	33629.00	85702.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))	691884.00	1598807.34
(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)	691884.00	1598807.34
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)	15574.84	28125.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	7300.29
17. Other Federal Receipts (Dividends, Interest, etc.)	95.35	669.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	707554.19	1634902.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	707554.19	1634902.28

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	12849.00	27992.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	12849.00	27992.84
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	227396.00	686896.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	1250.00	3150.00
(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))	1250.00	3150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election 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))	241495.00	718038.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	241495.00	718038.84

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	691884.00	1598807.34
34. Total Contribution Refunds (from Line 28(d))	1250.00	3150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	690634.00	1595657.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12849.00	27992.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	15574.84	28125.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-2725.84	-132.40

Image# 10990127930

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. William M Smith, , MD
Mailing Address 6602 DeLynn Dr
City: Tifton | State: GA | Zip Code: 31794-2219
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: 07 / 07 / 2009
Transaction ID: 30183490
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Sheila Marie Algan, , MD
Mailing Address Dept Ortho Surg Ste WP-1380
920 Stanton L Young Blvd
City: Oklahoma City | State: OK | Zip Code: 73104-5033
FEC ID number of contributing federal political committee. C
Name of Employer: OUHSC
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183491
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael Vives, , MD
Mailing Address 90 Bergen St Ste 1200
City: Newark | State: NJ | Zip Code: 07103-2425
FEC ID number of contributing federal political committee. C
Name of Employer: UMDNJ
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183494
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) ..... ▶

Image# 10990127931

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. John Joseph Greco, , MD
Mailing Address 927 Franklin St SE
City: Huntsville | State: AL | Zip Code: 35801-4306
FEC ID number of contributing federal political committee. C
Name of Employer: The Orthopaedic Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183495
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. John A Repicci, , MD
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: 1500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183496
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Todd R Parry, , MD
Mailing Address 1490 E Foremaster Dr Ste 150
City: Saint George | State: UT | Zip Code: 84790-4495
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: 07 / 07 / 2009
Transaction ID: 30183497
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) ..... ▶

Image# 10990127932

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. David W Shenton, Jr, MD
Mailing Address 3134 Sycamore Ln
City: Billings | State: MT | Zip Code: 59102-0524
FEC ID number of contributing federal political committee. C
Name of Employer: Montana Orthopaedic & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183498
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Paul L Tesar, , MD
Mailing Address PO Box 929
City: Saint Helens | State: OR | Zip Code: 97051-0929
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: 07 / 07 / 2009
Transaction ID: 30183499
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Daniel I Singer, , MD
Mailing Address 1380 Lusitana St Ste 615
City: Honolulu | State: HI | Zip Code: 96813-2442
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Associates of Hawaii
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183500
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) ..... ▶

Image# 10990127933

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. B Eugene Brady, , MD
Mailing Address 288 Groveland St
City: Haverhill | State: MA | Zip Code: 01830-6674
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: 07 / 07 / 2009
Transaction ID: 30183501
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey J Lazarus, , MD
Mailing Address 31 S River Rd
City: Stuart | State: FL | Zip Code: 34996-6723
FEC ID number of contributing federal political committee. C
Name of Employer: Treasure Coast Ortho Assoc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183503
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. David N Bosacco, , MD
Mailing Address 533 Darlington Rd
City: Media | State: PA | Zip Code: 19063-5603
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: 07 / 07 / 2009
Transaction ID: 30183504
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) ..... ▶

Image# 10990127934

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. William Robert Hobbs, , MD
Mailing Address 2111 Holly Creek Dr
City: Tyler | State: TX | Zip Code: 75703-0946
FEC ID number of contributing federal political committee: C
Name of Employer: Trinity Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183505
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. James R Lafleur, , MD
Mailing Address 122 Wembley Rd
City: Lafayette | State: LA | Zip Code: 70503-3567
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: 07 / 07 / 2009
Transaction ID: 30183506
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Brian C Aamlid, , MD
Mailing Address 1210 W 18th Ste G01
City: Sioux Falls | State: SD | Zip Code: 57104-4651
FEC ID number of contributing federal political committee: C
Name of Employer: Sanford Orthopaedics and Sports Medici
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183509
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) ..... ▶

Image# 10990127935

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. George A Pugh, , MD
Mailing Address 1124 Longridge Rd
City: Oakland | State: CA | Zip Code: 94610-1812
FEC ID number of contributing federal political committee: C
Name of Employer: East Bay Orthopaedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183510
Amount of Each Receipt this Period: 600.00

B.
Full Name (Last, First, Middle Initial)
Dr. Hillel D Skoff, , MD
Mailing Address 1269 Beacon St
City: Brookline | State: MA | Zip Code: 02446-5248
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: 07 / 07 / 2009
Transaction ID: 30183511
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Drew V Miller, , MD
Mailing Address 465 Windship Pl
City: Atlanta | State: GA | Zip Code: 30327-4967
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: 07 / 07 / 2009
Transaction ID: 30183512
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1850.00**

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

Image# 10990127936

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Russell C Linton, , MD
Mailing Address 670 Leigh Dr
City: Columbus State: MS Zip Code: 39705-3014
FEC ID number of contributing federal political committee. C
Name of Employer: Columbus Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30183513
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. William Bugbee, , MD
Mailing Address Scripps Clinic Torrey Pines
10666 N Torrey Pines Rd MS116
City: La Jolla State: CA Zip Code: 92037-1027
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: 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184971
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard Mills Roberts, , MD
Mailing Address 2120 N MacArthur Blvd Ste 100
City: Irving State: TX Zip Code: 75061-2260
FEC ID number of contributing federal political committee. C
Name of Employer: IOSM
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184972
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) ▶

Image# 10990127937

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. John S Early, , MD
Mailing Address 8210 Walnut Hill Ln Ste 130
City: Dallas | State: TX | Zip Code: 75231-4418
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: 07 / 07 / 2009
Transaction ID: 30184973
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. David Harold Allmacher, , MD
Mailing Address 900 N Orange St Ste 103
City: Missoula | State: MT | Zip Code: 59802-2951
FEC ID number of contributing federal political committee. C
Name of Employer: Center for Joint Care
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184974
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Kevin G Shea, , MD
Mailing Address 600 N Robbins Rd Ste 401
City: Boise | State: ID | Zip Code: 83702
FEC ID number of contributing federal political committee. C
Name of Employer: Intermountain Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184975
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) ▶

Image# 10990127938

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Olayinka Ogunro, , MD
Mailing Address 7989 W Virginia Dr Ste 105
City: Dallas | State: TX | Zip Code: 75237-3837
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: 07 / 07 / 2009
Transaction ID: 30184976
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel C Farber, , MD
Mailing Address 2200 Kernan Dr
City: Baltimore | State: MD | Zip Code: 21207-6665
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Maryland School of Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184978
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael Behr, , MD
Mailing Address 2800 Howell Mill Rd
City: Atlanta | State: GA | Zip Code: 30327-1334
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: 07 / 07 / 2009
Transaction ID: 30184979
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) ..... ▶

Image# 10990127939

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Peter J Mandell, , MD
Mailing Address 1663 Rollins Rd
City: Burlingame | State: CA | Zip Code: 94010-2301
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: 4500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184980
Amount of Each Receipt this Period: 3000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Steven D Steinlauf, , MD
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 Associates of South Broward
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184981
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Peter S Harvey, , MD
Mailing Address 130 N Cove Dr
City: Peachtree City | State: GA | Zip Code: 30269-4221
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: 07 / 07 / 2009
Transaction ID: 30184982
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4000.00**

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

Image# 10990127940

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Kent Jason Lowry, , MD
Mailing Address 444 E Timber Dr
City: Rhinelander | State: WI | Zip Code: 54501-2852
FEC ID number of contributing federal political committee. C
Name of Employer: Northland Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184983
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Timothy S Johnson, , MD
Mailing Address 19455 Deerfield Ave Ste 312
City: Lansdowne | State: VA | Zip Code: 20176-8102
FEC ID number of contributing federal political committee. C
Name of Employer: Nat'l Sports Medicine Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184985
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Robert J Bielski, , MD
Mailing Address 5841 S Maryland Ave Ste MC6076
City: Chicago | State: IL | Zip Code: 60637-1626
FEC ID number of contributing federal political committee. C
Name of Employer: University of Chicago
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184987
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) ▶

Image# 10990127941

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Kurt S Hensel, , MD
Mailing Address 205 E NASA Blvd Ste 100
City: Melbourne | State: FL | Zip Code: 32901-1953
FEC ID number of contributing federal political committee. C
Name of Employer: Melbourne Internal Medicine Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184988
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard L Levitt, , MD
Mailing Address 1150 Campo Sano Ave Ste 301
City: Coral Gables | State: FL | Zip Code: 33146-1174
FEC ID number of contributing federal political committee. C
Name of Employer: Southern Florida Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184989
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Norman R Kaplan, , MD
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: CT Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184990
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) ..... ▶

Image# 10990127942

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. William G Hamilton, , MD
Mailing Address 8299 Glen Cove Ct
City: Alexandria | State: VA | Zip Code: 22308-1657
FEC ID number of contributing federal political committee. C
Name of Employer: Anderson Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184991
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Raleigh Mixon Robinson, , MD
Mailing Address 1765 Old West Broad St Bldg # 2 Ste 200
City: Athens | State: GA | Zip Code: 30606-2853
FEC ID number of contributing federal political committee. C
Name of Employer: Athens Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184992
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Stephen M Pearce, , MD
Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101
City: Austin | State: TX | Zip Code: 78705-2700
FEC ID number of contributing federal political committee. C
Name of Employer: Austin Bone & Joint Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184993
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) ..... ▶

Image# 10990127943

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Gerald W Rothacker, Jr, MD
Mailing Address 170 North Pointe Blvd
City: Lancaster | State: PA | Zip Code: 17601-4132
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Associates of Lancaster, Lt
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184994
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Paul Vessa, , MD
Mailing Address 1081 Route 22 West
City: Bridgewater | State: NJ | Zip Code: 08807-2921
FEC ID number of contributing federal political committee. C
Name of Employer: Somerset Ortho Assoc
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184995
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Larry Michael Carroll, , MD
Mailing Address 500 Campus Dr
City: Hancock | State: MI | Zip Code: 49930-1569
FEC ID number of contributing federal political committee. C
Name of Employer: Portage Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 535.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184996
Amount of Each Receipt this Period: 535.00

SUBTOTAL of Receipts This Page (optional) 2035.00

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

Image# 10990127944

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Mark S Greenberg, , MD
Mailing Address Irving/Coppell Med Bldg
400 W LBJ Fwy Ste 330
City: Irving State: TX Zip Code: 75063-3717
FEC ID number of contributing federal political committee. C
Name of Employer: All Star Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184997
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard M Little, , MD
Mailing Address 2479 East Colorado Blvd
City: Spearfish State: SD Zip Code: 57783-3204
FEC ID number of contributing federal political committee. C
Name of Employer: Regional Orthopaedic Cent-er
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30184998
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Rolando Colon-Nebot, , MD
Mailing Address PO Box 668
City: Arecibo State: PR Zip Code: 00613-0668
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: 07 / 07 / 2009
Transaction ID: 30184999
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) ..... ▶

Image# 10990127945

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Terry I Finlayson, , MD
Mailing Address 2310 N 400 E Ste A
City: North Logan | State: UT | Zip Code: 84341-1796
FEC ID number of contributing federal political committee. C
Name of Employer: Alpine Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30185000
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Faisal A Siddiqui, , MD
Mailing Address 1524 N Johnson St
City: Arlington | State: VA | Zip Code: 22201-5073
FEC ID number of contributing federal political committee. C
Name of Employer: Spine Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30185001
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Dominic H Tse, , MD
Mailing Address Attn: Ceclia
728 Pacific Ave Ste 505
City: San Francisco | State: CA | Zip Code: 94133-4449
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: 07 / 07 / 2009
Transaction ID: 30185002
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) ..... ▶

Image# 10990127946

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Kenneth A Egol, , MD
Mailing Address 301 E 17th St Ste 1402
City: New York | State: NY | Zip Code: 10003-3804
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: 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30185020
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Arthur L Malkani, , MD
Mailing Address 201 Abraham Flexner Way Ste 100
City: Louisville | State: KY | Zip Code: 40202-3841
FEC ID number of contributing federal political committee. C
Name of Employer: University of Louisville
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 30185023
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. James B Benjamin, , MD
Mailing Address 1555 E River Rd
City: Tucson | State: AZ | Zip Code: 85718-5831
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: 07 / 07 / 2009
Transaction ID: 30185025
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) ..... ▶

Image# 10990127947

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Snehal Chinu Chinu Dalal, , MD
Mailing Address 5955 State Bridge Rd Ste 200
City: Johns Creek | State: GA | Zip Code: 30097-8228
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: 07 / 07 / 2009
Transaction ID: 30185027
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Shay Womack, , MD
Mailing Address 270 Chastain Rd
City: Kennesaw | State: GA | Zip Code: 30144-3012
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: 07 / 08 / 2009
Transaction ID: 30186283
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark Wesley Hanna, , MD
Mailing Address 3951 Wieuca Rd
City: Atlanta | State: GA | Zip Code: 30342-4328
FEC ID number of contributing federal political committee. C
Name of Employer: Resurgens
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186284
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) ..... ▶

Image# 10990127948

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas H Flesher, III, MD
Mailing Address 3301 NW 50th St
City: Oklahoma City | State: OK | Zip Code: 73112-5627
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: 1000.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186285
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey V DeLuca, , MD
Mailing Address 40 Cross St Ste 300
City: Norwalk | State: CT | Zip Code: 06851-4661
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: 300.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186286
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard A Conn, , MD
Mailing Address 3688 Veterans Memorial Dr Ste 200
City: Hattiesburg | State: MS | Zip Code: 39401-8246
FEC ID number of contributing federal political committee. C
Name of Employer: Southern Bone & Joint Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186287
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1800.00**

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

Image# 10990127949

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. James N Nutt, III, MD
Mailing Address 1308 DeKalb St
City: Norristown | State: PA | Zip Code: 19401-3404
FEC ID number of contributing federal political committee. C
Name of Employer: Norristown Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186288
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Franklin Mirrer, , MD
Mailing Address 215 Toll Gate Rd Ste 206
City: Warwick | State: RI | Zip Code: 02886-4461
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: 07 / 08 / 2009
Transaction ID: 30186289
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gregory G West, , MD
Mailing Address 2321 Coronado St
City: Idaho Falls | State: ID | Zip Code: 83404-7407
FEC ID number of contributing federal political committee. C
Name of Employer: Summitt Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186290
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) ..... ▶

Image# 10990127950

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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Michael Saul Sirkin, , MD
Mailing Address 140 Bergen ACC D-1610
Ortho
City: Newark | State: NJ | Zip Code: 07101
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Medical School
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186292
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Lawrence G Robinson, , MD
Mailing Address 830 Executive Ln Ste 120
City: Rockledge | State: FL | Zip Code: 32955-3595
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: 07 / 08 / 2009
Transaction ID: 30186296
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Peter B Salamon, , MD
Mailing Address 2488 N California St
City: Stockton | State: CA | Zip Code: 95204-5508
FEC ID number of contributing federal political committee. C
Name of Employer: Alpine Orthopaedic Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186297
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) ..... ▶

Image# 10990127951

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 425
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Clay M Wertheimer, , MD
Mailing Address 1100 Pacific Ave Ste 300
City: Everett | State: WA | Zip Code: 98201-4261
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: 1500.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186298
Amount of Each Receipt this Period: 1500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Christopher S Proctor, , MD
Mailing Address 511 Bath St
City: Santa Barbara | State: CA | Zip Code: 93101-3403
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: 500.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: 30186299
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. J Christopher Noonan, , MD
Mailing Address 74 B Centennial Loop Ste 300
City: Eugene | State: OR | Zip Code: 97401
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: 07 / 08 / 2009
Transaction ID: 30186300
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) ..... ▶

Image# 10990127952

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Xavier A Duralde, , MD
Mailing Address 2045 Peachtree Rd NE Ste 700
City: Atlanta | State: GA | Zip Code: 30309-1417
FEC ID number of contributing federal political committee. C
Name of Employer: Peachtree Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313263
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. James W Roach, , MD
Mailing Address Fairfax Rd at Virginia St
City: Salt Lake City | State: UT | Zip Code: 84103-4399
FEC ID number of contributing federal political committee. C
Name of Employer: Shriners Hospital for Children
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313264
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Milan M Patel, , MD
Mailing Address 3836 Sidestreet
City: Atlanta | State: GA | Zip Code: 30341-1773
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: 07 / 22 / 2009
Transaction ID: 30313265
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) ..... ▶

Image# 10990127953

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. David Goodman, , MD
Mailing Address 1336 W Hwy 54 Bldg 500
City: Fayetteville | State: GA | Zip Code: 30214-4535
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: 07 / 22 / 2009
Transaction ID: 30313267
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Roy C Terry, , MD
Mailing Address 102 Hartmann Dr Ste G PMB 151
City: Lebanon | State: TN | Zip Code: 37087-1502
FEC ID number of contributing federal political committee. C
Name of Employer: Tennessee Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313269
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Rahul Vinod Deshmukh, , MD
Mailing Address Heekin Orthopaedics
10475 Centurion Pkwy Ste 220
City: Jacksonville | State: FL | Zip Code: 32256-5004
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: 1000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313270
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) ..... ▶

Image# 10990127954

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Gregory Neal Lervick, , MD
Mailing Address 4601 Lake Harriet Pkwy East
City: Minneapolis State: MN Zip Code: 55419-5265
FEC ID number of contributing federal political committee. C
Name of Employer: Twin Cities Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313348
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey Conrad, , MD
Mailing Address The Orthopaedic Group
6144 Airport Blvd
City: Mobile State: AL Zip Code: 36608-3143
FEC ID number of contributing federal political committee. C
Name of Employer: The Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313349
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. J Michael Wattenbarger, , MD
Mailing Address OrthoCarolina
1915 Randolph Road
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: 1000.00
Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313350
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) ..... ▶

Image# 10990127955

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 31 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Patrick J Vaughan, , MD
Mailing Address 9412 Beachwood Dr NW
City: Gig Harbor | State: WA | Zip Code: 98332-6306
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: 07 / 22 / 2009
Transaction ID: 30313351
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. John D Henry, Jr, MD
Mailing Address Ste 600
5505 Peachtree Dunwoody Rd
City: Atlanta | State: GA | Zip Code: 30342-1717
FEC ID number of contributing federal political committee. C
Name of Employer: Peachtree Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313352
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. James Michael Glover, , MD
Mailing Address 1485 N Turquoise Dr Ste 200
City: Flagstaff | State: AZ | Zip Code: 86001-2000
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: 07 / 22 / 2009
Transaction ID: 30313353
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) ..... ▶

Image# 10990127956

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas R Huberty, , MD
Mailing Address 2111 Ogden Ave
City: Aurora | State: IL | Zip Code: 60504-7597
FEC ID number of contributing federal political committee: C
Name of Employer: Castle Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313354
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Paul J Slosar, Jr, MD
Mailing Address 1850 Sullivan Ave Ste 200
City: Daly City | State: CA | Zip Code: 94015-2204
FEC ID number of contributing federal political committee: C
Name of Employer: Spine Care
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313355
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Brian Edward Grottkau, , MD
Mailing Address Yawkey Center For Outpatient Care
55 Fruit St Ste 3400
City: Boston | State: MA | Zip Code: 02114-2621
FEC ID number of contributing federal political committee: C
Name of Employer: Mass General Hospital Physicians
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313356
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) ..... ▶

Image# 10990127957

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 33 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Scott M O'Connor, , MD
Mailing Address 2111 Ogden Ave
City: Aurora | State: IL | Zip Code: 60504-7597
FEC ID number of contributing federal political committee: C
Name of Employer: Castle Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313357
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Enrique Ergas, , MD
Mailing Address 1056 5th Ave
City: New York | State: NY | Zip Code: 10028-0112
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: 07 / 22 / 2009
Transaction ID: 30313364
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. William A Matarese, , MD
Mailing Address 342 Hamburg Tpke Ste 205
City: Wayne | State: NJ | Zip Code: 07470-2166
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: 07 / 22 / 2009
Transaction ID: 30313365
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) ..... ▶

Image# 10990127958

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Jacob Allan Goodrich, , MD
Mailing Address 1521 Anthony Rd
City: Augusta | State: GA | Zip Code: 30904-4821
FEC ID number of contributing federal political committee. C
Name of Employer: Augusta Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313366
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard William Vanis, , MD
Mailing Address 301 W Huntington Dr Ste 617
City: Arcadia | State: CA | Zip Code: 91007-1518
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: 07 / 22 / 2009
Transaction ID: 30313367
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Marc Arnold Samson, , MD
Mailing Address 1020 Montrose Ave
City: South Pasadena | State: CA | Zip Code: 91030-3434
FEC ID number of contributing federal political committee. C
Name of Employer: Los Angeles Orthopaedic Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313368
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) ..... ▶

Image# 10990127959

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Armando Avolio, Jr, MD
Mailing Address 22 Tuscany Ln
City: Washington | State: PA | Zip Code: 15301-9704
FEC ID number of contributing federal political committee: C
Name of Employer: Advanced Ortho & Rehab
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313369
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Samuel E Smith, , MD
Mailing Address 1551 Professional Ln Ste 200
City: Longmont | State: CO | Zip Code: 80501-6964
FEC ID number of contributing federal political committee: C
Name of Employer: Front Range Orthopedic Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313375
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Russell Allison, , MD
Mailing Address 1605 W Main St
City: Russellville | State: AR | Zip Code: 72801-2719
FEC ID number of contributing federal political committee: C
Name of Employer: Arkansas Orthopaedic Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313376
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) ..... ▶

Image# 10990127960

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Gregg A Ferrero, , MD
Mailing Address 7826 Legend Ct
City: La Plata | State: MD | Zip Code: 20646-5668
FEC ID number of contributing federal political committee. C
Name of Employer: Capitol Area Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313377
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Laurence M Susini, , MD
Mailing Address 155 Calle Portal Ste 100
City: Sierra Vista | State: AZ | Zip Code: 85635-2900
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: 07 / 22 / 2009
Transaction ID: 30313378
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Pamela F Davis, , MD
Mailing Address 4622 Progress Dr Ste C
City: Davenport | State: IA | Zip Code: 52807-3426
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: 07 / 22 / 2009
Transaction ID: 30313379
Amount of Each Receipt this Period: 250.00

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

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

Image# 10990127961

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. William Lamont Bargar, , MD
Mailing Address 1020 29th St Ste 450
City: Sacramento | State: CA | Zip Code: 95816-5173
FEC ID number of contributing federal political committee: C
Name of Employer: Joint Surgeons of Sacramento
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313380
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. John C Pearce, , MD
Mailing Address 1015 E 32nd St Ste 101
City: Austin | State: TX | Zip Code: 78705-2700
FEC ID number of contributing federal political committee: C
Name of Employer: Austin Bone & Joint
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313381
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. William Louis Rohr, Jr, MD
Mailing Address PO Box 1519
City: Fort Bragg | State: CA | Zip Code: 95437-1519
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: 07 / 22 / 2009
Transaction ID: 30313382
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) ..... ▶

Image# 10990127962

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Norman L Cheung, , MD
Mailing Address 895 Yakima Dr
City: Fremont | State: CA | Zip Code: 94539-7208
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: 3000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: 30313383
Amount of Each Receipt this Period: 3000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Elisabeth A Siegler, , MD
Mailing Address 1505 Soquel Dr Ste 1
City: Santa Cruz | State: CA | Zip Code: 95065-1716
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: 07 / 22 / 2009
Transaction ID: 30313384
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Frank M Phillips, , MD
Mailing Address 1725 W Harrision St Ste 1063
City: Chicago | State: IL | Zip Code: 60612-3835
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: 07 / 23 / 2009
Transaction ID: 30313393
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4500.00**

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

Image# 10990127963

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Mayo Noerdlinger, , MD
Mailing Address 1 Edward Circle
City: York | State: ME | Zip Code: 03909-5791
FEC ID number of contributing federal political committee. C
Name of Employer: SMAO
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313394
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert P Cusick, , MD
Mailing Address 10100 E Shannon Woods St
City: Wichita | State: KS | Zip Code: 67226-4103
FEC ID number of contributing federal political committee. C
Name of Employer: Kansas Joint & Spine Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313395
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gregg Berkowitz, , MD
Mailing Address Pond View Professional Park
301 Professional View Dr
City: Freehold | State: NJ | Zip Code: 07728-7904
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Orthopaedics & Sports Med Ins
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313396
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) ..... ▶

Image# 10990127964

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 425
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Roger Passmore, , MD
Mailing Address 640 Legends Crest Dr
City: Franklin | State: TN | Zip Code: 37069-4656
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: 07 / 23 / 2009
Transaction ID: 30313397
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Leonard J Buck, , MD
Mailing Address 1050 Isaac Sts Dr Ste 116
City: Oregon | State: OH | Zip Code: 43616-3243
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: 07 / 23 / 2009
Transaction ID: 30313399
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Rick Wilkerson, , DO
Mailing Address 1200 1st Ave E Ste C
City: Spencer | State: IA | Zip Code: 51301-4342
FEC ID number of contributing federal political committee. C
Name of Employer: NW Iowa Bone, Joint, and Sports Surgeo
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313400
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) ▶

Image# 10990127965

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. James J Hamilton, , MD
Mailing Address 8736 Cherokee Ct
City: Leawood | State: KS | Zip Code: 66206-1104
FEC ID number of contributing federal political committee. C
Name of Employer: University Physician Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313485
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kenneth R Pitz, , MD
Mailing Address 2740 N Clarkson St Ste 100
City: Fremont | State: NE | Zip Code: 68025-7716
FEC ID number of contributing federal political committee. C
Name of Employer: Heartland Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313486
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Charles Huppert Touton, , MD
Mailing Address 213 N Valeria
City: Fresno | State: CA | Zip Code: 93701-2123
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: 07 / 23 / 2009
Transaction ID: 30313488
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) ▶

Image# 10990127966

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey John Anderson, , MD
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: 07 / 23 / 2009
Transaction ID: 30313489
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Brian D Wittenberg, , MD
Mailing Address PO Box 430
City: Petoskey | State: MI | Zip Code: 49770-0430
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: 07 / 23 / 2009
Transaction ID: 30313490
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael McNamara, , MD
Mailing Address 2841 DeBarr Rd Ste 23
City: Anchorage | State: AK | Zip Code: 99508-2945
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: 07 / 23 / 2009
Transaction ID: 30313491
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) ..... ▶

Image# 10990127967

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 43 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas J Ellis, , MD
Mailing Address 2050 Kenny Rd Ste 3300
City: Columbus | State: OH | Zip Code: 43221-3502
FEC ID number of contributing federal political committee: C
Name of Employer: OSU Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313492
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Hans Peter Olsen, , MD
Mailing Address 237 Bluestone Ave
City: Mountain Top | State: PA | Zip Code: 18707-1276
FEC ID number of contributing federal political committee: C
Name of Employer: Geisinger Health System
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313493
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Anthony Devon Levins, , MD
Mailing Address 211 Moon Ranch St
City: Bakersfield | State: CA | Zip Code: 93314-7860
FEC ID number of contributing federal political committee: C
Name of Employer: Kaiser Pemanente
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313494
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) ..... ▶

Image# 10990127968

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Charles H Wingo, , MD
Mailing Address 3334 Capital Med Blvd Ste 400
City: Tallahassee State: FL Zip Code: 32308-4470
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313538
Amount of Each Receipt this Period: 400.00

B.
Full Name (Last, First, Middle Initial)
Dr. Steve E Jordan, , MD
Mailing Address 3334 Capital Med Blvd Ste 200
City: Tallahassee State: FL Zip Code: 32308-4470
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313539
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark E Fahey, , MD
Mailing Address 3334 Capitol Medical Blvd Ste 400
City: Tallahassee State: FL Zip Code: 32308-4470
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313540
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1150.00**

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

Image# 10990127969

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Andrew H Borom, , MD
Mailing Address 3334 Capitol Medical Blvd Ste 400
City: Tallahassee State: FL Zip Code: 32308-4470
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313541
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Andrew Matthew Wong, , MD
Mailing Address 3334 Capital Med Blvd Ste 400
City: Tallahassee State: FL Zip Code: 32308
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313542
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
Dr. David Bellamy, , MD
Mailing Address 3334 Capitol Med Blvd Ste 400
City: Tallahassee State: FL Zip Code: 32308
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313543
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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

Image# 10990127970

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. William H Thompson, , MD
Mailing Address 3334 Capitol Medical Blvd Ste 400
City: Tallahassee State: FL Zip Code: 32308-4470
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313544
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas M Park, , MD
Mailing Address 3334 Capital Medical Blvd Ste 800
City: Tallahassee State: FL Zip Code: 32308-4483
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313545
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Garrison A Rolle, , MD
Mailing Address 4054 Kilmartin
City: Tallahassee State: FL Zip Code: 32309-2875
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313546
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **900.00**

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

Image# 10990127971

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Aaron John J Guyer, , MD
Mailing Address 193 Rosehill Dr West
City: Tallahassee State: FL Zip Code: 32312-9010
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313547
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Floyd R Jaggears, , MD
Mailing Address 2795 Millstone Plantation Rd
City: Tallahassee State: FL Zip Code: 32312-3881
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30313548
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
Dr. R August Ritter, III, MD
Mailing Address 48 Doctor's Park
City: Cape Girardeau State: MO Zip Code: 63703-4928
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Associates of SE Missouri
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335780
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1150.00

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

Image# 10990127972

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Bruce Rodney Comisar, Jr, MD
Mailing Address 323 E Town St Ste 100
City: Columbus | State: OH | Zip Code: 43215-4753
FEC ID number of contributing federal political committee. C
Name of Employer: Sports Med Grant & Ortho Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335781
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. William A Crotwell, III, MD
Mailing Address 4217 River Oaks Ln
City: Mobile | State: AL | Zip Code: 36619-9552
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: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335782
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrea B Crawford, , MD
Mailing Address PO Box 646
City: Gloucester | State: VA | Zip Code: 23061-0646
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: 07 / 29 / 2009
Transaction ID: 30335783
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) ..... ▶

Image# 10990127973

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Paul Grutter, , MD
Mailing Address 950 Plantation Blvd
City: Gallatin | State: TN | Zip Code: 37066-4494
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: 07 / 29 / 2009
Transaction ID: 30335784
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Don A Kovalsky, , MD
Mailing Address 4121 Veterans Memorial Dr
City: Mount Vernon | State: IL | Zip Code: 62864-6262
FEC ID number of contributing federal political committee. C
Name of Employer: James C Chow, MD, Ltd
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335785
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Carl L Highgenboten, , MD
Mailing Address 3 Glenshire Ct
City: Dallas | State: TX | Zip Code: 75225-2040
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: 07 / 29 / 2009
Transaction ID: 30335786
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) ..... ▶

Image# 10990127974

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
R Christopher Glattes, , MD
Mailing Address 2021 Church St Ste 200
City: Nashville | State: TN | Zip Code: 37203-2087
FEC ID number of contributing federal political committee. C
Name of Employer: Elite Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335817
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Bryan C Waxman, , MD
Mailing Address 2101 Waukegan Rd Ste 110
City: Bannockburn | State: IL | Zip Code: 60015-1836
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: 07 / 29 / 2009
Transaction ID: 30335818
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
David R Moore, , MD
Mailing Address 2021 Church St Ste 200
City: Nashville | State: TN | Zip Code: 37203-2087
FEC ID number of contributing federal political committee. C
Name of Employer: Elite Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335819
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) ..... ▶

Image# 10990127975

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Jeffrey D Willers, , MD
Mailing Address 2021 Church St Ste 200
City: Nashville | State: TN | Zip Code: 37203-2087
FEC ID number of contributing federal political committee. C
Name of Employer: Elite Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335820
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Yuri Michael Lewicky, , MD
Mailing Address 6050 S Amethyst Rd
City: Flagstaff | State: AZ | Zip Code: 86001-6842
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: 07 / 29 / 2009
Transaction ID: 30335821
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Roman T Lewicky, , MD
Mailing Address 1485 N Turquoise Dr Ste 200
City: Flagstaff | State: AZ | Zip Code: 86001-2000
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: 07 / 29 / 2009
Transaction ID: 30335822
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) ..... ▶

Image# 10990127976

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Julie Ann Long, , MD
Mailing Address 700 Forest Ave
City: Orono | State: ME | Zip Code: 04473-3002
FEC ID number of contributing federal political committee: C
Name of Employer: Orthopaedic Surgery of Maine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335823
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
John W Durham, , MD
Mailing Address 1485 N Turquoise Dr Ste 200
City: Flagstaff | State: AZ | Zip Code: 86001-2000
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: 2000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335824
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Stephen L Knecht, , MD
Mailing Address 1485 N Turquoise Dr Ste 200
City: Flagstaff | State: AZ | Zip Code: 86001-2000
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: 2000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335825
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5000.00**

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

Image# 10990127977

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Bourck D Cashmore, , MD
Mailing Address 1485 N Turquoise Dr Ste 200
City: Flagstaff | State: AZ | Zip Code: 86001-2000
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: 2000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335826
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Dennis J Mess, , MD
Mailing Address 1945 W Wilson Ave Ste 6116
City: Chicago | State: IL | Zip Code: 60640-5259
FEC ID number of contributing federal political committee. C
Name of Employer: Uptown Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335827
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Jerry Dean Crum, , MD
Mailing Address P O Box 46
City: Hermiston | State: OR | Zip Code: 97838-0046
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: 07 / 29 / 2009
Transaction ID: 30335828
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

Image# 10990127978

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Tahsin M Ergin, , MD
Mailing Address 16 Pelham Rd Ste 1
City: Salem | State: NH | Zip Code: 03079-2826
FEC ID number of contributing federal political committee. C
Name of Employer: Essex Ortho & Optima Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335829
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Pamela F Davis, , MD
Mailing Address 4622 Progress Dr Ste C
City: Davenport | State: IA | Zip Code: 52807-3426
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: 07 / 29 / 2009
Transaction ID: 30335830
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Steven R Yegge, , MD
Mailing Address 1221 Arroyo Crest
City: Redlands | State: CA | Zip Code: 92373-6564
FEC ID number of contributing federal political committee. C
Name of Employer: Beaver Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335831
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) ..... ▶

Image# 10990127979

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
J Michael Wiater, , MD
Mailing Address Beverly Hills Orthopaedic Surgery
17877 W Fourteen Mile Rd
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: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335832
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Kee Wong, , MD
Mailing Address 412 W Carroll Ave Ste 107
City: Glendora State: CA Zip Code: 91741-4708
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: 500.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335862
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Christopher Joseph Spieles, , MD
Mailing Address 735 South Shoop Ave
City: Wauseon State: OH Zip Code: 43567-1735
FEC ID number of contributing federal political committee. C
Name of Employer: West Ohio Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335863
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) ..... ▶

Image# 10990127980

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Justin G LaMont, , MD
Mailing Address 24 Farragut Rd
City: Scarsdale | State: NY | Zip Code: 10583-7206
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: 07 / 29 / 2009
Transaction ID: 30335864
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Shawn Patrick Granger, , MD
Mailing Address 379 Peavy Rd
City: Leesville | State: LA | Zip Code: 71446-9514
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: 07 / 29 / 2009
Transaction ID: 30335865
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Burton F Elrod, , MD
Mailing Address 2021 Church St 2nd Fl
City: Nashville | State: TN | Zip Code: 37203-2021
FEC ID number of contributing federal political committee. C
Name of Employer: Elite Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335866
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) ..... ▶

Image# 10990127981

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Thomas T Dovan, , MD
Mailing Address 2021 Church St Ste 200
City: Nashville | State: TN | Zip Code: 37203-2087
FEC ID number of contributing federal political committee. C
Name of Employer: Elite Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 30335867
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Robert M Dimick, , MD
Mailing Address 5651 Frist Blvd Ste 500
City: Hermitage | State: TN | Zip Code: 37076-2059
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: 07 / 30 / 2009
Transaction ID: 30337239
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Lynn M Nelson, , MD
Mailing Address Des Moines Ortho Surgeons
6001 Westtown Pkway
City: West Des Moines | State: IA | Zip Code: 50266-7702
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: 07 / 30 / 2009
Transaction ID: 30337240
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) ..... ▶

Image# 10990127982

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

A.
Full Name (Last, First, Middle Initial)
Thomas Griffin Taylor, , MD
Mailing Address 409 N 6th St
City: Longview | State: TX | Zip Code: 75601-6536
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: 07 / 30 / 2009
Transaction ID: 30337241
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Peter T Hurley, , MD
Mailing Address 214 18th St SE
City: Hickory | State: NC | Zip Code: 28602-1363
FEC ID number of contributing federal political committee. C
Name of Employer: Hickory Orthopaedic Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 30 / 2009
Transaction ID: 30337242
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
John Kirk Drake, , MD
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
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 30 / 2009
Transaction ID: 30337243
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) ..... ▶

Image# 10990127983

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Thomas Lisle Whitman, , MD
Mailing Address 1 Medical Park Blvd Ste 300E
Applachian Orthopaedic Associates
City: Bristol State: TN Zip Code: 37620-7497
FEC ID number of contributing federal political committee. C
Name of Employer: Appalachian Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 30 / 2009
Transaction ID: 30337244
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Terry David Amaral, , MD
Mailing Address 3400 Bainbridge Ave 6th Fl
City: Bronx State: NY Zip Code: 10467-2404
FEC ID number of contributing federal political committee. C
Name of Employer: Montefiore Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 30 / 2009
Transaction ID: 30337245
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Michael S Denenberg, , MD
Mailing Address 746 Altos Oaks Dr
City: Los Altos State: CA Zip Code: 94024-5401
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: 07 / 30 / 2009
Transaction ID: 30337246
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **1350.00**

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

Image# 10990127984

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Lawson C Smart, , MD
Mailing Address 640 Alden St
City: Meadville | State: PA | Zip Code: 16335-2348
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Associates of Meadville
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372255
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. David J Kuester, , MD
Mailing Address 501 N 10th St
City: Manitowoc | State: WI | Zip Code: 54220-4039
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: 1000.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372256
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Matthew C Reckmeyer, , MD
Mailing Address Lincoln Ortho Ctr
PO Box 6939
City: Lincoln | State: NE | Zip Code: 68506-0939
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: 08 / 10 / 2009
Transaction ID: 30372258
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) ..... ▶

Image# 10990127985

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 425
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. John T Pinnello, , MD
Mailing Address 197 Amherst Circle
City: Oswego | State: IL | Zip Code: 60543-5203
FEC ID number of contributing federal political committee. C
Name of Employer: Castle Ortho & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372260
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Evander F Fogle, , MD
Mailing Address 3687 Canyon Ridge Ct NE
City: Atlanta | State: GA | Zip Code: 30319-4823
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: 08 / 10 / 2009
Transaction ID: 30372261
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Kent M Samuelson, , MD
Mailing Address 370 9th Ave Ste 205
City: Salt Lake City | State: UT | Zip Code: 84103-3184
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialty Gro-up
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372263
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) ..... ▶

Image# 10990127986

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Marc J Rosen, , MD
Mailing Address 5605 W Eugie Ste 111
City: Glendale | State: AZ | Zip Code: 85304-1273
FEC ID number of contributing federal political committee. C
Name of Employer: Phoenix Orthopaedic Consu-ltants
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372264
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Norman A Johanson, , MD
Mailing Address 245 N 15th St Rm 7209
Attn: Judith Halpern
City: Philadelphia | State: PA | Zip Code: 19102-1101
FEC ID number of contributing federal political committee. C
Name of Employer: Drexel Hainemen
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372265
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Harrison B Solomon, , MD
Mailing Address Concourse Level
10400 Connecticut Ave
City: Kensington | State: MD | Zip Code: 20895-3910
FEC ID number of contributing federal political committee. C
Name of Employer: Montgomery Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372266
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) ▶

Image# 10990127987

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Ashraf A Ragab, , MD
Mailing Address 2500 N State St
City: Jackson | State: MS | Zip Code: 39216-4500
FEC ID number of contributing federal political committee. C
Name of Employer: University of Mississippi
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372267
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Brian C Oliver, , MD
Mailing Address 3251 McMullen Booth Rd Ste 201
City: Clearwater | State: FL | Zip Code: 33761-2022
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedics & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372270
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Dominic H Tse, , MD
Mailing Address Attn: Ceclia
728 Pacific Ave Ste 505
City: San Francisco | State: CA | Zip Code: 94133-4449
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: 08 / 10 / 2009
Transaction ID: 30372271
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) ▶

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Faisal A Siddiqui, , MD
Mailing Address 1524 N Johnson St
City: Arlington | State: VA | Zip Code: 22201-5073
FEC ID number of contributing federal political committee: C
Name of Employer: Spine Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372272
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Edward Russell, II, MD
Mailing Address PO Box 131087
City: Tyler | State: TX | Zip Code: 75713-1087
FEC ID number of contributing federal political committee: C
Name of Employer: Azalea Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372273
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael J Patzakis, , MD
Mailing Address 1200 N State St Rm 3900
City: Los Angeles | State: CA | Zip Code: 90033-1029
FEC ID number of contributing federal political committee: C
Name of Employer: USC
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372274
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) ..... ▶

Image# 10990127989

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard A Shrader, , MD
Mailing Address 305 Rocky Point Rd
City: Palos Verdes Estat | State: CA | Zip Code: 90274-2623
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: 08 / 10 / 2009
Transaction ID: 30372275
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kenneth D Stone, , MD
Mailing Address Marshfield Clinic
1000 N Oak
City: Marshfield | State: WI | Zip Code: 54449-5703
FEC ID number of contributing federal political committee. C
Name of Employer: Marshfield Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372293
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. John Andreshak, , MD
Mailing Address Oad Orthopaedics
27650 Ferry Rd Ste 100
City: Warrenville | State: IL | Zip Code: 60555-3846
FEC ID number of contributing federal political committee. C
Name of Employer: OAD Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372294
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) ..... ▶

Image# 10990127990

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Nathaniel J Stewart, , MD
Mailing Address 4212 Southtowne Dr
City: Eau Claire | State: WI | Zip Code: 54701-2635
FEC ID number of contributing federal political committee. C
Name of Employer: Chippewa Valley Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372295
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kristen Lucy Maskala, , MD
Mailing Address 1700 W Paradise Dr
City: West Bend | State: WI | Zip Code: 53095-9795
FEC ID number of contributing federal political committee. C
Name of Employer: West Bend Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372296
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Eugene A Eline, Jr, DO
Mailing Address 758 Old Norcross Rd Ste 100
City: Lawrenceville | State: GA | Zip Code: 30046-3386
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: 250.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372298
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) .....

Image# 10990127991

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John P Ternes, , MD
Mailing Address 3707 Mooreland Farms Rd
City: Charlotte | State: NC | Zip Code: 28226-5404
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: 08 / 10 / 2009
Transaction ID: 30372301
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jerome Kolavo, , MD
Mailing Address 27650 Ferry Rd Ste 100
City: Warrenville | State: IL | Zip Code: 60555-3846
FEC ID number of contributing federal political committee. C
Name of Employer: OAD Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 30372302
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael A Wasylik, , MD
Mailing Address 2919 Swann Ave Ste 201
City: Tampa | State: FL | Zip Code: 33609-4050
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: 08 / 10 / 2009
Transaction ID: 30372304
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) ▶

Image# 10990127992

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 68 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Michael Avery LaSalle, , MD
Mailing Address 1001 School St
City: Houma | State: LA | Zip Code: 70360-4629
FEC ID number of contributing federal political committee. C
Name of Employer: Houma Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 30417422
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. George A Richardson, , MD
Mailing Address 3201 University Dr East Ste 255
City: Bryan | State: TX | Zip Code: 77802-3483
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: 08 / 17 / 2009
Transaction ID: 30417423
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Eli T Ziv, , MD
Mailing Address 7301 Med Ctr Dr Ste 400
City: West Hills | State: CA | Zip Code: 91307-1988
FEC ID number of contributing federal political committee. C
Name of Employer: Center for Orthopaedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 30417424
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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Image# 10990127993

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 69 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John C Pritchard, , MD
Mailing Address 7920 W Jefferson Blvd Ste 100
City: Fort Wayne | State: IN | Zip Code: 46804-4166
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedics Northeast
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 30417425
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert H Blotter, , MD
Mailing Address 1414 W Fair Ave Ste 190
City: Marquette | State: MI | Zip Code: 49855-5406
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Surgery Associates of Marq
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 30417426
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Craig J Della Valle, , MD
Mailing Address 1725 W Harrison St Ste 1063
City: Chicago | State: IL | Zip Code: 60612-3835
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: 08 / 17 / 2009
Transaction ID: 30417427
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) ▶

Image# 10990127994

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 70 / 425
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey A Senall, , MD
Mailing Address 27650 Ferry Rd Ste 100
City: Warrenville | State: IL | Zip Code: 60555-3846
FEC ID number of contributing federal political committee. C
Name of Employer: OAD Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 30417428
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. H John Park, , MD
Mailing Address West Central AL Orthopedics
1023 Med Ctr Pkwy Ste 311
City: Selma | State: AL | Zip Code: 36701-7740
FEC ID number of contributing federal political committee. C
Name of Employer: Life Point Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 30417440
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Ormonde M Mahoney, , MD
Mailing Address 1765 Old West Broad St
Bldg 2 Ste 200
City: Athens | State: GA | Zip Code: 30606-2853
FEC ID number of contributing federal political committee. C
Name of Employer: Athens Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 30417441
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) ..... ▶

Image# 10990127995

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Victor Tseng, , MD
Mailing Address 9250 N 3rd St Ste 4030
City: Phoenix | State: AZ | Zip Code: 85020-2433
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: 08 / 17 / 2009
Transaction ID: 30417442
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard W Barth, , MD
Mailing Address 2021 K St Ste 400
City: Washington | State: DC | Zip Code: 20006-1009
FEC ID number of contributing federal political committee. C
Name of Employer: Washington Orthopaedics & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 30417443
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Matthew David Olin, , MD
Mailing Address 3200 Northline Ave Ste 200
City: Greensboro | State: NC | Zip Code: 27408-7602
FEC ID number of contributing federal political committee. C
Name of Employer: Greensboro Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 18 / 2009
Transaction ID: 30422144
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) ..... ▶

Image# 10990127996

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey C Dick, , MD
Mailing Address 7373 France Ave S Ste 312
City: Edina | State: MN | Zip Code: 55435-4549
FEC ID number of contributing federal political committee. C
Name of Employer: Twin Cities Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 18 / 2009
Transaction ID: 30422145
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Eric R Jamrich, , MD
Mailing Address 10103 Ridgegate Pkwy Ste 306
City: Lone Tree | State: CO | Zip Code: 80124-5525
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: 08 / 18 / 2009
Transaction ID: 30422147
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Roger G Pollock, , MD
Mailing Address 18 Ackerman Rd
City: Saddle River | State: NJ | Zip Code: 07458-2602
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: 08 / 18 / 2009
Transaction ID: 30422148
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) ..... ▶

Image# 10990127997

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Steve G Salyers, , MD
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: 500.00

Date of Receipt: 08 / 18 / 2009
Transaction ID: 30422149
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Nitin N Bhatia, , MD
Mailing Address Dept of Orthopaedic Surgery
101 The City Dr S Pavilion III
City: Orange | State: CA | Zip Code: 92868-3201
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: 250.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 30454584
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David Thomas Sowa, , MD
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: 08 / 25 / 2009
Transaction ID: 30454587
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) ..... ▶

Image# 10990127998

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. John F Irving, , MD
Mailing Address 199 Whitney Ave
City: New Haven | State: CT | Zip Code: 06511-3786
FEC ID number of contributing federal political committee: C
Name of Employer: The Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: Primary | General | Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 30454589
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. David Andrew Spiegel, , MD
Mailing Address 34th St and Civic Center Blvd
2nd Fl Wood Bldg
City: Philadelphia | State: PA | Zip Code: 19104
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: 08 / 25 / 2009
Transaction ID: 30454590
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Daniel Thompson McGuire, , MD
Mailing Address Down East Orthopedics
404 State St Ste 610
City: Bangor | State: ME | Zip Code: 04401-6623
FEC ID number of contributing federal political committee: C
Name of Employer: Down East Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: Primary | General | Other (specify)
Aggregate Year-to-Date: 2500.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 30454591
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) ..... ▶

Image# 10990127999

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 425
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert Manz, , MD
Mailing Address 1835 N Commerce St #302
City: Milwaukee | State: WI | Zip Code: 53212-3799
FEC ID number of contributing federal political committee. C
Name of Employer: West Bend Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 30454592
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard L Worland, , MD
Mailing Address 635 Walsing Dr
City: Richmond | State: VA | Zip Code: 23229-8136
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: 08 / 25 / 2009
Transaction ID: 30454593
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Paul Grutter, , MD
Mailing Address 950 Plantation Blvd
City: Gallatin | State: TN | Zip Code: 37066-4494
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: 08 / 25 / 2009
Transaction ID: 30454594
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) ..... ▶

Image# 10990128000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey Thomas Hamm, , MD
Mailing Address 6626 Briar Cove Drive
City: Dallas | State: TX | Zip Code: 75254-7902
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: 08 / 25 / 2009
Transaction ID: 30454595
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Cary B Chapman, , MD
Mailing Address 2348 Richmond Rd
City: Staten Island | State: NY | Zip Code: 10306-2346
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: 08 / 25 / 2009
Transaction ID: 30454597
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. James Eldon Crouse, , MD
Mailing Address 1753 W Ridgeway Ave Ste 103B
City: Waterloo | State: IA | Zip Code: 50701-4521
FEC ID number of contributing federal political committee. C
Name of Employer: Cedar Valley Medical Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 30454599
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) ..... ▶

Image# 10990128001

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Louis Edward Seade, , MD
Mailing Address 4611 Guadalupe St Ste 200
City: Austin | State: TX | Zip Code: 78751-2928
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: 08 / 25 / 2009
Transaction ID: 30454600
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Charles S Rutherford, , MD
Mailing Address 7777 Forest Ln C106
City: Dallas | State: TX | Zip Code: 75230-6831
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: 08 / 25 / 2009
Transaction ID: 30454602
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. John E Conway, , MD
Mailing Address 800 5th Ave Ste 500
City: Fort Worth | State: TX | Zip Code: 76104-7304
FEC ID number of contributing federal political committee. C
Name of Employer: Texas Health Physicians Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 30454603
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) ..... ▶

Image# 10990128002

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. James D Capozzi, , MD
Mailing Address 1300 Franklin Ave Ste UL3A
City: Garden City | State: NY | Zip Code: 11530-1885
FEC ID number of contributing federal political committee. C
Name of Employer: Winthrop University Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 26 / 2009
Transaction ID: 30454927
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Savvas C Poulos, , MD
Mailing Address 1613 Sam Houston
City: Harlingen | State: TX | Zip Code: 78550-8138
FEC ID number of contributing federal political committee. C
Name of Employer: NPN
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 26 / 2009
Transaction ID: 30454928
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey C King, , MD
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: Healthcare Midwest
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 26 / 2009
Transaction ID: 30454929
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) ..... ▶

Image# 10990128003

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Ranga Reddy, , MD
Mailing Address 172 W Badillo St
City: Covina | State: CA | Zip Code: 91723-2015
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: 08 / 26 / 2009
Transaction ID: 30454930
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert Gorman, , MD
Mailing Address 940 John St
City: Kalamazoo | State: MI | Zip Code: 49001-2857
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: 08 / 26 / 2009
Transaction ID: 30454931
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Joseph P Iannotti, , MD, PhD
Mailing Address Department of Orthopaedic Surgery
9500 Euclid Ave A-41
City: Cleveland | State: OH | Zip Code: 44195-0001
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: 500.00

Date of Receipt: 08 / 26 / 2009
Transaction ID: 30454933
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) ..... ▶

Image# 10990128004

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. E Michael Keating, , MD
Mailing Address 1199 Hadley Rd
City: Mooresville | State: IN | Zip Code: 46158-1788
FEC ID number of contributing federal political committee. C
Name of Employer: Joint Replacement Surgeons of Indiana
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 / 26 / 2009
Transaction ID: 30454936
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kenneth L Vandervoort, , MD
Mailing Address 731 Leighton Ave Ste 300
City: Anniston | State: AL | Zip Code: 36207-5762
FEC ID number of contributing federal political committee. C
Name of Employer: Anniston Orthopedic Assoc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479773
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Peter Tomasello, , DO
Mailing Address 1724 E Hallandale Beach Blvd
City: Hallandale Beach | State: FL | Zip Code: 33009-4611
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: 09 / 02 / 2009
Transaction ID: 30479774
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) ..... ▶

Image# 10990128005

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. John I Waldrop, , MD
Mailing Address PO Box 9517
City: Columbus | State: GA | Zip Code: 31908-9517
FEC ID number of contributing federal political committee: C
Name of Employer: The Hughston Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479776
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Benjamin Shaffer, , MD
Mailing Address 4522 Lingan Way NW
City: Washington | State: DC | Zip Code: 20007-2549
FEC ID number of contributing federal political committee: C
Name of Employer: Washington Orthopaedics & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479779
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Vatche Cabayan, , MD
Mailing Address 2160 Appian Way Ste 205
City: Pinole | State: CA | Zip Code: 94564-2534
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: 3000.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479780
Amount of Each Receipt this Period: 3000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5000.00**

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Image# 10990128006

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Steven O Smith, , MD
Mailing Address PO Box 11230
City: Fort Smith | State: AR | Zip Code: 72917-1230
FEC ID number of contributing federal political committee: C
Name of Employer: River Valley Musculoskeletal Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479781
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Martin R Anderson, , MD
Mailing Address 973 Mica Dr Ste 201
City: Carson City | State: NV | Zip Code: 89705-7258
FEC ID number of contributing federal political committee: C
Name of Employer: Tahoe Fracture Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479782
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jordan J Shubert, , MD
Mailing Address 404 State St
City: Bangor | State: ME | Zip Code: 04401-6623
FEC ID number of contributing federal political committee: C
Name of Employer: Eastern Maine Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479797
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) ..... ▶

Image# 10990128007

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Jerry L Jochims, , MD
Mailing Address 1225 S Gear Ave Ste 159
City: West Burlington | State: IA | Zip Code: 52655-1686
FEC ID number of contributing federal political committee. C
Name of Employer: Great River Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479798
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. James Michael Glover, , MD
Mailing Address 1485 N Turquoise Dr Ste 200
City: Flagstaff | State: AZ | Zip Code: 86001-2000
FEC ID number of contributing federal political committee. C
Name of Employer: Northern Arizona Orthopae-dics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479802
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael R Sheen, , MD
Mailing Address 2200 Kellwest Blvd
City: Wichita Falls | State: TX | Zip Code: 76309
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: 09 / 02 / 2009
Transaction ID: 30479804
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) ..... ▶

Image# 10990128008

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Terrence A Sedgewick, , MD
Mailing Address 1508 Division St Ste 105
City: Oregon City | State: OR | Zip Code: 97045-1584
FEC ID number of contributing federal political committee. C
Name of Employer: Oregon Ortho & Sports Med Clinic
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479805
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kenneth J Koval, , MD
Mailing Address Dept of Orthopaedic Surg 3A
One Medical Center Dr
City: Lebanon | State: NH | Zip Code: 03756-1000
FEC ID number of contributing federal political committee. C
Name of Employer: Dartmouth Hitchcock Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479806
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Eduardo Gonzalez-Hernandez, , MD
Mailing Address 401 SW 42nd Ave Ste 200
City: Coral Gables | State: FL | Zip Code: 33134-1938
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: 09 / 02 / 2009
Transaction ID: 30479807
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) .....

Image# 10990128009

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
David P P Moss, , MD
Mailing Address 6140 31st Pl NW
City: Washington | State: DC | Zip Code: 20015-1502
FEC ID number of contributing federal political committee: C
Name of Employer: Washington Orthopedic Center for Sport
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479808
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. John David Ramsay, , MD
Mailing Address 400 22nd Ave
City: Brookings | State: SD | Zip Code: 57006-2450
FEC ID number of contributing federal political committee: C
Name of Employer: Avera Brookings Medical Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479809
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Keith J Bolyard, , MD
Mailing Address PO Box 11230
City: Fort Smith | State: AR | Zip Code: 72917-1230
FEC ID number of contributing federal political committee: C
Name of Employer: River Valley Musculoskeletal Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479810
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) ..... ▶

Image# 10990128010

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
J R Rudzki, , MD
Mailing Address 2021 K St NW Ste 400
City: Washington | State: DC | Zip Code: 20006-1009
FEC ID number of contributing federal political committee: C
Name of Employer: Washington Orthopaedics & Sports Medic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479811
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jacquelin Perry, , MD
Mailing Address 12319 Brock Ave
City: Downey | State: CA | Zip Code: 90242-3503
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: 2000.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 30479812
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Haim Blecher, , MD
Mailing Address 256 Bunn Dr Ste 3B
City: Princeton | State: NJ | Zip Code: 08540-2859
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: 09 / 02 / 2009
Transaction ID: 30479813
Amount of Each Receipt this Period: 1000.00

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

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

Image# 10990128011

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Malcolm J Stubbs, , MD
Mailing Address 1103 Kaliste Saloom Rd Ste 102
City: Lafayette | State: LA | Zip Code: 70508-5784
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: 09 / 02 / 2009
Transaction ID: 30479814
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Luis Alexander Miranda Torres, , MD
Mailing Address PMB 327
35 Juan C Borbon
City: Guaynabo | State: PR | Zip Code: 00969-5374
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: 09 / 04 / 2009
Transaction ID: 30479822
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Joseph C DiRaimondo, , MD
Mailing Address 1636 Miriam Rd
City: Manitowoc | State: WI | Zip Code: 54220-1843
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Associates of Manitowoc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 04 / 2009
Transaction ID: 30479823
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) ▶

Image# 10990128012

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Karen L Hackett, , FACHE, C
Mailing Address AAOS
6300 N. River Rd
City: Rosemont | State: IL | Zip Code: 60606-1504
FEC ID number of contributing federal political committee. C
Name of Employer: American Academy of Ortho-paedic Surgeo
Occupation: Chief Executive Officer
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30479824
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. J Wendell Duncan, , MD
Mailing Address 3650 J Dewey Gray Cir
City: Augusta | State: GA | Zip Code: 30909-1867
FEC ID number of contributing federal political committee. C
Name of Employer: Augusta Ortho & Sports Med Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30479825
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Alan E Hibberd, , MD
Mailing Address 23704 Up Mountain Rd
City: San Antonio | State: TX | Zip Code: 78255-2002
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: 09 / 04 / 2009
Transaction ID: 30479826
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) ..... ▶

Image# 10990128013

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Robert M Dimick, , MD
Mailing Address 5651 Frist Blvd Ste 500
City: Hermitage | State: TN | Zip Code: 37076-2059
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: 3000.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30479827
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Scott Q. Hannum, , MD
Mailing Address Wilmington Orthopaedic Group
2716 Ashton Dr
City: Wilmington | State: NC | Zip Code: 28412-2489
FEC ID number of contributing federal political committee. C
Name of Employer: Wilmington Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30479828
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial)
Dr. Leesa M Galatz, , MD
Mailing Address Campus Box 8233
660 S Euclid Ave
City: Saint Louis | State: MO | Zip Code: 63110-1010
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: 09 / 04 / 2009
Transaction ID: 30479829
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3365.00**

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

Image# 10990128014

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Mark D Foster, , MD
Mailing Address 1821 S Churchill Drive
City: Wilmington | State: NC | Zip Code: 28403-4803
FEC ID number of contributing federal political committee. C
Name of Employer: Wilmington Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30490266
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial)
Dr. James G Warmbrod, Jr, MD
Mailing Address 616 W Forest Ave
City: Jackson | State: TN | Zip Code: 38301-3902
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: 09 / 04 / 2009
Transaction ID: 30490267
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Odest F Cannon, , MD
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: 09 / 04 / 2009
Transaction ID: 30490308
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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

Image# 10990128015

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Burrel C Gaddy, , MD
Mailing Address 8800 W 75th St Ste 350
City: Shawnee Mission | State: KS | Zip Code: 66204-4029
FEC ID number of contributing federal political committee. C
Name of Employer: Midwest Orthopaedics, P.A.
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30490309
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. William R Sutton, , MD
Mailing Address 2716 Ashton Dr
City: Wilmington | State: NC | Zip Code: 28412-2489
FEC ID number of contributing federal political committee. C
Name of Employer: Wilmington Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30490310
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial)
Dr. John S O'Malley, , MD
Mailing Address 2716 Ashton Dr
City: Wilmington | State: NC | Zip Code: 28412-2489
FEC ID number of contributing federal political committee. C
Name of Employer: Wilmington Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30490311
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1230.00**

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

Image# 10990128016

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Albert W Marr, , MD
Mailing Address 2716 Ashton Dr
City: Wilmington | State: NC | Zip Code: 28412-2489
FEC ID number of contributing federal political committee. C
Name of Employer: Wilmington Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30490312
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard S Moore, Jr, MD
Mailing Address 2716 Ashton Dr
City: Wilmington | State: NC | Zip Code: 28412-2489
FEC ID number of contributing federal political committee. C
Name of Employer: Wilmington Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30490313
Amount of Each Receipt this Period: 365.00

C.
Full Name (Last, First, Middle Initial)
Dr. Rex D Bryce, , MD
Mailing Address 3424 1st St
City: Thatcher | State: AZ | Zip Code: 85552-5549
FEC ID number of contributing federal political committee. C
Name of Employer: Gila Valley Ortho
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 30490315
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1730.00**

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

Image# 10990128017

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. David M Dines, , MD
Mailing Address 935 Northern Blvd Ste 303
City: Great Neck | State: NY | Zip Code: 11021-5328
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: 09 / 10 / 2009
Transaction ID: 30533462
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Guy E Grooms, , MD
Mailing Address 209 S 36th St
City: Muskogee | State: OK | Zip Code: 74401-5043
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: 09 / 10 / 2009
Transaction ID: 30533463
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Edward W Kelly, , MD
Mailing Address 701 25th Ave S Ste 505
City: Minneapolis | State: MN | Zip Code: 55454-1443
FEC ID number of contributing federal political committee. C
Name of Employer: Twin Cities Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533464
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) ..... ▶

Image# 10990128018

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 94 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. George V Russell, Jr, MD
Mailing Address Dept of Ortho Surg
2500 North State St
City: Jackson State: MS Zip Code: 39216-4500
FEC ID number of contributing federal political committee. C
Name of Employer: UMMC
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533465
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Brian J McGinley, , MD
Mailing Address 635 Belle Terre Rd Ste 204
City: Prt Jefferson State: NY Zip Code: 11777-1977
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: 1000.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533466
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Edward M Katz, , MD
Mailing Address 105 Turnsworth Ave
City: Redwood City State: CA Zip Code: 94062-2741
FEC ID number of contributing federal political committee. C
Name of Employer: Sequoia Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533467
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) ..... ▶

Image# 10990128019

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas C Tingle, , MD
Mailing Address Northwest Orthopaedic Surgery, SC
1120 N Arlington Heights Rd
City: Arlington Heights State: IL Zip Code: 60004-4767
FEC ID number of contributing federal political committee. C
Name of Employer: Northwest Orthopaedic Surgery
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533551
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Shepard R Hurwitz, , MD
Mailing Address 400 Silver Cedar Ct
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: 1000.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533552
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Roy Davidovitch, , MD
Mailing Address Dept of Orthopaedics
301 E 17th St
City: New York State: NY Zip Code: 10003-3804
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: 300.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533553
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) ..... ▶

Image# 10990128020

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. J Gordon Rawles, Jr, MD
Mailing Address 1400 Johnston Willis Dr Ste A
City: Richmond | State: VA | Zip Code: 23235-4765
FEC ID number of contributing federal political committee. C
Name of Employer: West End Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533554
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. James Cornelius Thriffiley, IV, MD
Mailing Address 2010 Lantana Cove
City: Biloxi | State: MS | Zip Code: 39532-4125
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: 09 / 10 / 2009
Transaction ID: 30533555
Amount of Each Receipt this Period: 600.00

C.
Full Name (Last, First, Middle Initial)
Dr. John G Birch, , MD
Mailing Address 2222 Welborn St
City: Dallas | State: TX | Zip Code: 75219-3924
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: 500.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533556
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1600.00**

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

Image# 10990128021

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert J Heaps, , MD
Mailing Address 66 Colonel Daniels Dr
City: Bedford | State: NH | Zip Code: 03110-5010
FEC ID number of contributing federal political committee. C
Name of Employer: The Orthopedic Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 30533558
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. David L Waxman, , MD
Mailing Address 600 Davisson Run Rd Ste 102
City: Clarksburg | State: WV | Zip Code: 26301-9307
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: 09 / 14 / 2009
Transaction ID: 30533700
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard P Lewallen, , MD
Mailing Address 2900 12th Ave N Ste 100E
City: Billings | State: MT | Zip Code: 59101-7504
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: 09 / 14 / 2009
Transaction ID: 30533702
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) ..... ▶

Image# 10990128022

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Edward L Cahill, , MD
Mailing Address 2488 N California St
City: Stockton | State: CA | Zip Code: 95204-5508
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: 09 / 14 / 2009
Transaction ID: 30533703
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas G Padanilam, , MD
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 Surgeo-ns
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 / 14 / 2009
Transaction ID: 30533705
Amount of Each Receipt this Period: 600.00

C.
Full Name (Last, First, Middle Initial)
Dr. James M Donley, , MD
Mailing Address 5002 Lago Dr
City: Madisonville | State: KY | Zip Code: 42431-9435
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: 09 / 14 / 2009
Transaction ID: 30533706
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1400.00**

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

Image# 10990128023

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Joseph A Suarez, , MD
Mailing Address 3311 Hylan Blvd
City: Staten Island | State: NY | Zip Code: 10306-3688
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: 09 / 14 / 2009
Transaction ID: 30533708
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Alan H Wilde, , MD
Mailing Address 8542 Windsor Way
City: Broadview Heights | State: OH | Zip Code: 44147-1790
FEC ID number of contributing federal political committee: C
Name of Employer: Lutheran Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 09 / 14 / 2009
Transaction ID: 30533709
Amount of Each Receipt this Period: 450.00

C.
Full Name (Last, First, Middle Initial)
Dr. James D McKinney, , MD
Mailing Address 404 N Hickory Ave
City: Cookeville | State: TN | Zip Code: 38501-2431
FEC ID number of contributing federal political committee: C
Name of Employer: UCOS
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 14 / 2009
Transaction ID: 30533710
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1950.00**

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

Image# 10990128024

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 100 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. George B Verghese, , MD
Mailing Address 1385 E 3130 N Rd
City: Chebanse | State: IL | Zip Code: 60922-8111
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: 09 / 14 / 2009
Transaction ID: 30533913
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Andrew H Glassman, , MD
Mailing Address 4882 E Main St Ste 120
City: Columbus | State: OH | Zip Code: 43213-3189
FEC ID number of contributing federal political committee: C
Name of Employer: American Health Network
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 / 14 / 2009
Transaction ID: 30533915
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Dr. Emile C Li, , MD
Mailing Address 1988 Luke Ln
City: Fort Dodge | State: IA | Zip Code: 50501-8730
FEC ID number of contributing federal political committee: C
Name of Employer: Orthopaedics and Sports Medicine Speci
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 / 14 / 2009
Transaction ID: 30533917
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **950.00**

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

Image# 10990128025

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Keith M Rezin, , MD
Mailing Address 1051 W Rt 6 Ste 100
City: Morris | State: IL | Zip Code: 60450-3370
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: 09 / 14 / 2009
Transaction ID: 30533918
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Todd A Parrish, , MD
Mailing Address 264 CR 1431 Elmwood Cir
City: Jacksonville | State: TX | Zip Code: 75766
FEC ID number of contributing federal political committee. C
Name of Employer: Dogwood Orthopaedic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 14 / 2009
Transaction ID: 30533919
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Eric Wall, , MD
Mailing Address 3333 Burnet Ave MLC# 2017
City: Cincinnati | State: OH | Zip Code: 45229-3026
FEC ID number of contributing federal political committee. C
Name of Employer: Cincinnati Children's Hos-pital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 14 / 2009
Transaction ID: 30533921
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) ..... ▶

Image# 10990128026

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Mark Andrew Bewley, , MD
Mailing Address 1008 Old Coach Rd
City: Chesapeake | State: VA | Zip Code: 23322-6811
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: 09 / 14 / 2009
Transaction ID: 30533922
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Joseph E Strauss, , DO
Mailing Address 1106 S Highland Ave
City: Baltimore | State: MD | Zip Code: 21224-5109
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: 250.00

Date of Receipt: 09 / 14 / 2009
Transaction ID: 30533923
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Joseph J Calandra, , MD
Mailing Address 2514 Harriet's 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: 09 / 14 / 2009
Transaction ID: 30533926
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) ..... ▶

Image# 10990128027

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 103 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John R Denton, , MD
Mailing Address 1333A North Ave PMB 434
City: New Rochelle | State: NY | Zip Code: 10804-2120
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 09 / D D 14 / Y Y Y Y 2009
Transaction ID: 30533927
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Raymond M P Sherman, , MD
Mailing Address 4444 Perry Way
City: Sioux City | State: IA | Zip Code: 51104-1126
FEC ID number of contributing federal political committee: C
Name of Employer: CNOS
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2009
Transaction ID: 30571763
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Chadwick F Smith, , MD
Mailing Address 1127 Wilshire Blvd Ste 912
City: Los Angeles | State: CA | Zip Code: 90017-3910
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 09 / D D 15 / Y Y Y Y 2009
Transaction ID: 30571764
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1700.00**

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

Image# 10990128028

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. David W Alford, , MD
Mailing Address 1500 Ross Clark Circle
City: Dothan | State: AL | Zip Code: 36301-4754
FEC ID number of contributing federal political committee: C
Name of Employer: Southern Bone & Joint Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571765
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey W Cook, , MD
Mailing Address 3310 Aspen Grove Dr Ste 102
City: Franklin | State: TN | Zip Code: 37067-2841
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: 750.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571768
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David E Attarian, , MD
Mailing Address Duke Health Ctr Ortho
3116 N Duke St
City: Durham | State: NC | Zip Code: 27704-2102
FEC ID number of contributing federal political committee: C
Name of Employer: Duke University
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571769
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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Image# 10990128029

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Leroy Robert Fullerton, Jr, MD
Mailing Address 811 13th St
Bldg 3 Ste 20
City: Augusta | State: GA | Zip Code: 30901-2700
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: 350.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571770
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gerald J Ortiz, , MD
Mailing Address 5010 State Hwy 30 Ste 205
City: Amsterdam | State: NY | Zip Code: 12010-7532
FEC ID number of contributing federal political committee. C
Name of Employer: Mohawk Valley Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571771
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Dr. David E Taylor, , MD
Mailing Address 1630 E Herndon Ave Ste 204
City: Fresno | State: CA | Zip Code: 93720-3305
FEC ID number of contributing federal political committee. C
Name of Employer: Sierra Pacific Ortho Spine Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 313.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571774
Amount of Each Receipt this Period: 313.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **513.00**

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

Image# 10990128030

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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Wagdy S Rizk, , MD
Mailing Address 7955 Doral Dr
City: Beaumont | State: TX | Zip Code: 77707-5446
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: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571775
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. John English Feighan, , MD
Mailing Address 2260 Harcourt Dr
City: Cleveland Heights | State: OH | Zip Code: 44106-4610
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: 09 / 15 / 2009
Transaction ID: 30571776
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Norman Verhoog, , MD
Mailing Address 3389 Harlan Dr
City: Redding | State: CA | Zip Code: 96003-3318
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: 09 / 15 / 2009
Transaction ID: 30571777
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **950.00**

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

Image# 10990128031

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Paul G Johnson, , MD
Mailing Address 6490 Excelsior Blvd Ste E400
City: Saint Louis Park | State: MN | Zip Code: 55426-4721
FEC ID number of contributing federal political committee. C
Name of Employer: Park Nicollet Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571778
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. Bruce A Bollinger, , MD
Mailing Address 800 12th Ave Ste 300
City: Fort Worth | State: TX | Zip Code: 76104-2519
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: 09 / 15 / 2009
Transaction ID: 30571779
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Paul D Burton, , DO
Mailing Address 250 Campbell Ave
City: Redlands | State: CA | Zip Code: 92373-6832
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: 500.00
Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571781
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1350.00**

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

Image# 10990128032

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas G Craven, , MD
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: Self Employed
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571782
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Carlos Guanche, , MD
Mailing Address 24948 Lorenzo Ct
City: Calabasas | State: CA | Zip Code: 91302-3088
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: 09 / 15 / 2009
Transaction ID: 30571783
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. James Jay Harms, , MD
Mailing Address 610 N Lincoln Ave
City: Urbana | State: IL | Zip Code: 61801-2432
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: 09 / 15 / 2009
Transaction ID: 30571796
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) ▶

Image# 10990128033

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Douglas Allen Bernard, , MD
Mailing Address 510 Jefferson Terrace Blvd
City: New Iberia | State: LA | Zip Code: 70560
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: 09 / 15 / 2009
Transaction ID: 30571797
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. John K Merson, , MD
Mailing Address 848 Miranda Creek Ct
City: Alamo | State: CA | Zip Code: 94507-1467
FEC ID number of contributing federal political committee. C
Name of Employer: East Bay Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571798
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. George Kyle Parkins, II, MD
Mailing Address 5131 Somerset Dr
City: Prairie Village | State: KS | Zip Code: 66207-2233
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: 09 / 15 / 2009
Transaction ID: 30571801
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) ▶

Image# 10990128034

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Mark D Visk, , MD
Mailing Address 303 E Wood St
City: Spartanburg | State: SC | Zip Code: 29303-3020
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Specialties of Spartanburg
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571802
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gary Michael Sherman, , MD
Mailing Address 9705 Redamar Dr
City: Hagerstown | State: MD | Zip Code: 21740-8943
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: 09 / 15 / 2009
Transaction ID: 30571805
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Donald R Polakoff, , MD
Mailing Address 194 Dodds Ln
City: Princeton | State: NJ | Zip Code: 08540-4154
FEC ID number of contributing federal political committee. C
Name of Employer: Univ Hip & Knee Ortho Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571806
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) ..... ▶

Image# 10990128035

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Paul Charles Charles Siffri, , MD
Mailing Address 5 Downington Ct
City: Greenville | State: SC | Zip Code: 29615-3735
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: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571809
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert N Walker, , MD
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: Boise Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571810
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gary W Misamore, , MD
Mailing Address 201 Pennsylvania Pkwy Ste 235
City: Indianapolis | State: IN | Zip Code: 46280-1390
FEC ID number of contributing federal political committee. C
Name of Employer: Methodist Sports Medicine Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571811
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) ..... ▶

Image# 10990128036

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Harold B Strauch, , MD
Mailing Address 14 Quail Point Pl
City: Carmichael | State: CA | Zip Code: 95608-5231
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 09 / D D 15 / Y Y Y Y 2009
Transaction ID: 30571816
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. William Scott Bowen, , MD
Mailing Address 5 St Vincent Cir Ste 100
City: Little Rock | State: AR | Zip Code: 72205-5415
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 09 / D D 15 / Y Y Y Y 2009
Transaction ID: 30571818
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrew Rocca, , MD
Mailing Address 4225 SW 96th Dr
City: Gainesville | State: FL | Zip Code: 32608-7152
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: 500.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2009
Transaction ID: 30571820
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) ..... ▶

Image# 10990128037

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John C Richmond, , MD
Mailing Address 125 Parker Hill Ave
City: Roxbury Crossing | State: MA | Zip Code: 02120-2847
FEC ID number of contributing federal political committee. C
Name of Employer: New England Baptist Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571821
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. David B Robie, , MD
Mailing Address 6585 Plesenton Dr S
City: Worthington | State: OH | Zip Code: 43085-3090
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: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571822
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. J Patrick Kessler, , MD
Mailing Address 56 Medical Park Dr Ste 302
City: Franklin | State: NC | Zip Code: 28734-2634
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: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571824
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) ..... ▶

Image# 10990128038

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Dolf R Ichtertz, , MD
Mailing Address 1803 W Charles St
City: Grand Island | State: NE | Zip Code: 68803-5904
FEC ID number of contributing federal political committee: C
Name of Employer: Nebraska Hand & Shoulder Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571826
Amount of Each Receipt this Period: 2500.00

B.
Full Name (Last, First, Middle Initial)
Dr. James B Slattery, , MD
Mailing Address 250 SW 131st St
City: Newberry | State: FL | Zip Code: 32669-3074
FEC ID number of contributing federal political committee: C
Name of Employer: The Orthopedic Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571830
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrew P Gutow, , MD
Mailing Address 741 Westminster Ln
City: Los Altos | State: CA | Zip Code: 94022-1144
FEC ID number of contributing federal political committee: C
Name of Employer: Palo Alto Orthopaedics Medical
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571832
Amount of Each Receipt this Period: 500.00

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

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

Image# 10990128039

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 425
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[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey B Burnette, , MD
Mailing Address 116 N Haven Dr
City: Macon | State: GA | Zip Code: 31210-1219
FEC ID number of contributing federal political committee. C
Name of Employer: Piedmont Ortho & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571833
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. James John Verner, , MD
Mailing Address 23075 Nottingham
City: Beverly Hills | State: MI | Zip Code: 48025-3416
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: 09 / 15 / 2009
Transaction ID: 30571834
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David M Oster, , MD
Mailing Address 5290 S Geneva Way
City: Englewood | State: CO | Zip Code: 80111-6203
FEC ID number of contributing federal political committee. C
Name of Employer: Denver-Vail Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571835
Amount of Each Receipt this Period: 375.00

SUBTOTAL of Receipts This Page (optional) 1625.00

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

Image# 10990128040

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 425
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Christopher S Mow, , MD
Mailing Address 1660 San Pablo Ave Ste A
City: Pinole | State: CA | Zip Code: 94564-2072
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: 09 / 15 / 2009
Transaction ID: 30571837
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Frank R Kolisek, , MD
Mailing Address 5255 E Stop 11 Rd Ste 300
City: Indianapolis | State: IN | Zip Code: 46237
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Indy
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571838
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrew J Vicar, , MD
Mailing Address 1801 N Senate Blvd
City: Indianapolis | State: IN | Zip Code: 46202-1228
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Indy
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571839
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) .....

Image# 10990128041

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas S Samuelson, , MD
Mailing Address Corporate Medical Plaza Bldg 1
10701 Nall Ave Ste 200
City: Overland Park State: KS Zip Code: 66211-1358
FEC ID number of contributing federal political committee. C
Name of Employer: Kansas City Bone & Joint
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571902
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Mark Bradley Kerner, , MD
Mailing Address 3640 High St Ste 2A
City: Portsmouth State: VA Zip Code: 23707-3213
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Surgery Centers
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571903
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jacob Friedman, , MD
Mailing Address 807-2 Schenck St
City: Shelby State: NC Zip Code: 28150-5123
FEC ID number of contributing federal political committee. C
Name of Employer: Shelby Bone & Joint Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571904
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) ..... ▶

Image# 10990128042

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Blake Gammell Johnson, , MD
Mailing Address Intermountain Orthopedic Clinic
714 N College Rd Ste A
City: Twin Falls | State: ID | Zip Code: 83301-5812
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: 09 / 15 / 2009
Transaction ID: 30571905
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Patrick M Collalto, , MD
Mailing Address 6 Sand Hill Rd Ste 102
City: Flemington | State: NJ | Zip Code: 08822-4946
FEC ID number of contributing federal political committee. C
Name of Employer: Hunterdon Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571906
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gregory O Munson, , MD
Mailing Address 1285 Orange Ave
Attn Doris
City: Winter Park | State: FL | Zip Code: 32789-4984
FEC ID number of contributing federal political committee. C
Name of Employer: Jewett Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571907
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) ..... ▶

Image# 10990128043

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Michael R Clain, , MD
Mailing Address 6 Greenwich Office Park
Valley Dr
City: Greenwich State: CT Zip Code: 06831-5151
FEC ID number of contributing federal political committee. C
Name of Employer: ONS
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571908
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Sarah D Beshlian, , MD
Mailing Address 1231 20th Ave E
City: Seattle State: WA Zip Code: 98112-3530
FEC ID number of contributing federal political committee. C
Name of Employer: The Sports Medicine Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571909
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Brad J Larson, , MD
Mailing Address PO Box 6250
City: North Logan State: UT Zip Code: 84341-6250
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: 09 / 15 / 2009
Transaction ID: 30571910
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) ▶

Image# 10990128044

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Alexander Raskin, , MD
Mailing Address 16311 Ventura Blvd Ste 1150
City: Encino | State: CA | Zip Code: 91436-4386
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Consultants
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571911
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Russell D Meldrum, , MD
Mailing Address 541 Clinical Dr Rm 600
City: Indianapolis | State: IN | Zip Code: 46202-5233
FEC ID number of contributing federal political committee. C
Name of Employer: Indiana University
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571912
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Karl E Rathjen, , MD
Mailing Address Dept of Orthpaedics
2222 Welborn St
City: Dallas | State: TX | Zip Code: 75219-3924
FEC ID number of contributing federal political committee. C
Name of Employer: Texas Scottish Rite Hospi-tal
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571916
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) ..... ▶

Image# 10990128045

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Terrence H Boring, , MD
Mailing Address 119 Patton Dr
City: Ponca City | State: OK | Zip Code: 74601-2030
FEC ID number of contributing federal political committee. C
Name of Employer: Ponca Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 635.00
Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571917
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael O LaGrone, , MD
Mailing Address 13 Medical Dr
City: Amarillo | State: TX | Zip Code: 79106-4121
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: 09 / 15 / 2009
Transaction ID: 30571918
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Eric Theodore Hansen, , MD
Mailing Address Longview Ortho Assoc
625-9th Ave Ste 210
City: Longview | State: WA | Zip Code: 98632
FEC ID number of contributing federal political committee. C
Name of Employer: Longview Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571919
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) ..... ▶

Image# 10990128046

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffery J Soldatis, , MD
Mailing Address Orthopaedics Indianapolis
10601 N Meridian Ste 200
City: Indianapolis State: IN Zip Code: 46290-1100
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: 1500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571920
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Lance J Wrobel, , MD
Mailing Address 24331 El Toro Rd Ste 200
City: Laguna Woods State: CA Zip Code: 92637-3116
FEC ID number of contributing federal political committee. C
Name of Employer: SCOS
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571921
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael G Kogan, , MD
Mailing Address 21908 Tall Oaks Dr
City: Kildeer State: IL Zip Code: 60047-8325
FEC ID number of contributing federal political committee. C
Name of Employer: Midwest Bone & Joint Institute
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571922
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) 1400.00

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

Image# 10990128047

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Kenneth Ortega, , DO
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: Self Employed
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571923
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial)
Dr. James M Loddengaard, , MD
Mailing Address 23456 Hawthorne Blvd Ste 300
City: Torrance | State: CA | Zip Code: 90505-4716
FEC ID number of contributing federal political committee. C
Name of Employer: Torrance Orthopaedics & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571924
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Matthew E Mitchell, , MD
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: 09 / 15 / 2009
Transaction ID: 30571925
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1650.00**

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

Image# 10990128048

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. David Blum, , MD
Mailing Address 301 NW 84th Ave Ste 303
City: Plantation | State: FL | Zip Code: 33324-1807
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 09 / D D 15 / Y Y Y Y 2009
Transaction ID: 30571926
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Joseph N Wilson, , MD
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: 500.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2009
Transaction ID: 30571927
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. H Michael Jaffin, , MD
Mailing Address 5012 Union Mine Dr
City: Antioch | State: CA | Zip Code: 94531-8054
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 09 / D D 15 / Y Y Y Y 2009
Transaction ID: 30571929
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) ..... ▶

Image# 10990128049

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Donald J Zoltan, , MD
Mailing Address 3033 W Layton Ave #102
City: Greenfield | State: WI | Zip Code: 53221-2628
FEC ID number of contributing federal political committee. C
Name of Employer: Sports Med & Ortho Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571930
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel C Wnorowski, , MD
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: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571935
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. David M King, , MD
Mailing Address Dept of Orthopaedic Surgery
9200 W Wisconsin Ave
City: Milwaukee | State: WI | Zip Code: 53226-3522
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: 09 / 15 / 2009
Transaction ID: 30571936
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) ..... ▶

Image# 10990128050

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Von L Evans, Jr, MD
Mailing Address 11797 S Freeway Ste 346
City: Burleson | State: TX | Zip Code: 76028-7035
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: 09 / 15 / 2009
Transaction ID: 30571937
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Joseph P Walls, , MD
Mailing Address 755 N Roop St Ste 101
City: Carson City | State: NV | Zip Code: 89701-3107
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: 09 / 15 / 2009
Transaction ID: 30571939
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Brock Stefan Cummings, , MD
Mailing Address 6283 Clark Rd Ste 15
City: Paradise | State: CA | Zip Code: 95969-4100
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: 09 / 15 / 2009
Transaction ID: 30571940
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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

Image# 10990128051

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Mark R Colville, , MD
Mailing Address 200 NE Mother Joseph Pl Ste 210
City: Vancouver | State: WA | Zip Code: 98664-3295
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: 09 / 15 / 2009
Transaction ID: 30571941
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Marc J Michaud, , MD
Mailing Address 11 Cherry Ln
City: Bedford | State: NH | Zip Code: 03110-4339
FEC ID number of contributing federal political committee. C
Name of Employer: NH Orthopaedic Surgery, PA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571942
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Douglas Bentley Freedberg, , MD
Mailing Address 6818 E Valley Vista Ln
City: Paradise Valley | State: AZ | Zip Code: 85253-5349
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: 09 / 15 / 2009
Transaction ID: 30571943
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) ..... ▶

Image# 10990128052

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Bruce R Buhr, , MD
Mailing Address 1947 Founder's Circle
City: Wichita | State: KS | Zip Code: 67206-3548
FEC ID number of contributing federal political committee: C
Name of Employer: Wichita Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571944
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Bernard Andrew Pfeifer, , MD
Mailing Address Lahey Clinic
41 Mall Rd
City: Burlington | State: MA | Zip Code: 01805-0001
FEC ID number of contributing federal political committee: C
Name of Employer: Lahey Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571945
Amount of Each Receipt this Period: 750.00

C.
Full Name (Last, First, Middle Initial)
Dr. Christopher Chen, , MD
Mailing Address 3000 Colby St Ste 106
City: Berkeley | State: CA | Zip Code: 94705-2090
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: 09 / 15 / 2009
Transaction ID: 30571946
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) ..... ▶

Image# 10990128053

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard Lee Parker, , MD
Mailing Address 6 Dowling Ct
City: Old Westbury | State: NY | Zip Code: 11568-1220
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: 09 / 15 / 2009
Transaction ID: 30571947
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. David L Wiest, , MD
Mailing Address 2301 25th St S
City: Fargo | State: ND | Zip Code: 58103-6104
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Associates of Fargo
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571951
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Kevin Coupe, , MD
Mailing Address 10333 Kuykendahl Ste D
City: The Woodlands | State: TX | Zip Code: 77382-2878
FEC ID number of contributing federal political committee. C
Name of Employer: Fondren Ortho Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571952
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) ..... ▶

Image# 10990128054

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Brian A Shaw, , MD
Mailing Address 6484 Poage Valley Rd Extension
City: Roanoke | State: VA | Zip Code: 24018-6859
FEC ID number of contributing federal political committee. C
Name of Employer: Carilion Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571953
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Roger Charles Dunteman, , MD
Mailing Address 850 Ironwood Dr Ste 202
City: Coeur D Alene | State: ID | Zip Code: 83814-4903
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: 09 / 15 / 2009
Transaction ID: 30571954
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gayle V Voth, , MD
Mailing Address 399 W Campbell Rd Ste 402
City: Richardson | State: TX | Zip Code: 75080-3636
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: 09 / 15 / 2009
Transaction ID: 30571955
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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Image# 10990128055

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. James Gordon Brooks, Jr, MD
Mailing Address 9330 Poppy Dr Ste 300
City: Dallas | State: TX | Zip Code: 75218-4624
FEC ID number of contributing federal political committee. C
Name of Employer: Dallas Bone & Joint Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571958
Amount of Each Receipt this Period: 1250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Neil J Maki, , MD
Mailing Address 525 St Mary St
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: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571959
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. John David Hannah, , MD
Mailing Address 215 McNeel Ln
City: North Platte | State: NE | Zip Code: 69101-6054
FEC ID number of contributing federal political committee. C
Name of Employer: North Platte Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571962
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2750.00**

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

Image# 10990128056

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Gregg Louis Massanelli, , MD
Mailing Address 2700 Vine St
City: El Dorado | State: AR | Zip Code: 71730-6700
FEC ID number of contributing federal political committee: C
Name of Employer: South Arkansas Ortho & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 30571963
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Christopher John Lang, , MD
Mailing Address 1215 W Chaucer
City: Spokane | State: WA | Zip Code: 99208-8675
FEC ID number of contributing federal political committee: C
Name of Employer: Spokane Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573508
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. John W McClellan, III, MD
Mailing Address 13616 California St Ste 100
City: Omaha | State: NE | Zip Code: 68154-5336
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: 1000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573509
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) ..... ▶

Image# 10990128057

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Mark James Albritton, , MD
Mailing Address 105 Regency Park Dr
City: McDonough | State: GA | Zip Code: 30253-6649
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: 09 / 16 / 2009
Transaction ID: 30573510
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jonathan Daniel Scherl, , MD
Mailing Address 440 Curry Ave Ste A
City: Englewood | State: NJ | Zip Code: 07631-1794
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: 09 / 16 / 2009
Transaction ID: 30573511
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. James P Jamison, , MD
Mailing Address 6470 Tippecanoe Rd
City: Canfield | State: OH | Zip Code: 44406-9008
FEC ID number of contributing federal political committee. C
Name of Employer: Youngstown Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573514
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2050.00**

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

Image# 10990128058

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

A.
Full Name (Last, First, Middle Initial)
Dr. A Herbert Alexander, , MD
Mailing Address 100 Hospital Dr Ste 100
PO Box 6997
City: Ketchum State: ID Zip Code: 83340-6997
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: 09 / 16 / 2009
Transaction ID: 30573515
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Lowry Jones, Jr, MD
Mailing Address 3651 College Blvd
City: Leawood State: KS Zip Code: 66211-1910
FEC ID number of contributing federal political committee. C
Name of Employer: Dickson Diveley Midwest Ortho Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573516
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Aron D Rovner, , MD
Mailing Address PO Box 562
City: Cedarhurst State: NY Zip Code: 11516-0562
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: 09 / 16 / 2009
Transaction ID: 30573517
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2550.00

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

Image# 10990128059

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Kenneth R Zaslav, , MD
Mailing Address 7858 Shrader Rd
City: Richmond | State: VA | Zip Code: 23294-4222
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: 500.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573518
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey A Bogosian, , MD
Mailing Address 5230 Pacific Concourse Dr Ste 110
City: Los Angeles | State: CA | Zip Code: 90045-6258
FEC ID number of contributing federal political committee. C
Name of Employer: Pacific Orthopaedic Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573519
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Daniel T Stein, , MD
Mailing Address 11160 Warner Ave Ste 311
City: Fountain Valley | State: CA | Zip Code: 92708-4055
FEC ID number of contributing federal political committee. C
Name of Employer: Coastline Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573521
Amount of Each Receipt this Period: 750.00

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

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

Image# 10990128060

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Patrick G Kirk, , MD
Mailing Address 4760 E Galbraith Rd Ste 109
City: Cincinnati | State: OH | Zip Code: 45236-6704
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: 09 / 16 / 2009
Transaction ID: 30573542
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. David D Gallagher, , MD
Mailing Address 6105 Horizon Dr
City: Columbus | State: IN | Zip Code: 47201-1110
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: 09 / 16 / 2009
Transaction ID: 30573543
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. David M Lintner, , MD
Mailing Address 6348 Mercer
City: Houston | State: TX | Zip Code: 77005-3346
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: 750.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573544
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) ▶

Image# 10990128061

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. James Michael Schneider, , MD
Mailing Address 1367 Washington Ave
City: Albany | State: NY | Zip Code: 12206-1069
FEC ID number of contributing federal political committee. C
Name of Employer: Capital Region Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 556.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573546
Amount of Each Receipt this Period: 556.00

B.
Full Name (Last, First, Middle Initial)
Dr. K Daniel Riew, , MD
Mailing Address 660 S Euclid Ave CB 8233
City: Saint Louis | State: MO | Zip Code: 63110-1010
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: 2000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573547
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Eric M Kagel, , MD
Mailing Address 2505 Samaritan Dr Ste 208
City: San Jose | State: CA | Zip Code: 95124-4008
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: 09 / 16 / 2009
Transaction ID: 30573549
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2056.00**

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

Image# 10990128062

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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

A.
Full Name (Last, First, Middle Initial)
Dr. Daniel E Murphy, , MD
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: 625.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573550
Amount of Each Receipt this Period: 375.00

B.
Full Name (Last, First, Middle Initial)
Dr. Babak Sheikh, , MD
Mailing Address 2532 Hunters Run Way
City: Weston | State: FL | Zip Code: 33327-1437
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: 09 / 16 / 2009
Transaction ID: 30573551
Amount of Each Receipt this Period: 750.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard Zapanta, , MD
Mailing Address 880 S Atlantic Blvd Ste 205
City: Monterey Park | State: CA | Zip Code: 91754-4782
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: 1250.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573552
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1875.00**

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Image# 10990128063

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John D Miles, , MD
Mailing Address PO Box 0
1 S Keene St
City: Columbia State: MO Zip Code: 65201-7199
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: 950.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573553
Amount of Each Receipt this Period: 475.00

B.
Full Name (Last, First, Middle Initial)
Dr. James W Gallentine, , MD
Mailing Address 3121 Sheridan Blvd
City: Lincoln State: NE Zip Code: 68502-5232
FEC ID number of contributing federal political committee. C
Name of Employer: Nebraska Ortho & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573555
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Dr. Ira Joel Singer, , MD
Mailing Address 725 Reservoir Ave Ste 101
City: Cranston State: RI Zip Code: 02910-4450
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Associates of RI
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573557
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 925.00

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

Image# 10990128064

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Peter A Looby, , MD
Mailing Address 810 E 23rd St
City: Sioux Falls | State: SD | Zip Code: 57105-2135
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Institute, PC
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573558
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Christopher Goll, , MD
Mailing Address 7758 Chipwood Ln
City: Jacksonville | State: FL | Zip Code: 32256-2350
FEC ID number of contributing federal political committee. C
Name of Employer: Heekin Orthopedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573559
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Barry S Kraushaar, , MD
Mailing Address 2 Perlman Dr Ste 204
City: Spring Valley | State: NY | Zip Code: 10977-5230
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Ortho & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573560
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) ..... ▶

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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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Dann Conrad Byck, , MD
Mailing Address 4403 Harrison Blvd Ste 2600
City: Ogden | State: UT | Zip Code: 84403-3277
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: 09 / 16 / 2009
Transaction ID: 30573561
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. John J Larkin, Jr, MD
Mailing Address 2845 Chancellor Dr
City: Crestview Hills | State: KY | Zip Code: 41017-3419
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: 09 / 16 / 2009
Transaction ID: 30573562
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Robert S Gorab, , MD
Mailing Address Orthopaedic Specialty Inst
280 S Main St Ste 200
City: Orange | State: CA | Zip Code: 92868-3852
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: 09 / 16 / 2009
Transaction ID: 30573564
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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Image# 10990128066

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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Craig William Roodbeen, , MD
Mailing Address 1350 Kirts Blvd Ste 160
City: Troy | State: MI | Zip Code: 48084-4852
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: 09 / 16 / 2009
Transaction ID: 30573578
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas Woo, , MD
Mailing Address 5255 E Stop 11 Rd Ste 300
City: Indianapolis | State: IN | Zip Code: 46237
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: 500.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573579
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Anthony Joseph Checroun, , MD
Mailing Address 275 N Breiel Blvd
City: Middletown | State: OH | Zip Code: 45042-3807
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: 09 / 16 / 2009
Transaction ID: 30573580
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **475.00**

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Darin T Leetun, , MD
Mailing Address Portage Health
500 Campus Dr
City: Hancock | State: MI | Zip Code: 49930-1569
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: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573581
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. George D Rhyneer, , MD
Mailing Address Rhyneer Clinic
3841 Piper St Ste T311
City: Anchorage | State: AK | Zip Code: 99508-4674
FEC ID number of contributing federal political committee. C
Name of Employer: Rhyneer Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573582
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. David F Dalury, , MD
Mailing Address 8322 Bellona Ave Ste 100
City: Baltimore | State: MD | Zip Code: 21204-2065
FEC ID number of contributing federal political committee. C
Name of Employer: Towson Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 4000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573583
Amount of Each Receipt this Period: 2000.00

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

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

Image# 10990128068

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. George R Bradbury, III, MD
Mailing Address 150 N Avenida de San Ramon
City: Tucson | State: AZ | Zip Code: 85710-2112
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: 2250.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573585
Amount of Each Receipt this Period: 1500.00

B.
Full Name (Last, First, Middle Initial)
Dr. J Andrew Parr, , MD
Mailing Address Clinical Bldg
541 Clinical Dr Ste 600
City: Indianapolis | State: IN | Zip Code: 46202-5233
FEC ID number of contributing federal political committee. C
Name of Employer: University Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573586
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jonathan L Chang, , MD
Mailing Address 707 S Garfield Ave Ste 201
City: Alhambra | State: CA | Zip Code: 91801-5861
FEC ID number of contributing federal political committee. C
Name of Employer: Pacific Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573588
Amount of Each Receipt this Period: 500.00

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

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

Image# 10990128069

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 425
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Benjamin C Tam, , MD
Mailing Address 707 S Garfield Ave Ste 201
City: Alhambra State: CA Zip Code: 91801-5861
FEC ID number of contributing federal political committee. C
Name of Employer: Pacific Orthopaedic Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573589
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial)
Dr. Arthur L Valadie, III, MD
Mailing Address 526 56th St
City: Holmes Beach State: FL Zip Code: 34217-1528
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: 1000.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573590
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Joseph Assenmacher, , MD
Mailing Address 7024 White Tail Ct
City: Toledo State: OH Zip Code: 43617-1391
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: 500.00
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573591
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 950.00

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

Image# 10990128070

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 146 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas C Degenhardt, , MD
Mailing Address 1405 Montgomery Dr
City: Santa Rosa | State: CA | Zip Code: 95405-4557
FEC ID number of contributing federal political committee. C
Name of Employer: Santa Rosa Orthopedic Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573592
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert P Good, , MD
Mailing Address 27 S Bryn Mawr Ave
City: Bryn Mawr | State: PA | Zip Code: 19010-3406
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573593
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Kirk Kindsfater, , MD
Mailing Address 1713 Brentford Ln
City: Fort Collins | State: CO | Zip Code: 80525-4704
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: 09 / 16 / 2009
Transaction ID: 30573596
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

Image# 10990128071

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert E FitzGibbons, , MD
Mailing Address 3143 Marlin Dr
City: Longmont | State: CO | Zip Code: 80503-7892
FEC ID number of contributing federal political committee. C
Name of Employer: Front Range Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573597
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gerald J Lang, , MD
Mailing Address 600 Highland Ave
City: Madison | State: WI | Zip Code: 53792-0001
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: 1500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573769
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. William Bennett Geissler, , MD
Mailing Address 440 E Woodrow Wilson 6th Fl
City: Jackson | State: MS | Zip Code: 39216-4526
FEC ID number of contributing federal political committee. C
Name of Employer: University Physicians
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573770
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1625.00**

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

Image# 10990128072

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Nirain D'Souza, , MD
Mailing Address 7210 N Vauxhall Pl
City: Peoria | State: IL | Zip Code: 61615-9212
FEC ID number of contributing federal political committee. C
Name of Employer: Midwest Orthopaedic Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573771
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. James Bicos, , MD
Mailing Address 755 W Carmel Dr Ste 150
City: Carmel | State: IN | Zip Code: 46032-5878
FEC ID number of contributing federal political committee. C
Name of Employer: St Vincent Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573772
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas F Dwyer, , MD
Mailing Address 910 S 4th St
City: Montrose | State: CO | Zip Code: 81401-4226
FEC ID number of contributing federal political committee. C
Name of Employer: Western Slope Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573773
Amount of Each Receipt this Period: 500.00

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

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Image# 10990128073

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Paul C Brady, , MD
Mailing Address 9430 Parkwest Blvd Ste 130
City: Knoxville | State: TN | Zip Code: 37923-4205
FEC ID number of contributing federal political committee. C
Name of Employer: Tennessee Orthopaedic Clinics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573774
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jay G Stein, , MD
Mailing Address 209 NE 95th St Ste 8
City: Miami Shores | State: FL | Zip Code: 33138-2745
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: 09 / 16 / 2009
Transaction ID: 30573775
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Ryan C Christopher Meis, , MD
Mailing Address c/o CNOS
575 Sioux Point Rd
City: Dakota Dunes | State: SD | Zip Code: 57049-5312
FEC ID number of contributing federal political committee. C
Name of Employer: CNOS
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573776
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) ..... ▶

Image# 10990128074

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Paul A Manner, , MD
Mailing Address Box 356500
1959 NE Pacific St
City: Seattle State: WA Zip Code: 98195-6500
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: 09 / 16 / 2009
Transaction ID: 30573780
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Benjamin Blair, , MD
Mailing Address 333 N 18th Ave Ste D-1
City: Pocatello State: ID Zip Code: 83201-3358
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: 09 / 16 / 2009
Transaction ID: 30573781
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. James Mastin Farmer, , MD
Mailing Address 1450 Longview Rd
City: Roanoke State: VA Zip Code: 24018-7690
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: 09 / 16 / 2009
Transaction ID: 30573782
Amount of Each Receipt this Period: 250.00

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

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Image# 10990128075

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Philip G Coogan, , MD
Mailing Address 301 21st Ave N
City: Nashville | State: TN | Zip Code: 37203-1821
FEC ID number of contributing federal political committee. C
Name of Employer: Tennessee Ortho Alliance
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573783
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Harvey L Mirly, , MD
Mailing Address Belleville Orthopedic Surgeons
4550 Memorial Dr Ste 460
City: Belleville | State: IL | Zip Code: 62226-5369
FEC ID number of contributing federal political committee. C
Name of Employer: Belleville Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573784
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Crawford C Campbell, , MD
Mailing Address 16 Pelham Rd
City: Salem | State: NH | Zip Code: 03079-2826
FEC ID number of contributing federal political committee. C
Name of Employer: Essex Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573785
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) ..... ▶

Image# 10990128076

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Daniel J Martin, Jr, MD
Mailing Address 621 S New Ballas Rd Ste 5015B
City: Saint Louis | State: MO | Zip Code: 63141-8270
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: 09 / 17 / 2009
Transaction ID: 30595314
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. David L Nelson, , MD
Mailing Address 1363 S Eliseo Dr Ste B
City: Greenbrae | State: CA | Zip Code: 94904-2012
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: 09 / 17 / 2009
Transaction ID: 30595316
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Timothy S Petsche, , MD
Mailing Address 2525 Kaneville Rd
City: Geneva | State: IL | Zip Code: 60134-2578
FEC ID number of contributing federal political committee. C
Name of Employer: Fox Valley Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595317
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) ..... ▶

Image# 10990128077

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Evangelos Megariotis, , MD
Mailing Address 21 Ravona St
City: Clifton | State: NJ | Zip Code: 07012-1521
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: 09 / 17 / 2009
Transaction ID: 30595318
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Pat D Do, , MD
Mailing Address 8300 Steeplechase St
City: Wichita | State: KS | Zip Code: 67206-4423
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: 500.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595319
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Kevin M Supple, , MD
Mailing Address Greensboro Orthopaedics Center
3200 Northline Dr Ste 200
City: Greensboro | State: NC | Zip Code: 27408-7602
FEC ID number of contributing federal political committee. C
Name of Employer: Greensboro Orthopaedic Ctr
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595320
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) ..... ▶

Image# 10990128078

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Mukund R Patel, , MD
Mailing Address 4901 Fort Hamilton Pkwy
City: Brooklyn State: NY Zip Code: 11219-3345
FEC ID number of contributing federal political committee. C
Name of Employer: Comprehensive Hand Surgery
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595322
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Dr. Keith D Osborn, , MD
Mailing Address 5671 Peachtree Dunwoody Rd Ste 700
City: Atlanta State: GA Zip Code: 30342-5047
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: 3000.00
Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595323
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Willie J Banks, Jr, MD
Mailing Address 2705 South 19th Street
City: Arlington State: VA Zip Code: 22204-5263
FEC ID number of contributing federal political committee. C
Name of Employer: Dept of Veterans Affairs
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595325
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1400.00**

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

Image# 10990128079

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Harris N Silver, , MD
Mailing Address 79 Superior Rd
City: Rochester | State: NY | Zip Code: 14625-2112
FEC ID number of contributing federal political committee: C
Name of Employer: Lakeside Health Systems
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595361
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. David M Gonzalez, , MD
Mailing Address 11 Bridgenorth Ln
City: San Antonio | State: TX | Zip Code: 78218-6056
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: 09 / 17 / 2009
Transaction ID: 30595363
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. John F Ritterbusch, , MD
Mailing Address 1050 Mydland Rd
City: Sheridan | State: WY | Zip Code: 82801-2186
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: 09 / 17 / 2009
Transaction ID: 30595364
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) ..... ▶

Image# 10990128080

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. W Dan Caffrey, Jr, MD
Mailing Address 201 E Wendover Ave
City: Greensboro | State: NC | Zip Code: 27401-1205
FEC ID number of contributing federal political committee. C
Name of Employer: Southeastern Orthopaedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595365
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Oriente DiTano, , MD
Mailing Address 111 Skymark Dr
City: Sewickley | State: PA | Zip Code: 15143-8425
FEC ID number of contributing federal political committee. C
Name of Employer: GPOA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595366
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Morey S Moreland, , MD
Mailing Address 3705 5th Ave
City: Pittsburgh | State: PA | Zip Code: 15213-2584
FEC ID number of contributing federal political committee. C
Name of Employer: University of Pittsburgh
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595367
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) ..... ▶

Image# 10990128081

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Robin Wayne Hendricks, , MD
Mailing Address 1000 E First St Ste 400
City: Duluth | State: MN | Zip Code: 55805-2297
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: 09 / 17 / 2009
Transaction ID: 30595370
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Dirk A Bakker, , MD
Mailing Address 1445 Sheldon Rd Ste G1
City: Grand Haven | State: MI | Zip Code: 49417-2479
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: 09 / 17 / 2009
Transaction ID: 30595371
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. John S Kristoferson, , MD
Mailing Address 3320 Colorado Blvd
City: Denton | State: TX | Zip Code: 76210-6864
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: 09 / 17 / 2009
Transaction ID: 30595411
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) ..... ▶

Image# 10990128082

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Wayne Roger Christie, , MD
Mailing Address PO Box 8075
City: Wisconsin Rapids | State: WI | Zip Code: 54495-8075
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: 09 / 17 / 2009
Transaction ID: 30595412
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Arnold Abraham Yashar, , MD
Mailing Address 5531 Taft Ave
City: La Jolla | State: CA | Zip Code: 92037-7643
FEC ID number of contributing federal political committee. C
Name of Employer: Southern California Permanente Medical
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595415
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Robert A Gurtler, , MD
Mailing Address 2192 Wagon Trail Rd
City: White Heath | State: IL | Zip Code: 61884-9314
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: 750.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595419
Amount of Each Receipt this Period: 750.00

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

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

Image# 10990128083

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 159 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Mark Reid Merrell, , MD
Mailing Address 6703 W Rio Grande
City: Kennewick | State: WA | Zip Code: 99336-2623
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: 09 / 17 / 2009
Transaction ID: 30595423
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Regina O Hillsman, , MD
Mailing Address 1771 Post Rd E
City: Westport | State: CT | Zip Code: 06880-5606
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: 09 / 17 / 2009
Transaction ID: 30595424
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Frederick F Fakharzadeh, , MD
Mailing Address 22 Madison Ave
City: Paramus | State: NJ | Zip Code: 07652-2734
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: 09 / 17 / 2009
Transaction ID: 30595425
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) ..... ▶

Image# 10990128084

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Elizabeth A Arendt, , MD
Mailing Address Ortho Surgery
2512 S 7th St Ste 200
City: Minneapolis State: MN Zip Code: 55454-1404
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Minnesota Physicians
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 17 / 2009
Transaction ID: 30595426
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Anthony S Unger, , MD
Mailing Address 2021 K St NW 4th Fl
City: Washington State: DC Zip Code: 20006-1056
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: 09 / 17 / 2009
Transaction ID: 30595427
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Anthony L Brown, , MD
Mailing Address 3235 Vollmer Rd Ste 147
City: Flossmoor State: IL Zip Code: 60422-2040
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: 09 / 17 / 2009
Transaction ID: 30595429
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) ..... ▶

Image# 10990128085

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 161 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Charles Edward Barnes, , MD
Mailing Address 3308 Bondwood Cir
City: Johnson City | State: TN | Zip Code: 37604-8907
FEC ID number of contributing federal political committee. C
Name of Employer: Appalachian Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595611
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. James R McClurg, , MD
Mailing Address 10672 Wexford St Ste 240
City: San Diego | State: CA | Zip Code: 92131-3977
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: 09 / 21 / 2009
Transaction ID: 30595612
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Robert J Bercik, , MD
Mailing Address 1445 Raritan Rd
City: Clark | State: NJ | Zip Code: 07066-1230
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: 09 / 21 / 2009
Transaction ID: 30595613
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) ▶

Image# 10990128086

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. James L Scales, , MD
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: Andover Ortho Surg & Sports Med Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595615
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Edward Pollack, , MD
Mailing Address 6 Sand Hill Rd Ste 102
City: Flemington | State: NJ | Zip Code: 08822-4946
FEC ID number of contributing federal political committee. C
Name of Employer: Hunterdon Orthopaedic Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595616
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Edwin M Roeder, , MD
Mailing Address 5686 N Wild Wind Ln
City: Strafford | State: MO | Zip Code: 65757-9112
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: 09 / 21 / 2009
Transaction ID: 30595617
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) ..... ▶

Image# 10990128087

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 163 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey L Lovallo, , MD
Mailing Address 7025 Benjamin St
City: Mc Lean | State: VA | Zip Code: 22101-1550
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: 09 / 21 / 2009
Transaction ID: 30595618
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Joshua J Jacobs, , MD
Mailing Address 1725 W Harrison St Ste 1063
City: Chicago | State: IL | Zip Code: 60612-3835
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: 09 / 21 / 2009
Transaction ID: 30595619
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. William R Vandiver, , MD
Mailing Address 6705 Bob O Link Dr
City: Dallas | State: TX | Zip Code: 75214-3140
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: 09 / 21 / 2009
Transaction ID: 30595620
Amount of Each Receipt this Period: 500.00

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

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Image# 10990128088

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Jonathan B Ticker, , MD
Mailing Address 660 Broadway Ste 100
City: Massapequa | State: NY | Zip Code: 11758-2391
FEC ID number of contributing federal political committee. C
Name of Employer: Island Orthopaedics & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595621
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Allen F Anderson, , MD
Mailing Address 4230 Harding Rd Ste 1000
St Thomas Medical Bldg
City: Nashville | State: TN | Zip Code: 37205-2098
FEC ID number of contributing federal political committee. C
Name of Employer: TOA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595622
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial)
Dr. Scott E Hormel, , MD
Mailing Address 1600 E Jefferson St Ste 600
City: Seattle | State: WA | Zip Code: 98122-5649
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: 250.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595760
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 625.00

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

Image# 10990128089

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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. James D Kelly, II, MD
Mailing Address 2351 Clay St Ste 510
City: San Francisco | State: CA | Zip Code: 94115-1931
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: 09 / 21 / 2009
Transaction ID: 30595762
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Brian C Schafer, , MD
Mailing Address 48 Doctors Park
City: Cape Girardeau | State: MO | Zip Code: 63703-4928
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Associates of SE Missouri
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595764
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jonathon Henry, , MD
Mailing Address 3104 Woodland Dr
City: Manitowoc | State: WI | Zip Code: 54220-9662
FEC ID number of contributing federal political committee. C
Name of Employer: Aurora Healthcare
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595766
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) .....

Image# 10990128090

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Bert G Tardieu, , MD
Mailing Address 611 Abbott Street Suite 101
City: Salinas | State: CA | Zip Code: 93901-4391
FEC ID number of contributing federal political committee. C
Name of Employer: Precision Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595768
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Holly J Duck, , MD
Mailing Address 340 S Whitney Way
City: Madison | State: WI | Zip Code: 53705-4656
FEC ID number of contributing federal political committee. C
Name of Employer: Bone & Joint Surgery Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595769
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard D Collison, , MD
Mailing Address PO Box 2860
City: Prescott | State: AZ | Zip Code: 86302-2860
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: 09 / 21 / 2009
Transaction ID: 30595770
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) ..... ▶

Image# 10990128091

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Mario M Berkowitz, , MD
Mailing Address 4850 W Oakland Park Blvd Ste 201
City: Lauderdale Lakes | State: FL | Zip Code: 33313-7268
FEC ID number of contributing federal political committee. C
Name of Employer: Total Orthopaedic Care
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595819
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Heidi E Michelsen-Jost, , MD
Mailing Address PO Box 12505
City: Jackson | State: WY | Zip Code: 83002-2505
FEC ID number of contributing federal political committee. C
Name of Employer: Teton Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595821
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gregory P Lynch, , MD
Mailing Address 6428 High Dr
City: Mission Hills | State: KS | Zip Code: 66208-1934
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: 09 / 21 / 2009
Transaction ID: 30595822
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) ..... ▶

Image# 10990128092

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Michael John Kissenberth, , MD
Mailing Address 137 Kilgore Circle
City: Simpsonville | State: SC | Zip Code: 29681-4833
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: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595823
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Robert P Limoni, , MD
Mailing Address 3072 Bay Settlement Ct
City: Green Bay | State: WI | Zip Code: 54311-7274
FEC ID number of contributing federal political committee. C
Name of Employer: Bay Care Health System
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595824
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard A Rosa, , MD
Mailing Address 741 Northfield Ave Ste 200
City: West Orange | State: NJ | Zip Code: 07052-1104
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Orthopaedic Cent-er
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595826
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) ..... ▶

Image# 10990128093

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 169 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Mark G Murphy, , MD
Mailing Address 111 S 5th
City: Douglas | State: WY | Zip Code: 82633-2434
FEC ID number of contributing federal political committee. C
Name of Employer: Thunder Basin Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595827
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Mark A Frankle, , MD
Mailing Address 13020 Telecom Pkwy N
City: Temple Terrace | State: FL | Zip Code: 33637-0925
FEC ID number of contributing federal political committee. C
Name of Employer: Florida Ortho Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595829
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey B Neustadt, , MD
Mailing Address 625 6th Ave South
City: Saint Petersburg | State: FL | Zip Code: 33701-4662
FEC ID number of contributing federal political committee. C
Name of Employer: Children's Ortho & Scolio-sis Surgery A
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595830
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1000.00

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Image# 10990128094

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Henry Kim, , MD
Mailing Address South Bend Orthopaedic
53880 Carmichael Dr
City: South Bend | State: IN | Zip Code: 46635-1567
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: 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595831
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Theodore W Parsons, III, MD
Mailing Address 2799 W. Grand Blvd
CFP-6
City: Detroit | State: MI | Zip Code: 48202-2608
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: 09 / 21 / 2009
Transaction ID: 30595833
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Nicholas Horangic, , MD
Mailing Address 100 Hitchcock Way
City: Manchester | State: NH | Zip Code: 03104-4125
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: 09 / 21 / 2009
Transaction ID: 30595834
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1200.00**

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

Image# 10990128095

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Anthony D Cicoria, , MD
Mailing Address PO Box 271
City: Norwich | State: NY | Zip Code: 13815-0271
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: 09 / 21 / 2009
Transaction ID: 30595835
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert Riederman, , MD
Mailing Address 2700 Quarry Lake Dr Ste 300
City: Baltimore | State: MD | Zip Code: 21209-3746
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialty Cen-ter
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30595838
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Raymond F Lower, , DO
Mailing Address 44055 Riverside Pkwy Ste 104
City: Leesburg | State: VA | Zip Code: 20176-5155
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: 09 / 21 / 2009
Transaction ID: 30596009
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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Image# 10990128096

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

A.
Full Name (Last, First, Middle Initial)
Dr. Laith A Farjo, , MD
Mailing Address 1808 Hermitage
City: Ann Arbor | State: MI | Zip Code: 48104-4505
FEC ID number of contributing federal political committee: C
Name of Employer: Advanced Orthopaedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596011
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Larry T Johnson, , MD
Mailing Address 1819 Beaver Creek Dr
City: Duncanville | State: TX | Zip Code: 75137-3729
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: 09 / 21 / 2009
Transaction ID: 30596012
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Amanda D Marshall, , MD
Mailing Address Department of Orthopaedics
7703 Floyd Curl Dr, MC-7774
City: San Antonio | State: TX | Zip Code: 78229-3901
FEC ID number of contributing federal political committee: C
Name of Employer: Univ of Texas HSC-San Antonio
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596014
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) ..... ▶

Image# 10990128097

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 173 / 425
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Ricardo J Rodriguez, , MD
Mailing Address 8080 Bluebonnet Blvd Ste 1000
City: Baton Rouge | State: LA | Zip Code: 70810-7827
FEC ID number of contributing federal political committee. C
Name of Employer: Baton Rouge Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596015
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen G Morris, , MD
Mailing Address 1600 Esplande Ste C
City: Chico | State: CA | Zip Code: 95926-3369
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: 09 / 21 / 2009
Transaction ID: 30596016
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Kieran Daniel Cody, , MD
Mailing Address 800 W State St Ste 202
City: Doylestown | State: PA | Zip Code: 18901-5842
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: 09 / 21 / 2009
Transaction ID: 30596019
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 1250.00

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Image# 10990128098

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. John W Xerogeanes, , MD
Mailing Address 265 Trimble Crst NE
City: Atlanta | State: GA | Zip Code: 30342-2489
FEC ID number of contributing federal political committee. C
Name of Employer: Emory University
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596020
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas E Baumgarten, , MD
Mailing Address 115 Ridgeland Dr
City: Greenville | State: SC | Zip Code: 29601-3016
FEC ID number of contributing federal political committee. C
Name of Employer: Bon Secours
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596021
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Alan B Thomas, , MD
Mailing Address 7308 Bridgeport Way W Ste 201
City: Lakewood | State: WA | Zip Code: 98499-8000
FEC ID number of contributing federal political committee. C
Name of Employer: Proliance
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596022
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) ..... ▶

Image# 10990128099

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Joffrey G Thompson, , MD
Mailing Address 702 Reeves Dr
City: Grand Forks | State: ND | Zip Code: 58201-4920
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: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596302
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Vener, , MD
Mailing Address 401 9th St NW
City: Watertown | State: SD | Zip Code: 57201-2142
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: 09 / 21 / 2009
Transaction ID: 30596303
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. James L Griffin, , MD
Mailing Address 4802 S 109th E Ave
City: Tulsa | State: OK | Zip Code: 74146-5822
FEC ID number of contributing federal political committee. C
Name of Employer: Tulsa Bone and Joint
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596305
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) ..... ▶

Image# 10990128100

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Andrew J Stein, , MD
Mailing Address 13690 E 14th St Ste 200
City: San Leandro | State: CA | Zip Code: 94578-2584
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: 09 / 21 / 2009
Transaction ID: 30596307
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel C Johnson, , MD
Mailing Address 1000 W 4th St Ste 1
City: Yankton | State: SD | Zip Code: 57078-3700
FEC ID number of contributing federal political committee. C
Name of Employer: Yankton Bone and Joint Ce-nter
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596309
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Steven C Thomas, , MD
Mailing Address 9499 W Charleston Ste 200
City: Las Vegas | State: NV | Zip Code: 89117-7147
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: 09 / 21 / 2009
Transaction ID: 30596312
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) ..... ▶

Image# 10990128101

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Robert C Martin, , DO
Mailing Address 901 N Winstead Ave Ste 210
City: Rocky Mount | State: NC | Zip Code: 27804-8745
FEC ID number of contributing federal political committee. C
Name of Employer: Carolina Regional Orthopa-edics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596313
Amount of Each Receipt this Period: 750.00

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas John Noonan, , MD
Mailing Address 8200 E Belleview Ave Ste 615E
City: Greenwood Village | State: CO | Zip Code: 80111-2898
FEC ID number of contributing federal political committee. C
Name of Employer: Steadman Hawkins Clinic Denver
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596314
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Christopher B White, , MD
Mailing Address Dept Ortho Surg Ste WP-1380
920 Stanton L Young Blvd
City: Oklahoma City | State: OK | Zip Code: 73104-5033
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Oklahoma
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596354
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) ..... ▶

Image# 10990128102

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 178 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. E Louis Peak, , MD
Mailing Address 36 14th Ave NE Ste 103
City: Hickory | State: NC | Zip Code: 28601-2581
FEC ID number of contributing federal political committee. C
Name of Employer: Joint Replacement Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596355
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Matthew P Steffes, , MD
Mailing Address 23550 Park St Ste 100
City: Dearborn | State: MI | Zip Code: 48124-2592
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: 09 / 21 / 2009
Transaction ID: 30596356
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Owen B Keenan, , MD
Mailing Address Dept of Orthopaedics
1000 N Oak Ave
City: Marshfield | State: WI | Zip Code: 54449-5703
FEC ID number of contributing federal political committee. C
Name of Employer: Marshfield Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596357
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) ..... ▶

Image# 10990128103

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 179 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Dale Christopher Young, , MD
Mailing Address 500 Hioaks Rd Ste B
City: Richmond | State: VA | Zip Code: 23225-4061
FEC ID number of contributing federal political committee. C
Name of Employer: West End Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596358
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Scott J Tarantino, , MD
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: Towson Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596359
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Stuart X Stephenson, III, MD
Mailing Address 753 shades crest Rd
City: Birmingham | State: AL | Zip Code: 35226-1246
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Alabama Birmingham
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596361
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) ..... ▶

Image# 10990128104

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

A.
Full Name (Last, First, Middle Initial)
Dr. Julian S Arroyo, , MD
Mailing Address 7308 Bridgeport Way W Ste 201
City: Lakewood | State: WA | Zip Code: 98499-8000
FEC ID number of contributing federal political committee. C
Name of Employer: Proliance
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596362
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Cheng-Lun Soo, , MD
Mailing Address 9321 S Santa Fe Ave
City: Oklahoma City | State: OK | Zip Code: 73139-8608
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: 09 / 21 / 2009
Transaction ID: 30596363
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Stephen G Taylor, , MD
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: Des Moines Orthopaedic Surgeons
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596365
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1400.00**

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

Image# 10990128105

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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

A.
Full Name (Last, First, Middle Initial)
Dr. Ira L Fedder, , MD
Mailing Address 7505 Osler Dr Ste 104
City: Towson | State: MD | Zip Code: 21204-7737
FEC ID number of contributing federal political committee: C
Name of Employer: Towson Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596366
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey Todd Brodie, , MD
Mailing Address 8322 Bellona Ave
City: Baltimore | State: MD | Zip Code: 21204-2065
FEC ID number of contributing federal political committee: C
Name of Employer: Towson Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596367
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas L Martin, , MD
Mailing Address 900 Buffalo Rd Frnt 1
City: Lewisburg | State: PA | Zip Code: 17837-1206
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: 09 / 21 / 2009
Transaction ID: 30596370
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) ..... ▶

Image# 10990128106

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Craig Robert Mahoney, , MD
Mailing Address 2004 S 40th Ct
City: West Des Moines | State: IA | Zip Code: 50265-5764
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: 750.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596371
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Raymond J Stefanich, , MD
Mailing Address 2410 Ridgeway Ave
City: Rochester | State: NY | Zip Code: 14626-4114
FEC ID number of contributing federal political committee: C
Name of Employer: Orthopaedic Associates of Rochester
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596372
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Joseph Fredrick Wade, , MD
Mailing Address 1050 N James Campbell Blvd Ste 200
City: Columbia | State: TN | Zip Code: 38401-2754
FEC ID number of contributing federal political committee: C
Name of Employer: Mid TN Bone & Joint Clinic
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596373
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) .....

Image# 10990128107

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey K Evans, , MD
Mailing Address 7001 Rogers Ave Ste 601
City: Fort Smith | State: AR | Zip Code: 72903-4073
FEC ID number of contributing federal political committee. C
Name of Employer: Cooper Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596374
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Melyssa M Paulson, , MD
Mailing Address NJ VA Health Care System
385 Tremont St (112)
City: East Orange | State: NJ | Zip Code: 07018-1023
FEC ID number of contributing federal political committee. C
Name of Employer: VA Health System
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596375
Amount of Each Receipt this Period: 180.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard Wathne, , MD
Mailing Address 333 N 18th Ave Ste D1
City: Pocatello | State: ID | Zip Code: 83201-3358
FEC ID number of contributing federal political committee. C
Name of Employer: Pocatello Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596376
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1680.00**

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

Image# 10990128108

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas H Thompson, , MD
Mailing Address 2508 NW Medical Park Dr
City: Roseburg | State: OR | Zip Code: 97471-5510
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: 09 / 21 / 2009
Transaction ID: 30596379
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Andrew Roger Curran, , MD
Mailing Address 4262 S Rustler Ln
City: Meridian | State: ID | Zip Code: 83642-6883
FEC ID number of contributing federal political committee. C
Name of Employer: Saltzer Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596380
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Ayman Ahmad Daouk, , MD
Mailing Address 311 W Sabal Palm Pl
City: Longwood | State: FL | Zip Code: 32779-6057
FEC ID number of contributing federal political committee. C
Name of Employer: Physicians Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: 30596381
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) ..... ▶

Image# 10990128109

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 185 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Uwe R Pontius, , MD
Mailing Address 19 Auburn Pl
City: San Antonio | State: TX | Zip Code: 78209-4739
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: 09 / 21 / 2009
Transaction ID: 30596383
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Harrison A Latimer, , MD
Mailing Address 217 Rebel Rd
City: Salisbury | State: NC | Zip Code: 28144-2802
FEC ID number of contributing federal political committee: C
Name of Employer: Stanley Regional Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598306
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jeffery L Stambough, , MD
Mailing Address 4600 Smith Rd Ste B
City: Cincinnati | State: OH | Zip Code: 45212-2784
FEC ID number of contributing federal political committee: C
Name of Employer: Tristate Orthopaedic Treatment Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598311
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) ..... ▶

Image# 10990128110

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 186 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. John Z Edwards, , MD
Mailing Address 1777 Lambs Rd
City: Charlottesville | State: VA | Zip Code: 22901-8911
FEC ID number of contributing federal political committee: C
Name of Employer: Martha Jefferson Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598312
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Joseph P Burns, , MD
Mailing Address 11935 Dorothy St Apt 201
City: Los Angeles | State: CA | Zip Code: 90049-5333
FEC ID number of contributing federal political committee: C
Name of Employer: Southern California Orthopedic Institu
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598313
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard L Angelo, , MD
Mailing Address 14360 157th Ave NE
City: Woodinville | State: WA | Zip Code: 98072-6966
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: 500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598316
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) ..... ▶

Image# 10990128111

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. James W Manz, , MD
Mailing Address 5305 Sunset View Dr
City: Eau Claire | State: WI | Zip Code: 54701-9457
FEC ID number of contributing federal political committee. C
Name of Employer: Mayo Midelfort Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598318
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen O Berthelsen, , MD
Mailing Address 2010 Knollwood Dr
City: Fairmont | State: MN | Zip Code: 56031-2306
FEC ID number of contributing federal political committee. C
Name of Employer: Mayo Health Systems
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598319
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Robert V Knowlan, , MD
Mailing Address 1991 Northwestern Ave S
City: Stillwater | State: MN | Zip Code: 55082-7536
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: 09 / 22 / 2009
Transaction ID: 30598320
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) ..... ▶

Image# 10990128112

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Louis J Mariorenzi, , MD
Mailing Address 725 Reservoir Ave Ste 101
City: Cranston | State: RI | Zip Code: 02910-4450
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Associates, Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598324
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Joseph I Bernstein, , MD
Mailing Address 17 San Andreas Way
City: San Francisco | State: CA | Zip Code: 94127-2027
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: 375.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598325
Amount of Each Receipt this Period: 375.00

C.
Full Name (Last, First, Middle Initial)
Dr. Hans Robert Tuten, , MD
Mailing Address PO Box 71690
City: Richmond | State: VA | Zip Code: 23255-1690
FEC ID number of contributing federal political committee. C
Name of Employer: Tuckahoe Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598326
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1775.00**

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

Image# 10990128113

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Kenneth M Oates, , MD
Mailing Address 3516 W 3rd St
City: Anacortes | State: WA | Zip Code: 98221-1215
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: 500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598327
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Terrence J Endres, , MD
Mailing Address 1655 Flowers Mill Dr
City: Grand Rapids | State: MI | Zip Code: 49525-9694
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Associates of Michigan
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598328
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. William A Tyndall, , MD
Mailing Address 1505 9th Ave
City: Altoona | State: PA | Zip Code: 16602-2416
FEC ID number of contributing federal political committee. C
Name of Employer: University Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598331
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) ..... ▶

Image# 10990128114

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 190 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Richard Leverne Nutt, , MD
Mailing Address 501 Hunters Run
City: Demorest | State: GA | Zip Code: 30535-4624
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 09 / D D 22 / Y Y Y Y 2009
Transaction ID: 30598332
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Earl Victor Carlson, , MD
Mailing Address 2747 A Colonial St
City: Hays | State: KS | Zip Code: 67601
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: 300.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2009
Transaction ID: 30598333
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. J Criss Yelton, , MD
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 09 / D D 22 / Y Y Y Y 2009
Transaction ID: 30598334
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) ..... ▶

Image# 10990128115

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Michael David Miller, , MD
Mailing Address 1555 E River Rd
City: Tucson | State: AZ | Zip Code: 85718-5831
FEC ID number of contributing federal political committee. C
Name of Employer: University Orthopedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598335
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. John Quentin Smith, , MD
Mailing Address 3235 S Westbury Pl
City: Eagle | State: ID | Zip Code: 83616-6776
FEC ID number of contributing federal political committee. C
Name of Employer: West Idaho Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598336
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Alpesh D Shah, , MD
Mailing Address 106 Fig Dr
City: Dix Hills | State: NY | Zip Code: 11746-5657
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: 09 / 22 / 2009
Transaction ID: 30598337
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) ..... ▶

Image# 10990128116

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 192 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Anil Ranawat, , MD
Mailing Address 535 E 70th St 6th Fl
City: New York | State: NY | Zip Code: 10021-4823
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: 09 / 22 / 2009
Transaction ID: 30598338
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert Mark Hazel, , MD
Mailing Address 6701 Heritage Pkwy Ste 170
City: Rockwall | State: TX | Zip Code: 75087-8798
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: 09 / 22 / 2009
Transaction ID: 30598340
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Stephen A Smith, , MD
Mailing Address PO Box 1425
City: Defuniak Springs | State: FL | Zip Code: 32435-7425
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: 09 / 22 / 2009
Transaction ID: 30598341
Amount of Each Receipt this Period: 375.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1125.00**

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

Image# 10990128117

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Howard L Berg, , MD
Mailing Address 13 Medical Dr
City: Amarillo | State: TX | Zip Code: 79106-4121
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: 09 / 22 / 2009
Transaction ID: 30598342
Amount of Each Receipt this Period: 750.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey R Cusmariu, , MD
Mailing Address 833 St Vincents Dr
POB 3 Ste 403
City: Birmingham | State: AL | Zip Code: 35205-1606
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialists of Alabama
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598343
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. Patrick A Smith, , MD
Mailing Address 1 S Keene St
City: Columbia | State: MO | Zip Code: 65201-7199
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: 09 / 22 / 2009
Transaction ID: 30598345
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1350.00

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

Image# 10990128118

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Mark A Wolgin, , MD
Mailing Address Orthopaedic Associates
619 Pointe North Blvd
City: Albany State: GA Zip Code: 31721-1514
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: 450.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598346
Amount of Each Receipt this Period: 450.00

B.
Full Name (Last, First, Middle Initial)
Dr. Luis H Urrea, II, MD
Mailing Address 5009 Vista Del Monte
City: El Paso State: TX Zip Code: 79922-2034
FEC ID number of contributing federal political committee. C
Name of Employer: El Paso Orthopaedic Surgery Group
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598347
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mohammed-Tarek Al-Fahl, , MD
Mailing Address 9715 Stonecross Bend Dr
City: Houston State: TX Zip Code: 77070-4399
FEC ID number of contributing federal political committee. C
Name of Employer: Texas Orthopaedic & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598348
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) ..... ▶

Image# 10990128119

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 195 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John R Chase, , MD
Mailing Address 515 W State Route 434 Ste 210
City: Longwood | State: FL | Zip Code: 32750
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: 250.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598349
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Anthony Andres Sanchez, , MD
Mailing Address 869 Inverness Circle
City: Spartanburg | State: SC | Zip Code: 29306-6680
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Specialties
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598350
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Christian T Royer, , MD
Mailing Address 5159 Stillwater Trail
City: Frisco | State: TX | Zip Code: 75034-1215
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Associates of Dallas
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598351
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) 1350.00

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

Image# 10990128120

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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Carl E Becker, , MD
Mailing Address Westphal Group
2150 Harrisburg Pike #200
City: Lancaster State: PA Zip Code: 17601-2644
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: 3000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598353
Amount of Each Receipt this Period: 1500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Patricia McHale, , MD
Mailing Address 15819 Glenmiro Dr
City: Huntersville State: NC Zip Code: 28078-2254
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: 2000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598354
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey Malumed, , MD
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: 300.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598355
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) 2700.00

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

Image# 10990128121

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 197 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Scott A Meyer, , MD
Mailing Address 450 Laurel St Ste A
City: Des Moines | State: IA | Zip Code: 50314-3045
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: 2000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598356
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert E Van Demark, Jr, MD
Mailing Address 1210 W 18th Ste G01
City: Sioux Falls | State: SD | Zip Code: 57104-4651
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: 1000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598357
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas W Wright, , MD
Mailing Address 8314 SW 42nd Ave
City: Gainesville | State: FL | Zip Code: 32608-3655
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: 09 / 22 / 2009
Transaction ID: 30598359
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) ..... ▶

Image# 10990128122

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 198 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Inez M Kelleher, , MD
Mailing Address 914 N Country Club Ln
City: Biloxi | State: MS | Zip Code: 39532-3204
FEC ID number of contributing federal political committee. C
Name of Employer: Memorial Hospital Gulfport
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598360
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert A Bartosh, , MD
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: 300.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598361
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Dr. William F Webb, , MD
Mailing Address 1455 E Bert Kouns Ind Loop
City: Shreveport | State: LA | Zip Code: 71105-5634
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: 1500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598362
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

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

Image# 10990128123

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)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Gary M Schniegenberg, , MD
Mailing Address 801 Medical Dr Ste A
City: Lima | State: OH | Zip Code: 45804-4030
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Institute of Ohio
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598363
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Debra M Parisi, , MD
Mailing Address 697 West End Ave Apt PH B
City: New York | State: NY | Zip Code: 10025-6921
FEC ID number of contributing federal political committee. C
Name of Employer: Continium Health Partners
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598365
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard D Schmidt, , MD
Mailing Address 4010 Sunnyside Rd
City: Edina | State: MN | Zip Code: 55424-1212
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: 09 / 22 / 2009
Transaction ID: 30598366
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) ..... ▶

Image# 10990128124

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 200 / 425
(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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Russell Cecil, , MD
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: 1000.00

Date of Receipt: 09 / 22 / 2009
Transaction ID: 30598367
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert C Kramer, , MD
Mailing Address 3650 Laurel Ave
City: Beaumont | State: TX | Zip Code: 77707-2216
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: 09 / 22 / 2009
Transaction ID: 30598368
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Lesley J Anderson, , MD
Mailing Address 2100 Webster St Ste 309
City: San Francisco | State: CA | Zip Code: 94115-2376
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: 09 / 22 / 2009
Transaction ID: 30598371
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) ..... ▶

Image# 10990128125

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 201 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Torin J Cunningham, , MD
Mailing Address 488 E Ocean Blvd #316
City: Long Beach | State: CA | Zip Code: 90802-4765
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: 09 / 23 / 2009
Transaction ID: 30598372
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Joel Anthony Wallskog, , MD
Mailing Address 12907 N Highgate Ct
City: Mequon | State: WI | Zip Code: 53097-1816
FEC ID number of contributing federal political committee: C
Name of Employer: Aurora Advanced Healthcare
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598373
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark C Senese, , MD
Mailing Address 6352 N Pinnacle Ridge Dr
City: Tucson | State: AZ | Zip Code: 85718-3535
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: 09 / 23 / 2009
Transaction ID: 30598375
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 600.00

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

Image# 10990128126

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 202 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. James A Albright, , MD
Mailing Address 3932 Fairfield Ave
City: Shreveport | State: LA | Zip Code: 71106-1014
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: 09 / 23 / 2009
Transaction ID: 30598376
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Mark N Halikis, , MD
Mailing Address 280 S Main St Ste 200
City: Orange | State: CA | Zip Code: 92868-3852
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: 09 / 23 / 2009
Transaction ID: 30598377
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Ray M Fitzgerald, , MD
Mailing Address 17270 Red Oak Dr Ste 200
City: Houston | State: TX | Zip Code: 77090-2632
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: 1000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598378
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) ..... ▶

Image# 10990128127

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 203 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Gary David Botimer, , MD
Mailing Address 13753 Locust Ln
City: Nampa | State: ID | Zip Code: 83686-9367
FEC ID number of contributing federal political committee. C
Name of Employer: Saltzer Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598380
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. G Brian Holloway, , MD
Mailing Address 260 Ft Sanders West Blvd
City: Knoxville | State: TN | Zip Code: 37922-3355
FEC ID number of contributing federal political committee. C
Name of Employer: Knoxville Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598382
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Billy Paul Leon, , MD
Mailing Address 130 W Route 66 Ste 222
City: Glendora | State: CA | Zip Code: 91740-6251
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: 09 / 23 / 2009
Transaction ID: 30598383
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) ▶

Image# 10990128128

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 204 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Robert M Bazzini, , MD
Mailing Address 1777 Hamburg Tpke Ste 203
City: Wayne | State: NJ | Zip Code: 07470-5243
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Hand Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598384
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Damian Michael Andrisani, , MD
Mailing Address 1941 Limestone Rd #101
City: Wilmington | State: DE | Zip Code: 19808-5413
FEC ID number of contributing federal political committee. C
Name of Employer: Delaware Orthopaedic Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598385
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Jeffrey R Lyman, , MD
Mailing Address 5123 E Juniper Ave
City: Scottsdale | State: AZ | Zip Code: 85254-1066
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: 09 / 23 / 2009
Transaction ID: 30598386
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) ▶

Image# 10990128129

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 205 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Mark Grossman, , MD
Mailing Address 32 Ross Ave
City: Melville | State: NY | Zip Code: 11747-2649
FEC ID number of contributing federal political committee. C
Name of Employer: Winthrop University Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598388
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Matthew Ira Samuelson, , MD
Mailing Address 3800 Conestoga Trail
City: Crystal Lake | State: IL | Zip Code: 60012-2081
FEC ID number of contributing federal political committee. C
Name of Employer: McHenry County Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598389
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Stephen P Cowley, , MD
Mailing Address 3425 Brookwood Trace
City: Birmingham | State: AL | Zip Code: 35223-2879
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Specialists of Alabama
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598390
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) ..... ▶

Image# 10990128130

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 206 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Richard G Vlasak, , MD
Mailing Address PO Box 112727
City: Gainesville | State: FL | Zip Code: 32611-2727
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: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598391
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. John Hollis Walker, , MD
Mailing Address 4715 Whitesburg Dr
City: Huntsville | State: AL | Zip Code: 35802-1632
FEC ID number of contributing federal political committee. C
Name of Employer: Sports Med Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598392
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. William Harper Satterfield, , MD
Mailing Address 2816 Fieldwood Ct
City: Winston Salem | State: NC | Zip Code: 27106-5865
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598393
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) ..... ▶

Image# 10990128131

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 207 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Bradley C Edgerton, , MD
Mailing Address 4888 Adrian Ln
City: Hermantown | State: MN | Zip Code: 55811-3904
FEC ID number of contributing federal political committee. C
Name of Employer: St. Mary's Duluth Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598397
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Edward J Hellman, , MD
Mailing Address Orthopaedics Indianapolis 8450 Northwest Blvd
City: Indianapolis | State: IN | Zip Code: 46278-1381
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Indy
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598398
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Anthony Paul Dwyer, , MD
Mailing Address 777 Bannock St MC0188
City: Denver | State: CO | Zip Code: 80204-4507
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: 09 / 23 / 2009
Transaction ID: 30598400
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) ..... ▶

Image# 10990128132

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 208 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Gregory Lauro, , MD
Mailing Address 5840 Rte 981 Ste 101
City: Latrobe | State: PA | Zip Code: 15650-5398
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: 09 / 23 / 2009
Transaction ID: 30598401
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. James C Karegeannes, , MD
Mailing Address 123 Skyview Dr
City: Asheville | State: NC | Zip Code: 28804-2720
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: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598402
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark J Anders, , MD
Mailing Address 462 Grider St ECMC
City: Buffalo | State: NY | Zip Code: 14215-3021
FEC ID number of contributing federal political committee. C
Name of Employer: University Orthopaedics Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598406
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) ..... ▶

Image# 10990128133

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Gregory A Hoffman, , MD
Mailing Address 2925 Chichester Ln
City: Fort Wayne | State: IN | Zip Code: 46815-8550
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedics Northeast Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598407
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Arnold D Scheller, , MD
Mailing Address Pro Sports Orthopedics
235 Cypress St Ste 300
City: Brookline | State: MA | Zip Code: 02445-6777
FEC ID number of contributing federal political committee. C
Name of Employer: Pro Sports Orthopaedics Inc.
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598409
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. J Kevin Horn, , MD
Mailing Address 9062 N Point Dr
City: Baytown | State: TX | Zip Code: 77523-8311
FEC ID number of contributing federal political committee. C
Name of Employer: Fondren Orthopedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598410
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) ..... ▶

Image# 10990128134

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Hugh Bassewitz, , MD
Mailing Address 2800 E Desert Inn Ste 100
City: Las Vegas | State: NV | Zip Code: 89121-3609
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: 09 / 23 / 2009
Transaction ID: 30598412
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. William John Jason, , MD
Mailing Address 120 Medical Blvd Ste 109
City: Spring Hill | State: FL | Zip Code: 34609-0221
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: 09 / 23 / 2009
Transaction ID: 30598413
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Anthony F Pachelli, , MD
Mailing Address 201 Cedar SE Ste 6600
City: Albuquerque | State: NM | Zip Code: 87106-5411
FEC ID number of contributing federal political committee. C
Name of Employer: New Mexico Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598414
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) ..... ▶

Image# 10990128135

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. David M Witham, , MD
Mailing Address PO Box 73558
City: Fairbanks | State: AK | Zip Code: 99707-3558
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: 09 / 23 / 2009
Transaction ID: 30598415
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jorge E Tijmes, , MD
Mailing Address PO Box 6209
City: McAllen | State: TX | Zip Code: 78502-6209
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: 300.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598417
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark Gillespy, , MD
Mailing Address Business Office
1075 Mason Ave
City: Daytona Beach | State: FL | Zip Code: 32117-4611
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: 09 / 23 / 2009
Transaction ID: 30598418
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

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Image# 10990128136

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard F McKay, , MD
Mailing Address 8 Medical Dr
City: Amarillo | State: TX | Zip Code: 79106-4168
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: 09 / 23 / 2009
Transaction ID: 30598419
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Lorence W Trick, , MD
Mailing Address 7703 Floyd Curl Dr MC 7774
Dept of Orthopaedics
City: San Antonio | State: TX | Zip Code: 78229-3901
FEC ID number of contributing federal political committee. C
Name of Employer: UTHSCSA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598421
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. William J Williams, , MD
Mailing Address 933 Alpine Ave
City: Boulder | State: CO | Zip Code: 80304-3305
FEC ID number of contributing federal political committee. C
Name of Employer: Boulder Orthopedic, PC
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598422
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) ..... ▶

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Pamela E Glennon, , MD
Mailing Address 4050 Ashland Ave
City: Wausau | State: WI | Zip Code: 54403-8129
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: 2000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598425
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Dr. David P Rudman, , MD
Mailing Address 385 S Maple Ave Ste 101
City: Glen Rock | State: NJ | Zip Code: 07452-1545
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: 09 / 23 / 2009
Transaction ID: 30598454
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Daniel G Kalbac, , MD
Mailing Address 6701 Sunset Dr Ste 201
PO Box 430430
City: South Miami | State: FL | Zip Code: 33143-4529
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: 09 / 23 / 2009
Transaction ID: 30598455
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Louis W Catalano, III, MD
Mailing Address CV Starr Hand Surg Center
1000 10th Ave
City: New York | State: NY | Zip Code: 10019-1147
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: 09 / 23 / 2009
Transaction ID: 30598456
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael W Woods, , MD
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: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598457
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark S Gross, , MD
Mailing Address 27401 W Hwy 22 Ste 125
City: Barrington | State: IL | Zip Code: 60010-5934
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: 09 / 23 / 2009
Transaction ID: 30598458
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Ivan Cheng, , MD
Mailing Address 450 Broadway St
MC 6342
City: Redwood City | State: CA | Zip Code: 94063-3132
FEC ID number of contributing federal political committee. C
Name of Employer: Stanford University
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598459
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Brian Keith Vickaryous, , MD
Mailing Address 1646 Cherry Blossom Ter
City: Lake Mary | State: FL | Zip Code: 32746-1963
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: 09 / 23 / 2009
Transaction ID: 30598460
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Perry Lauren Savage, Jr, MD
Mailing Address 52 Medical Park E Dr Ste 115
City: Birmingham | State: AL | Zip Code: 35235
FEC ID number of contributing federal political committee. C
Name of Employer: AOSSMA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598461
Amount of Each Receipt this Period: 1000.00

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

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Image# 10990128140

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

A.
Full Name (Last, First, Middle Initial)
Dr. Gregory A Mencio, , MD
Mailing Address 2200 Children's Way Ste 4202
City: Nashville | State: TN | Zip Code: 37232-0005
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: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598462
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. John M Hoffman, , MD
Mailing Address 3385 Dexter Ct Ste 300
City: Davenport | State: IA | Zip Code: 52807-3471
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598463
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Robert H Harrington, , MD
Mailing Address 7 Marsh Brook Dr Ste 205
City: Somersworth | State: NH | Zip Code: 03878-6523
FEC ID number of contributing federal political committee. C
Name of Employer: Seacoast Orthopedics and Sports Medici
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598470
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) .....

Image# 10990128141

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. David R Schmidt, , MD
Mailing Address 21 Spurs Ln Ste 300
City: San Antonio | State: TX | Zip Code: 78240-1679
FEC ID number of contributing federal political committee. C
Name of Employer: Sports Medicine Associates of San Anto
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598471
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. James A Shapiro, , MD
Mailing Address 6308 8th Ave Ste 1020
City: Kenosha | State: WI | Zip Code: 53143-5031
FEC ID number of contributing federal political committee. C
Name of Employer: UHSI
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1375.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598472
Amount of Each Receipt this Period: 275.00

C.
Full Name (Last, First, Middle Initial)
Dr. Marc Romayne Davidson, , MD
Mailing Address 2088 Alpine Dr
City: West Linn | State: OR | Zip Code: 97068-8618
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: 2500.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598473
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1775.00**

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Image# 10990128142

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. George S Zakaib, , MD
Mailing Address 3400 SW Redmond Hill Rd
City: McMinnville | State: OR | Zip Code: 97128-8395
FEC ID number of contributing federal political committee. C
Name of Employer: WVMC
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598474
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gabriel Gluck, , MD
Mailing Address 8702 Sudley Rd
City: Manassas | State: VA | Zip Code: 20110-4405
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: 09 / 23 / 2009
Transaction ID: 30598475
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard Adam Ritter, , MD
Mailing Address 285 Sills Rd Bldg 18
City: East Patchogue | State: NY | Zip Code: 11772-4808
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: 09 / 23 / 2009
Transaction ID: 30598476
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **725.00**

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Image# 10990128143

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. James C Bolz, , MD
Mailing Address 26750 Providence Pkwy Ste 200
City: Novi | State: MI | Zip Code: 48374-1212
FEC ID number of contributing federal political committee. C
Name of Employer: Poretta Ctr for Orthopaedic Surgery
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598477
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Denis R Clohisy, , MD
Mailing Address R200 2450 Riverside Ave South
City: Minneapolis | State: MN | Zip Code: 55455
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Minnesota
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598479
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. B Hudson Berrey, Jr, MD
Mailing Address 655 W 8th St ACC Bldg 2nd Fl-Ortho
City: Jacksonville | State: FL | Zip Code: 32209-6511
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Florida
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598480
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) ..... ▶

Image# 10990128144

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 220 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Vipool K Goradia, , MD
Mailing Address Go Orthopedics
281 E Hundred Rd
City: Chester State: VA Zip Code: 23836-2613
FEC ID number of contributing federal political committee. C
Name of Employer: Go Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598481
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Paul C Perlik, , MD
Mailing Address 1915 Randolph Rd
City: Charlotte State: NC Zip Code: 28207-1101
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: 09 / 23 / 2009
Transaction ID: 30598482
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. James O Maher, III, MD
Mailing Address 2 Dudley St Ste 200
City: Providence State: RI Zip Code: 02905-3248
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: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598484
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) ..... ▶

Image# 10990128145

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 221 / 425
(check only one)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. David F Bindelglass, , MD
Mailing Address 75 Kings Hwy Cutoff Ste 100
City: Fairfield | State: CT | Zip Code: 06824-5340
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialty Gro-up
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30598486
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard M Wilk, , MD
Mailing Address 69 Dartmouth Street
City: West Newton | State: MA | Zip Code: 02465-2801
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: 09 / 25 / 2009
Transaction ID: 30602130
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Perry Lauren Savage, Jr, MD
Mailing Address 52 Medical Park E Dr Ste 115
City: Birmingham | State: AL | Zip Code: 35235
FEC ID number of contributing federal political committee. C
Name of Employer: AOSSMA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602131
Amount of Each Receipt this Period: 4000.00

SUBTOTAL of Receipts This Page (optional) ▶ **4500.00**

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

Image# 10990128146

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Elizabeth Ann Szalay, , MD
Mailing Address 1127 University Blvd NE
City: Albuquerque | State: NM | Zip Code: 87102-1740
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of New Mexico Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602133
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Nathaniel P Cohen, , MD
Mailing Address 14601 S Bascom Ave Ste 200
City: Los Gatos | State: CA | Zip Code: 95032-2031
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: 09 / 25 / 2009
Transaction ID: 30602136
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Bernard A Roehr, , MD
Mailing Address 940 John St
City: Kalamazoo | State: MI | Zip Code: 49001-2857
FEC ID number of contributing federal political committee. C
Name of Employer: Healthcare Midwest
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602138
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) ..... ▶

Image# 10990128147

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Alexander Blevens, , MD
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 Ortho Specialis-ts
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602139
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Brayton R Shirley, , MD
Mailing Address 22 Poinsett Ave
City: Greenville | State: SC | Zip Code: 29601-1614
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: 1000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602140
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
William R Sterba, , MD
Mailing Address 137 Stuarton Dr
City: Wheaton | State: IL | Zip Code: 60189-7399
FEC ID number of contributing federal political committee: C
Name of Employer: OAD Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602142
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) ..... ▶

Image# 10990128148

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Hans C Kioschos, , MD
Mailing Address Powder River Ortho
508 Stocktrail Ste A
City: Gillette | State: WY | Zip Code: 82716-3582
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: 09 / 25 / 2009
Transaction ID: 30602143
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Langdon A Hartsock, , MD
Mailing Address 96 Jonathan Lucas St CSB 708
City: Charleston | State: SC | Zip Code: 29425-8900
FEC ID number of contributing federal political committee. C
Name of Employer: Medical University of South Carolina
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602144
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. David W Gray, , MD
Mailing Address 3450 Park Hollow
City: Fort Worth | State: TX | Zip Code: 76109-2549
FEC ID number of contributing federal political committee. C
Name of Employer: Cook Children's Physicians Network
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 900.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602145
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) ..... ▶

Image# 10990128149

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Russell L Sabrin, , MD
Mailing Address 1285 Hembree Rd Ste 200A
City: Roswell | State: GA | Zip Code: 30076-4995
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: 09 / 25 / 2009
Transaction ID: 30602161
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Walter R Shelton, , MD
Mailing Address 1325 E Fortification St
City: Jackson | State: MS | Zip Code: 39202-2442
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: 09 / 25 / 2009
Transaction ID: 30602162
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Steven R Garfin, , MD
Mailing Address UCSD Dept of Orthopaedics
350 Dickinson St Ste 121
City: San Diego | State: CA | Zip Code: 92103-1913
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: 09 / 25 / 2009
Transaction ID: 30602163
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2750.00**

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

Image# 10990128150

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 226 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. David G Scott, , MD
Mailing Address 9330 Bluffwind Chase
City: Roswell | State: GA | Zip Code: 30076-3281
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: 09 / 25 / 2009
Transaction ID: 30602164
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel N Switlick, , MD
Mailing Address 4821 Knightswood Way
City: Granite Bay | State: CA | Zip Code: 95746-6455
FEC ID number of contributing federal political committee. C
Name of Employer: Sutter Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602165
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mahmood Jay Jazayeri, , MD
Mailing Address 2690 Pacific Ave Ste 300
City: Long Beach | State: CA | Zip Code: 90806-2660
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: 09 / 25 / 2009
Transaction ID: 30602166
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) ..... ▶

Image# 10990128151

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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

A.
Full Name (Last, First, Middle Initial)
Dr. Jonathan T Deland, , MD
Mailing Address Hospl for Special Surgery
535 E 70th St
City: New York | State: NY | Zip Code: 10021-4823
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: 09 / 25 / 2009
Transaction ID: 30602167
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen L Malone, , MD
Mailing Address 260 Beiser Blvd, Ste 101
City: Dover | State: DE | Zip Code: 19904-7790
FEC ID number of contributing federal political committee. C
Name of Employer: The Orthopaedic Spine Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602168
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jim K Hudson, , MD
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
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602169
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) ..... ▶

Image# 10990128152

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 228 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Geoffrey F Haft, , MD
Mailing Address 1210 W 18th St Ste G-01
City: Sioux Falls | State: SD | Zip Code: 57104-4651
FEC ID number of contributing federal political committee. C
Name of Employer: Sanford Clinic Sioux Falls
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602170
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. John A Seldomridge, III, MD
Mailing Address 326 Royal Bluff Rd
City: Jacksonville | State: NC | Zip Code: 28540-3822
FEC ID number of contributing federal political committee. C
Name of Employer: Onslow Memorial Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1100.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602171
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jeff Alan Traub, , MD
Mailing Address 215 Bright Water Cove
City: Alpharetta | State: GA | Zip Code: 30022-8021
FEC ID number of contributing federal political committee. C
Name of Employer: Georgia Knee & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602172
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) ▶

Image# 10990128153

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. C Anderson Engh, Jr, MD
Mailing Address 1401 Greenwood Pl
City: Alexandria | State: VA | Zip Code: 22304-1604
FEC ID number of contributing federal political committee. C
Name of Employer: Anderson Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602173
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Cooper L Terry, , MD
Mailing Address 497 Azalea Dr Ste 102
City: Oxford | State: MS | Zip Code: 38655-7906
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: 09 / 25 / 2009
Transaction ID: 30602181
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Christopher M Miller, , MD
Mailing Address 5059 S Greenbriar Ave
City: Springfield | State: MO | Zip Code: 65804-7758
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialists of Springfield
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602183
Amount of Each Receipt this Period: 750.00

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

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

Image# 10990128154

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. John A Lombardi, , MD
Mailing Address 28500 Bella Vista Pkwy
City: Warrenville | State: IL | Zip Code: 60555-1601
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: 1000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602184
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. John J Walper, , MD
Mailing Address 5315 Elliott Dr Ste 202
City: Ypsilanti | State: MI | Zip Code: 48197-8634
FEC ID number of contributing federal political committee. C
Name of Employer: Community Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602185
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Dennis M Brown, , MD
Mailing Address 1774 Kylemore Ct
City: Dayton | State: OH | Zip Code: 45459-1465
FEC ID number of contributing federal political committee. C
Name of Employer: Montgomery Orthopedic Surgeons
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602186
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1800.00**

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

Image# 10990128155

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Gregory D Gramstad, , MD
Mailing Address 6702 SW Canyon Crest Dr
City: Portland | State: OR | Zip Code: 97225-3617
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: 250.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602268
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kent H Chou, , MD
Mailing Address 13642 W Colter Ct
City: Litchfield Park | State: AZ | Zip Code: 85340-4071
FEC ID number of contributing federal political committee. C
Name of Employer: Canyon Orthopaedic Surgeons
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602269
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Alexander Rosenstein, , MD
Mailing Address 6431 Fannin St MSB 6.136
City: Houston | State: TX | Zip Code: 77030-1501
FEC ID number of contributing federal political committee. C
Name of Employer: UT Medical School - Houston
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602270
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) ..... ▶

Image# 10990128156

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 232 / 425
(check only one)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Mark Seltzer Sanders, , MD
Mailing Address 11315 Bothwell Way
City: Houston | State: TX | Zip Code: 77024-5302
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: 09 / 25 / 2009
Transaction ID: 30602271
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Andrew J Petrella, , MD
Mailing Address PO Box 1990
City: Crystal River | State: FL | Zip Code: 34423-1990
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: 09 / 25 / 2009
Transaction ID: 30602272
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Cornelis M Elmes, , MD
Mailing Address PO Box 6807
City: Vacaville | State: CA | Zip Code: 95696-6807
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: 09 / 25 / 2009
Transaction ID: 30602273
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) ..... ▶

Image# 10990128157

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 233 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Joseph A Wieck, , MD
Mailing Address 394 Harding Pl Ste 200
City: Nashville | State: TN | Zip Code: 37211-3980
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: 250.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602274
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Howard I Freedberg, , MD
Mailing Address 1110 W Schick Rd
City: Bartlett | State: IL | Zip Code: 60103-3007
FEC ID number of contributing federal political committee. C
Name of Employer: Suburban Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602275
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gregory Montalbano, , MD
Mailing Address 32 Lamberts Ln
City: Staten Island | State: NY | Zip Code: 10314-7207
FEC ID number of contributing federal political committee. C
Name of Employer: Regional Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602276
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) ..... ▶

Image# 10990128158

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Jerome R Dunklin, , MD
Mailing Address 1630 E Herndon Ave Ste 204
City: Fresno | State: CA | Zip Code: 93720-3305
FEC ID number of contributing federal political committee. C
Name of Employer: Sierra Pacific Ortho Spine Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 313.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602278
Amount of Each Receipt this Period: 313.00

B.
Full Name (Last, First, Middle Initial)
Dr. Isador H Lieberman, , MD, MBA,
Mailing Address Spine Institute
2950 Cleveland Clinic Blvd
City: Weston | State: FL | Zip Code: 33331-3609
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: 500.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602279
Amount of Each Receipt this Period: 375.00

C.
Full Name (Last, First, Middle Initial)
Dr. James Spiegel, , MD
Mailing Address 1662 Dominican Way
City: Santa Cruz | State: CA | Zip Code: 95065-1522
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: 900.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602280
Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1288.00**

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

Image# 10990128159

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Daniel E Matthews, , MD
Mailing Address PO Box 1186
City: Fairhope | State: AL | Zip Code: 36533-1186
FEC ID number of contributing federal political committee. C
Name of Employer: Bayside Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: 30602283
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas J Meyer, , MD
Mailing Address 1441 Avocado Ave Ste 802
City: Newport Beach | State: CA | Zip Code: 92660-7709
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: 09 / 24 / 2009
Transaction ID: 30602348
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. John Malcolm Wright, , MD
Mailing Address New West Orthopaedics
3219 Central Ave Ste 102
City: Kearney | State: NE | Zip Code: 68847-2949
FEC ID number of contributing federal political committee. C
Name of Employer: New West Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: 30602350
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) ..... ▶

Image# 10990128160

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. John P Nolan, Jr, MD
Mailing Address 47 Woodside Ln
City: New Hope | State: PA | Zip Code: 18938-9281
FEC ID number of contributing federal political committee: C
Name of Employer: Mercer Bucks Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: 30602351
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Laurence Slutzker, , MD
Mailing Address 4201 Torrance Blvd Ste 470
City: Torrance | State: CA | Zip Code: 90503-4529
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: 09 / 24 / 2009
Transaction ID: 30602352
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Kent R Biddinger, , MD
Mailing Address The Ortho Center
420 W Wackerly St
City: Midland | State: MI | Zip Code: 48642
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: 09 / 24 / 2009
Transaction ID: 30602353
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) ..... ▶

Image# 10990128161

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Philip R Wolinsky, , MD
Mailing Address Dept of Orthopaedic Surgery
4860 Y St Ste 3800
City: Sacramento State: CA Zip Code: 95817-2307
FEC ID number of contributing federal political committee. C
Name of Employer: University of California
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: 30602354
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. J Dan Carter, , MD
Mailing Address 409 Gaslight Blvd Ste 2
City: Lufkin State: TX Zip Code: 75904-3158
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: 09 / 24 / 2009
Transaction ID: 30602355
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Adam D Soyer, , DO
Mailing Address 244 Westchester Ave Ste 205
City: White Plains State: NY Zip Code: 10604-2922
FEC ID number of contributing federal political committee. C
Name of Employer: NYU
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: 30602357
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) ..... ▶

Image# 10990128162

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. James B Manning, , MD
Mailing Address 2680 Crimson Canyon Dr
City: Las Vegas | State: NV | Zip Code: 89128-0841
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: 09 / 24 / 2009
Transaction ID: 30602358
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. John N Hall, , MD
Mailing Address Atlantic Coast Ortho Specialists
414 Albemarle Sq
City: Charlottesville | State: VA | Zip Code: 22901-7400
FEC ID number of contributing federal political committee. C
Name of Employer: Atlantic Coast Orthopaedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: 30602360
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Ian Lin, , MD
Mailing Address 104 Foster Dr
City: Des Moines | State: IA | Zip Code: 50312-2538
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: 2000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608914
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) ..... ▶

Image# 10990128163

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Patrick Joseph Fernicola, , MD
Mailing Address Hughston Clinic
6262 Veterans Pkwy
City: Columbus | State: GA | Zip Code: 31909-3540
FEC ID number of contributing federal political committee. C
Name of Employer: The Hughston Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608915
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Mark R Wilson, , MD
Mailing Address 5315 Elliott Dr Ste 202
City: Ypsilanti | State: MI | Zip Code: 48197-8634
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: 09 / 29 / 2009
Transaction ID: 30608916
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Allen Sanders Kent, , MD
Mailing Address 800 12th Ave Ste 200
City: Fort Worth | State: TX | Zip Code: 76104-2519
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: 09 / 29 / 2009
Transaction ID: 30608919
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) ..... ▶

Image# 10990128164

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Douglas S Musgrave, , MD
Mailing Address 15800 NW Fair Acres Dr
City: Vancouver | State: WA | Zip Code: 98685-1665
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: 09 / 29 / 2009
Transaction ID: 30608920
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. William P Barrett, , MD
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: 1500.00
Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608921
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Henry A Backe, Jr, MD
Mailing Address 75 Kings Hwy Cutoff Ste 100
City: Fairfield | State: CT | Zip Code: 06824-5340
FEC ID number of contributing federal political committee. C
Name of Employer: OSG
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608922
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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Image# 10990128165

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 241 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Stephen J Burns, , MD
Mailing Address 1225 E Coolspring Ave #2D
City: Michigan City | State: IN | Zip Code: 46360-6312
FEC ID number of contributing federal political committee. C
Name of Employer: Health Partners Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608923
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel Alberto Romanelli, , MD
Mailing Address 675 Avenida de Mesilla
City: Las Cruces | State: NM | Zip Code: 88005-3101
FEC ID number of contributing federal political committee. C
Name of Employer: LCOA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608941
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Forest Thomas Heis, , MD
Mailing Address 8006 Meadowcreek Dr
City: Cincinnati | State: OH | Zip Code: 45244-4902
FEC ID number of contributing federal political committee. C
Name of Employer: Commonwealth Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608942
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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Image# 10990128166

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert C Meisterling, , MD
Mailing Address 1991 Northwestern Ave S
City: Stillwater | State: MN | Zip Code: 55082-7536
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: 1000.00
Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608943
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Keith A Heier, , MD
Mailing Address 6408 Riverhill Dr
City: Plano | State: TX | Zip Code: 75024-6080
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: 09 / 29 / 2009
Transaction ID: 30608944
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David G Schwartz, , MD
Mailing Address 8450 Northwest Blvd
City: Indianapolis | State: IN | Zip Code: 46278-1381
FEC ID number of contributing federal political committee. C
Name of Employer: OrthoIndy
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608945
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) ..... ▶

Image# 10990128167

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 243 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Gerald R Williams, Jr, MD
Mailing Address 925 Chestnut St 5th Floor
City: Philadelphia | State: PA | Zip Code: 19107-4206
FEC ID number of contributing federal political committee. C
Name of Employer: The Rothman Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 4000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608946
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Theodore R Hofstedt, , MD
Mailing Address 9250 N 3rd St Ste 4030
City: Phoenix | State: AZ | Zip Code: 85020-2433
FEC ID number of contributing federal political committee. C
Name of Employer: North Phoenix Orthopedic Surgeons
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608947
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Tarsem Garg, , MD
Mailing Address 1929 E High St
City: Springfield | State: OH | Zip Code: 45505-1227
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: 09 / 29 / 2009
Transaction ID: 30608949
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) ..... ▶

Image# 10990128168

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 244 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Felix H Savoie, III, MD
Mailing Address Dept of Ortho
1430 Tulane Ave Rm 2070
City: New Orleans State: LA Zip Code: 70112-2632
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: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608950
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Matthew John Weresh, , MD
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: 1500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608951
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Brett L Wasserlauf, , MD
Mailing Address 673 Cottage Grove Rd
City: Bloomfield State: CT Zip Code: 06002-3033
FEC ID number of contributing federal political committee. C
Name of Employer: Collins Medical Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608952
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) ..... ▶

Image# 10990128169

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Stuart Winakur, , MD
Mailing Address 8322 Bellona Ave
City: Towson | State: MD | Zip Code: 21204-2065
FEC ID number of contributing federal political committee. C
Name of Employer: Towson Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608953
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Ronald S Lederman, , MD
Mailing Address 3227 Woodview Lake Rd
City: West Bloomfield | State: MI | Zip Code: 48323-3572
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: 09 / 29 / 2009
Transaction ID: 30608954
Amount of Each Receipt this Period: 375.00

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas D Meade, , MD
Mailing Address OAA Orthopaedic Specialists
250 Cetronia Rd Ste 303
City: Allentown | State: PA | Zip Code: 18104-9168
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: 2500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608955
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3125.00**

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

Image# 10990128170

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Steven Berkowitz, , MD
Mailing Address 1200 Eagle Ave
City: Ocean | State: NJ | Zip Code: 07712-7631
FEC ID number of contributing federal political committee. C
Name of Employer: Seaview Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608957
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Keith D Merrill, , MD
Mailing Address 255 E Bay St
City: Charleston | State: SC | Zip Code: 29401-2632
FEC ID number of contributing federal political committee. C
Name of Employer: Charleston Bone & Joint
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608958
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Steven S Shin, , MD
Mailing Address Kerlan-Jobe Orthopaedic Clinic
6801 Park Terrace Dr Ste 500
City: Los Angeles | State: CA | Zip Code: 90045
FEC ID number of contributing federal political committee. C
Name of Employer: Kerlan-Jobe Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608970
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) ..... ▶

Image# 10990128171

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Ward P Hamlet, , MD
Mailing Address 5050 N Clinton
City: Fort Wayne | State: IN | Zip Code: 46825-5886
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: 09 / 29 / 2009
Transaction ID: 30608972
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. James W Dwyer, , MD
Mailing Address 1081 Route 22 W
City: Bridgewater | State: NJ | Zip Code: 08807-2921
FEC ID number of contributing federal political committee. C
Name of Employer: Somerset Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608973
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Stephen Johm Zabinski, , MD
Mailing Address 710 Center St
City: Somers Point | State: NJ | Zip Code: 08244-1802
FEC ID number of contributing federal political committee. C
Name of Employer: Shore Orthopaedic Univers-ity Associate
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608975
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) ..... ▶

Image# 10990128172

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Michael A Schwartz, , MD
Mailing Address 35 W Broad St #109
City: Stamford | State: CT | Zip Code: 06902-3767
FEC ID number of contributing federal political committee. C
Name of Employer: Bone & Joint Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608976
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Rebecca S Yu, , MD
Mailing Address 3000 Colby St Ste 301
City: Berkeley | State: CA | Zip Code: 94705-2058
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: 09 / 29 / 2009
Transaction ID: 30608977
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David Gesensway, , MD
Mailing Address 3250 W 66th St Ste 100
City: Edina | State: MN | Zip Code: 55435-2500
FEC ID number of contributing federal political committee. C
Name of Employer: Twin Cities Ortho
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608978
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) ..... ▶

Image# 10990128173

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 249 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John S Place, , MD
Mailing Address 3907 Creekside Loop Ste 100
City: Yakima | State: WA | Zip Code: 98902-4879
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: 3000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608979
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael R Meisterling, , MD
Mailing Address 1991 Northwestern Ave S
City: Stillwater | State: MN | Zip Code: 55082-7536
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: 09 / 29 / 2009
Transaction ID: 30608980
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. O Alton Barron, , MD
Mailing Address CV Starr Hand Surg Center
1000 10th Ave 3rd FL
City: New York | State: NY | Zip Code: 10019-1147
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: 09 / 29 / 2009
Transaction ID: 30608981
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) ..... ▶

Image# 10990128174

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Timothy Devraj, , MD
Mailing Address 206 Delta Dr
City: Mandeville | State: LA | Zip Code: 70448-7562
FEC ID number of contributing federal political committee: C
Name of Employer: Ochsner Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608982
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Abraham Thompson Shurland, , MD
Mailing Address 319 Summer Ave
City: Reading | State: MA | Zip Code: 01867-3449
FEC ID number of contributing federal political committee: C
Name of Employer: Orthopedic Surgery Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30608983
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. John Eric Winter, II, MD
Mailing Address 773 Oakhurst
City: Cheyenne | State: WY | Zip Code: 82009-1054
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: 09 / 29 / 2009
Transaction ID: 30609016
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) ..... ▶

Image# 10990128175

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Stephen W Dailey, , MD
Mailing Address 2740 Allen Glen Dr
City: Mechanicsburg State: PA Zip Code: 17055-5995
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: 09 / 29 / 2009
Transaction ID: 30609017
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kyle F Dickson, , MD
Mailing Address 516 Chelsea Street
City: Bellaire State: TX Zip Code: 77401-5008
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Texas at Houston
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609018
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. James C Kelly, , MD
Mailing Address 59 Faire Harbour Pl
City: New London State: CT Zip Code: 06320-4739
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: 09 / 29 / 2009
Transaction ID: 30609019
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) ▶

Image# 10990128176

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 252 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John T Quigley, , MD
Mailing Address 301 W Huntington Dr Ste 408
City: Arcadia | State: CA | Zip Code: 91007-1502
FEC ID number of contributing federal political committee. C
Name of Employer: West Coast Orthopaedic Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609020
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gerald C Shute, , MD
Mailing Address 1547 SE Ballantrae Ct
City: Port Saint Lucie | State: FL | Zip Code: 34952-6041
FEC ID number of contributing federal political committee. C
Name of Employer: Coastal Orthopaedic & Sports Med Ctr
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609024
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
Dr. William D Allen, , MD
Mailing Address 2854 Bell St
City: Zanesville | State: OH | Zip Code: 43701-1721
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Associates of Zanesville
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609025
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1150.00**

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

Image# 10990128177

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 253 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Andrew G Urquhart, , MD
Mailing Address 1500 East Medical Center Dr
Taubman Center 2916
City: Ann Arbor | State: MI | Zip Code: 48109-5000
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Michigan
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609027
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Wilford K Gibson, , MD
Mailing Address 4003 Arrowhead Point Ct
City: Virginia Beach | State: VA | Zip Code: 23455-4452
FEC ID number of contributing federal political committee. C
Name of Employer: Atlantic Ortho Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609028
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Alexandra Elizabeth Page, , MD
Mailing Address 13601 Del Poniente Rd
City: Poway | State: CA | Zip Code: 92064-2220
FEC ID number of contributing federal political committee. C
Name of Employer: Southern Permanente Medic-al Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1125.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609029
Amount of Each Receipt this Period: 1000.00

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

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Image# 10990128178

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 254 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Steven Brent Smith, , MD
Mailing Address 7321 NE 84th Terrace
City: Kansas City | State: MO | Zip Code: 64157-9584
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: 09 / 29 / 2009
Transaction ID: 30609030
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Amir A Jahangir, , MD
Mailing Address MCE South Tower Ste 4200
City: Nashville | State: TN | Zip Code: 37232-0001
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: 09 / 29 / 2009
Transaction ID: 30609031
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Richard Louis Ursone, , MD
Mailing Address 3333 Navasota Circle
City: San Antonio | State: TX | Zip Code: 78259-2708
FEC ID number of contributing federal political committee. C
Name of Employer: San Antonio Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609032
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) ..... ▶

Image# 10990128179

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 255 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Laurette A Chang, , MD
Mailing Address Orthopaedic Surgery Service
5001 N Piedras St
City: El Paso State: TX Zip Code: 79930-4210
FEC ID number of contributing federal political committee. C
Name of Employer: VA Health Care Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30609033
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert Thomas Fisher, , MD
Mailing Address 52 Thomas Johnson Dr
City: Frederick State: MD Zip Code: 21702-4501
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialists of Frederick
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30610493
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Eleby R Washington, , MD
Mailing Address 6711 Radlock Ave
City: Los Angeles State: CA Zip Code: 90056-2219
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: 09 / 29 / 2009
Transaction ID: 30610496
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) ..... ▶

Image# 10990128180

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 256 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Glenn T Johnson, II, MD
Mailing Address 225 Crosslake Dr
City: Evansville | State: IN | Zip Code: 47715-8198
FEC ID number of contributing federal political committee. C
Name of Employer: Tri-State Orthopaedic Surgeons
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30610497
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. E Boone Brackett, III, MD
Mailing Address 1125 Westgate St
City: Oak Park | State: IL | Zip Code: 60301-1007
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: 09 / 29 / 2009
Transaction ID: 30610571
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Paul Victor Conescu, , MD
Mailing Address 3118 8th St
City: Las Vegas | State: NM | Zip Code: 87701-5135
FEC ID number of contributing federal political committee. C
Name of Employer: San Miguel Clinic Corporation
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611679
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) ..... ▶

Image# 10990128181

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 257 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Deanna M Boyette, , MD
Mailing Address 602 Daventry Dr
City: Greenville | State: NC | Zip Code: 27858-6513
FEC ID number of contributing federal political committee. C
Name of Employer: OEI
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611681
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard Fairfax Pell, IV, MD
Mailing Address 13510 SW 73rd CT
City: Miami | State: FL | Zip Code: 33156-6819
FEC ID number of contributing federal political committee. C
Name of Employer: South Dade Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611682
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Sanford E Emery, , MD, MBA
Mailing Address 3400 Health Sciences Center South
City: Morgantown | State: WV | Zip Code: 26506-9196
FEC ID number of contributing federal political committee. C
Name of Employer: West Virginia University
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611684
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) ..... ▶

Image# 10990128182

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 258 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Rodolfo E Lawson, , MD
Mailing Address 7150W 20th Ave Ste 215
City: Hialeah | State: FL | Zip Code: 33016-1849
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: 09 / 29 / 2009
Transaction ID: 30611685
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Anne E Colton, , MD
Mailing Address 2004 Sproul Rd
City: Broomall | State: PA | Zip Code: 19008-3511
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: 300.00
Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611686
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial)
Dr. Eugene E Berg, , MD
Mailing Address 4 Hawthorne Dr Ste 2
City: Bedford | State: NH | Zip Code: 03110-6983
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: 09 / 29 / 2009
Transaction ID: 30611687
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1350.00**

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

Image# 10990128183

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 259 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Dudley S Burwell, , MD
Mailing Address 2781 C T Switzer Sr Dr Ste 402
City: Biloxi | State: MS | Zip Code: 39531-4535
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611689
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Harold E Halvorson, , MD
Mailing Address PMB 437
6015 S Virginia
City: Reno | State: NV | Zip Code: 89502-6058
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: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611690
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Douglas J Straehley, , MD
Mailing Address 660 Golden Ridge Rd Ste 250
City: Golden | State: CO | Zip Code: 80401-9541
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: 750.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611693
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) ..... ▶

Image# 10990128184

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 260 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas E Baier, , MD
Mailing Address 105 N Greenleaf
City: Gurnee | State: IL | Zip Code: 60031-3326
FEC ID number of contributing federal political committee. C
Name of Employer: Greenleaf Orthopedic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611695
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Scott Philip Worrell, , MD
Mailing Address 11110 Medical Campus Rd Ste 205
City: Hagerstown | State: MD | Zip Code: 21742-6797
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: 1750.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611697
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. George W Brindley, , MD
Mailing Address Dept of Orthopaedic Surgery
3601 4th St
City: Lubbock | State: TX | Zip Code: 79430-0001
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: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611698
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) ..... ▶

Image# 10990128185

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 261 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Patrick E Clare, , MD
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 Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611699
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Alan T Kawaguchi, , MD
Mailing Address Alpine Orthopaedic Med Grp
2488 N California St
City: Stockton | State: CA | Zip Code: 95204-5508
FEC ID number of contributing federal political committee. C
Name of Employer: Alpine Orthopaedic Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611700
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Randy Jaeger, , MD
Mailing Address 3748 Devonshire Rd
City: Allentown | State: PA | Zip Code: 18103-9668
FEC ID number of contributing federal political committee. C
Name of Employer: Coordinated Health System
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611703
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1150.00**

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

Image# 10990128186

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 262 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. David E Nonweiler, , MD
Mailing Address William Medical Bldg
6585 S Yale Ste 200
City: Tulsa State: OK Zip Code: 74136-8315
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: 1250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611704
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen Beissinger, , MD
Mailing Address 6325 US Hwy 27 N Ste 201
City: Sebring State: FL Zip Code: 33870-8226
FEC ID number of contributing federal political committee. C
Name of Employer: Florida Joint & Spine Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611705
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Norman B Livermore, III, MD
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: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30611706
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) ..... ▶

Image# 10990128187

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 263 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Leon P Mead, , MD
Mailing Address 730 Goodlette Rd North #201
City: Naples | State: FL | Zip Code: 34102-5618
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: 09 / 29 / 2009
Transaction ID: 30611707
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. John W Anderson, , MD
Mailing Address 3301 NW 50th
City: Oklahoma City | State: OK | Zip Code: 73112-5627
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Associates Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30613172
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael A Mont, , MD
Mailing Address Rubin Institute for Advanced Ortho
2401 West Belvedere Ave 5th FL
City: Baltimore | State: MD | Zip Code: 21215-5216
FEC ID number of contributing federal political committee. C
Name of Employer: Sinai Hospital of Baltimo-re
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30613173
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) ..... ▶

Image# 10990128188

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 264 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Ralph P Katz, , MD
Mailing Address 4500 Tenth St
City: Marrero | State: LA | Zip Code: 70072-3122
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: 09 / 29 / 2009
Transaction ID: 30613175
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Christopher Robert Rothrock, , MD
Mailing Address 3 Kahlia Way Ct
City: Saint Louis | State: MO | Zip Code: 63127-1938
FEC ID number of contributing federal political committee. C
Name of Employer: St Louis Sports Health
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30613179
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. David F Sitler, , MD
Mailing Address 12701 Sagecrest Dr
City: Poway | State: CA | Zip Code: 92064-2600
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: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30613180
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) ..... ▶

Image# 10990128189

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 265 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Peter J Lukowski, , MD
Mailing Address 2161 Bellewood Dr
City: Saint Albans | State: WV | Zip Code: 25177-9548
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: 09 / 29 / 2009
Transaction ID: 30613181
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Donald R Johnson, , MD
Mailing Address 1106 Chuck Dawley Blvd #200
City: Mount Pleasant | State: SC | Zip Code: 29464-4195
FEC ID number of contributing federal political committee. C
Name of Employer: Southeastern Spine Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30613182
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Cary M Guse, , MD
Mailing Address 940 N Marr Rd Ste C
City: Columbus | State: IN | Zip Code: 47201-2610
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: 09 / 29 / 2009
Transaction ID: 30613184
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) ..... ▶

Image# 10990128190

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 266 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. John Nassar, , MD
Mailing Address 9393 N 90th St Ste 102
City: Scottsdale State: AZ Zip Code: 85258-5073
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: 09 / 29 / 2009
Transaction ID: 30613185
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Abhindrajeet Sandhu, , MD
Mailing Address 165 Oakvale Rd
City: Walnut Creek State: CA Zip Code: 94597-3419
FEC ID number of contributing federal political committee. C
Name of Employer: The Permanente Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30613186
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Alan Scott Tuckman, , MD
Mailing Address 2933 Cotswold Rd
City: Sinking Spring State: PA Zip Code: 19608-9690
FEC ID number of contributing federal political committee. C
Name of Employer: Lancaster Orthopedic Group
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30613187
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) .....

Image# 10990128191

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 267 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Thad A Riddle, , MD
Mailing Address 15 Medical Dr NE
City: Cartersville | State: GA | Zip Code: 30121-8005
FEC ID number of contributing federal political committee. C
Name of Employer: Georgia Bone & Joint Surgeons
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30613190
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Amar S Ranawat, , MD
Mailing Address Hospital of Special Surgery
535 E 70th St 6th Fl
City: New York | State: NY | Zip Code: 10021-4823
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: 09 / 29 / 2009
Transaction ID: 30613191
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Peter W Gilmer, , MD
Mailing Address 3211 Moore's Mill Rd
City: Rougemont | State: NC | Zip Code: 27572-7539
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: 09 / 29 / 2009
Transaction ID: 30615668
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) ..... ▶

Image# 10990128192

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Todd Hannula, , MD
Mailing Address N 85 W36400 Riverwood Ln
City: Oconomowoc | State: WI | Zip Code: 53066
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: 09 / 29 / 2009
Transaction ID: 30615669
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Dr. Matthew Cole Bernhard, , MD
Mailing Address 1678 State Route 60
City: Ashland | State: OH | Zip Code: 44805-9372
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: 09 / 29 / 2009
Transaction ID: 30615670
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Yram Jan Groff, , MD
Mailing Address 4815 Liberty Ave Ste 250
City: Pittsburgh | State: PA | Zip Code: 15224-2156
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: 09 / 29 / 2009
Transaction ID: 30615671
Amount of Each Receipt this Period: 368.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **918.00**

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

Image# 10990128193

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. John C Clohisy, , MD
Mailing Address Dept of Ortho, CB 8233
660 S Euclid
City: Saint Louis State: MO Zip Code: 63110-1010
FEC ID number of contributing federal political committee. C
Name of Employer: Washington University Medical School
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 29 / 2009
Transaction ID: 30615672
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Evan Margolis, , MD
Mailing Address 2862 Shoshone Trail
City: Lafayette State: CO Zip Code: 80026-3339
FEC ID number of contributing federal political committee. C
Name of Employer: Colorado Permanente Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 29 / 2009
Transaction ID: 30615674
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David Harrison Gilbert, , MD
Mailing Address 5301 N Dixie Hwy Ste 203
City: Oakland Park State: FL Zip Code: 33334-3447
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: 09 / 29 / 2009
Transaction ID: 30615675
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) ..... ▶

Image# 10990128194

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Rafael Antonio Lopez, , MD
Mailing Address 198 Zorzal Street
Montehiedra
City: San Juan | State: PR | Zip Code: 00926-7110
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: 09 / 29 / 2009
Transaction ID: 30615676
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Douglas W Kiburz, , MD
Mailing Address West Central Missouri Ortho
2301 S Ingram Ave
City: Sedalia | State: MO | Zip Code: 65301-8121
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: 09 / 29 / 2009
Transaction ID: 30615677
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. David J Flesher, , MD
Mailing Address 3301 NW 50th St
City: Oklahoma City | State: OK | Zip Code: 73112-5627
FEC ID number of contributing federal political committee: C
Name of Employer: Orthopedic Associates Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30615678
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) ..... ▶

Image# 10990128195

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 271 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Kevin W Lanighan, , MD
Mailing Address 5527 Pine Loch Ln
City: Buffalo | State: NY | Zip Code: 14221-2851
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: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30615679
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Paul E Papierski, , MD
Mailing Address 913 S Dryden Pl
City: Arlington Heights | State: IL | Zip Code: 60005-2766
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: 09 / 29 / 2009
Transaction ID: 30615681
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gerald W King, , MD
Mailing Address 600 Hospital Dr Ste 3
City: Clyde | State: NC | Zip Code: 28721-8046
FEC ID number of contributing federal political committee. C
Name of Employer: Calhoun Orthopaedics Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30615682
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) ..... ▶

Image# 10990128196

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. John William Miles, III, MD
Mailing Address PO Box 9012
City: La Mesa | State: CA | Zip Code: 91944-9012
FEC ID number of contributing federal political committee: C
Name of Employer: Sharp Rees-Staley Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30615683
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. James C Wittig, , MD
Mailing Address 130 E 18th St Apt 12C
City: New York | State: NY | Zip Code: 10003-2423
FEC ID number of contributing federal political committee: C
Name of Employer: Mount Sinai Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30615684
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrew M Casden, , MD
Mailing Address Beth Israel Med Ctr/Spine Inst
10 Union Square East Ste 5P
City: New York | State: NY | Zip Code: 10003-3314
FEC ID number of contributing federal political committee: C
Name of Employer: Beth Israel Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 / 29 / 2009
Transaction ID: 30615686
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) .....

Image# 10990128197

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Felipe Fontanez Sullivan
Mailing Address Bayamon Medical Plaza
1845 Can #2 Ste 701
City: Bayamon State: PR Zip Code: 00959-7206
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: 09 / 29 / 2009
Transaction ID: 30615687
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. John P Dormans, , MD
Mailing Address Div of Ortho Surgery 2nd Fl Wood B
34th & Civic Ctr Blvd
City: Philadelphia State: PA Zip Code: 19104-4399
FEC ID number of contributing federal political committee. C
Name of Employer: Childrens Hospital of Philadelphia
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636730
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David M Henneghan, , MD
Mailing Address 2111 Shadow View Circle
City: Plover State: WI Zip Code: 54467-2943
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: 10 / 06 / 2009
Transaction ID: 30636733
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) ..... ▶

Image# 10990128198

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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Paul Strawn Sherbondy, , MD
Mailing Address Ste 112, MC-UP02
1850 E Park Ave
City: State College | State: PA | Zip Code: 16803-6706
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: 500.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636734
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey L Zilberfarb, , MD
Mailing Address 1101 Beacon St Ste 5W
City: Brookline | State: MA | Zip Code: 02446-5587
FEC ID number of contributing federal political committee: C
Name of Employer: Meeks & Zilberfarb Orthop-aedics
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636736
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Leonard J Marchinski, , MD
Mailing Address 301 S 7th Ave Ste 3020
City: West Reading | State: PA | Zip Code: 19611-1494
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: 10 / 06 / 2009
Transaction ID: 30636738
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) ..... ▶

Image# 10990128199

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 275 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Harry E Rubash, , MD
Mailing Address Harvard Affl Hospitals
55 Fruit St YAW 3700
City: Boston State: MA Zip Code: 02114-2621
FEC ID number of contributing federal political committee. C
Name of Employer: Partners HealthCare
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: M M 1 0 / D D 0 6 / Y Y Y Y 2 0 0 9
Transaction ID: 30636739
Amount of Each Receipt this Period: 750.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jack Wayne Pennington, , MD
Mailing Address PO Box 2208
City: Blairsville State: GA Zip Code: 30514-2208
FEC ID number of contributing federal political committee. C
Name of Employer: Lincoln Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 1 0 / D D 0 6 / Y Y Y Y 2 0 0 9
Transaction ID: 30636740
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Harry N Herkowitz, , MD
Mailing Address Medical Office Bldg
3535 W 13 Mile Rd Ste 744
City: Royal Oak State: MI Zip Code: 48073-6770
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 1 0 / D D 0 6 / Y Y Y Y 2 0 0 9
Transaction ID: 30636741
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) ..... ▶

Image# 10990128200

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. William B Smith, , MD
Mailing Address Blount Orthopaedic Clinic
625 E St Paul Ave
City: Milwaukee State: WI Zip Code: 53202-5907
FEC ID number of contributing federal political committee. C
Name of Employer: Blount Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 1 0 / D D 0 6 / Y Y Y Y 2 0 0 9
Transaction ID: 30636742
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Edward L Westerheide, , MD
Mailing Address 1980 Tamarack Rd
City: Newark State: OH Zip Code: 43055-1363
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialists and Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 1 0 / D D 0 6 / Y Y Y Y 2 0 0 9
Transaction ID: 30636744
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Brian L Davison, , MD
Mailing Address 170 Taylor Station Rd
City: Columbus State: OH Zip Code: 43213-4441
FEC ID number of contributing federal political committee. C
Name of Employer: Cardinal Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: M M 1 0 / D D 0 6 / Y Y Y Y 2 0 0 9
Transaction ID: 30636747
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) ..... ▶

Image# 10990128201

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 277 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. James M Pape, , MD
Mailing Address 3699 N Fork Dr SE
City: Cedar Rapids | State: IA | Zip Code: 52403-2142
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: 10 / 06 / 2009
Transaction ID: 30636748
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard E Grant, , MD
Mailing Address Dept of Ortho Surgery
11100 Euclid Ave
City: Cleveland | State: OH | Zip Code: 44106-1716
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: 10 / 06 / 2009
Transaction ID: 30636749
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. James Albert Nunley, II, MD
Mailing Address Box 2923
Orthopaedic Division
City: Durham | State: NC | Zip Code: 27710-0001
FEC ID number of contributing federal political committee. C
Name of Employer: Duke University Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636750
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) ..... ▶

Image# 10990128202

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 278 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Scott W Wolfe, , MD
Mailing Address 535 E 70th St
City: New York | State: NY | Zip Code: 10021-4823
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: 10 / 06 / 2009
Transaction ID: 30636751
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kenneth K Ishizue, , MD
Mailing Address 12705 Corte Cordillera
City: Salinas | State: CA | Zip Code: 93908-8942
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: 10 / 06 / 2009
Transaction ID: 30636752
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Tom C Haney, , MD
Mailing Address 3334 Capital Med Blvd Ste 400
City: Tallahassee | State: FL | Zip Code: 32308-4470
FEC ID number of contributing federal political committee. C
Name of Employer: Tallahassee Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636753
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **900.00**

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

Image# 10990128203

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Lauren Parkhill Adey, , MD
Mailing Address 10 Bridle Path
City: Falmouth | State: ME | Zip Code: 04105-2838
FEC ID number of contributing federal political committee: C
Name of Employer: Central Maine Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636776
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Owen M Higgs, , MD
Mailing Address 6703 W Rio Grande
City: Kennewick | State: WA | Zip Code: 99336-2623
FEC ID number of contributing federal political committee: C
Name of Employer: Tri City Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636777
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Louis J Iorio, , MD
Mailing Address 199 Whitney Ave
City: New Haven | State: CT | Zip Code: 06511-3786
FEC ID number of contributing federal political committee: C
Name of Employer: The Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636778
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) ..... ▶

Image# 10990128204

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 280 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Gregg D Pike, , MD
Mailing Address 15 Cougar Dr
City: Great Falls | State: MT | Zip Code: 59404-6463
FEC ID number of contributing federal political committee. C
Name of Employer: Great Falls Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636779
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Jeffrey Bradford Phelps, , MD
Mailing Address 6017 Pedernales Rdg
City: North Richland Hil | State: TX | Zip Code: 76180-0222
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: 10 / 06 / 2009
Transaction ID: 30636780
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Charles G Brennan, , MD
Mailing Address 9 Colby St
City: Salem | State: MA | Zip Code: 01970-1901
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: 10 / 06 / 2009
Transaction ID: 30636781
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) ..... ▶

Image# 10990128205

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Craig A Dopf, , MD
Mailing Address 651 Acadia Way
City: Verona | State: WI | Zip Code: 53593-8228
FEC ID number of contributing federal political committee: C
Name of Employer: Univ of Wisconsin
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636782
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Eugene Lewis Heiman, , MD
Mailing Address Medical & Surgical Arts Plaza
1441 Woodstead Ct Ste 300
City: The Woodlands | State: TX | Zip Code: 77380-1449
FEC ID number of contributing federal political committee: C
Name of Employer: The Woodlands Sports Medicine Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636783
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David Vittetoe, , MD
Mailing Address 717 55th St
City: Des Moines | State: IA | Zip Code: 50312-1826
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: 10 / 06 / 2009
Transaction ID: 30636784
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) ..... ▶

Image# 10990128206

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 282 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. William V Arnold, , MD
Mailing Address 1881 Harte Rd
City: Jenkintown | State: PA | Zip Code: 19046-1532
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: 10 / 06 / 2009
Transaction ID: 30636785
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. C Timothy Floyd, , MD
Mailing Address 1075 N Curtis Rd Ste 300
City: Boise | State: ID | Zip Code: 83706-1348
FEC ID number of contributing federal political committee. C
Name of Employer: Boise Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30636787
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. August R Buerkle, Jr, MD
Mailing Address 6846 Buckley Rd Ste 1
City: N Syracuse | State: NY | Zip Code: 13212-4275
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: 10 / 06 / 2009
Transaction ID: 30637155
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) ..... ▶

Image# 10990128207

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 283 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Phillip R Bacilla, Jr, MD
Mailing Address 101 Willow Wood Rd
City: Arnaudville | State: LA | Zip Code: 70512-6459
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: 700.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30637157
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial)
Dr. John A Papa, , MD
Mailing Address 1285 Orange Ave
City: Winter Park | State: FL | Zip Code: 32789-4984
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: 300.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30637158
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Dr. David A McGuire, , MD
Mailing Address 4100 Lake Otis Pkwy Ste 320
City: Anchorage | State: AK | Zip Code: 99508-5231
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: 1250.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30637160
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 550.00

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

Image# 10990128208

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Scott P Steinmann, , MD
Mailing Address 200 First Street, SW
City: Rochester | State: MN | Zip Code: 55905-0001
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: 1000.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30637161
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Peter D Vizzi, , MD
Mailing Address 449 Heymann Blvd
City: Lafayette | State: LA | Zip Code: 70503-2616
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: 10 / 06 / 2009
Transaction ID: 30637162
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. John I Foster, III, MD
Mailing Address 4359 Whitewater Creek Rd
City: Atlanta | State: GA | Zip Code: 30327-3940
FEC ID number of contributing federal political committee: C
Name of Employer: Dominion Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30637164
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **950.00**

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

Image# 10990128209

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 285 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. John F Tompkins, II, MD
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: 400.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: 30637165
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial)
Dr. James A Keeney, , MD
Mailing Address 102 Yaupon Trail
City: San Antonio State: TX Zip Code: 78256-1625
FEC ID number of contributing federal political committee. C
Name of Employer: Washington University St Louis
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637166
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Chris P Ethridge, , MD
Mailing Address 709 Welford Ct
City: Madison State: MS Zip Code: 39110-7583
FEC ID number of contributing federal political committee. C
Name of Employer: Mississippi Sports Medici-ne & Orthopae
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637167
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) ..... ▶

Image# 10990128210

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 286 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Bradley James Nelson, , MD
Mailing Address 2512 S 7th St R200
City: Minneapolis | State: MN | Zip Code: 55454-1404
FEC ID number of contributing federal political committee. C
Name of Employer: University of Minnesota
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637169
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gary S Simon, , MD
Mailing Address 150 Helmsley Dr NW
City: Atlanta | State: GA | Zip Code: 30327-4901
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: 250.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637171
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. F Thomas Davies Kaplan, , MD
Mailing Address Indiana Hand Center
8501 Harcourt Rd
City: Indianapolis | State: IN | Zip Code: 46260-2046
FEC ID number of contributing federal political committee. C
Name of Employer: Indiana Hand Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637172
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) ..... ▶

Image# 10990128211

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 287 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Lance M Silverman, , MD
Mailing Address 6600 France Ave S Ste 605
City: Edina | State: MN | Zip Code: 55435-1807
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: 10 / 07 / 2009
Transaction ID: 30637174
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert V Dawe, , MD
Mailing Address 75 Kings Hwy Cutoff Ste 100
City: Fairfield | State: CT | Zip Code: 06824-5340
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialty Gro-up
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637175
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Joseph E Alhadeff, , MD
Mailing Address 710 Oakwood Dr
City: Red Lion | State: PA | Zip Code: 17356-8285
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic & Spine Speci-alists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637176
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) ..... ▶

Image# 10990128212

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Timothy J Clader, , MD
Mailing Address 20 Hagen Dr Ste 110
City: Rochester | State: NY | Zip Code: 14625-2665
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: 10 / 07 / 2009
Transaction ID: 30637177
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Raymond L Emerson, , MD
Mailing Address 575 Sioux Point Rd
City: Dakota Dunes | State: SD | Zip Code: 57049-5312
FEC ID number of contributing federal political committee. C
Name of Employer: CNOS
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637178
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Wayne Anthony Colizza, , MD
Mailing Address 160 Hanover Ave
PO Box 1446
City: Morristown | State: NJ | Zip Code: 07962-1446
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: 500.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637179
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) ..... ▶

Image# 10990128213

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)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Kent A Reinker, , MD
Mailing Address 7703 Floyd Curl Dr MC 7774
Dept of Orthopaedics
City: San Antonio State: TX Zip Code: 78229-3901
FEC ID number of contributing federal political committee. C
Name of Employer: Univ TX Hlth Sci Ctr at San Antonio
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637180
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. David B Basch, , MD
Mailing Address 90 Sparta Ave
City: Sparta State: NJ Zip Code: 07871-1730
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: 10 / 07 / 2009
Transaction ID: 30637183
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Kevin F Darr, , MD
Mailing Address 19343 Sunshine Ave
City: Covington State: LA Zip Code: 70433-8834
FEC ID number of contributing federal political committee. C
Name of Employer: Covington Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637184
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) .....

Image# 10990128214

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 290 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. R Kumar Kadiyala, , MD, PhD
Mailing Address 4302 Alton Rd Ste 710
City: Miami Beach | State: FL | Zip Code: 33140-2877
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: 10 / 07 / 2009
Transaction ID: 30637185
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Dr. William Bryan Strecker, , MD
Mailing Address 1050 Old Des Peres Rd Ste 100
City: Saint Louis | State: MO | Zip Code: 63131-1873
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: 10 / 07 / 2009
Transaction ID: 30637186
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Keith W Miller, , MD
Mailing Address Central Indiana Ortho
3600 W Bethel Ave
City: Muncie | State: IN | Zip Code: 47304-5407
FEC ID number of contributing federal political committee. C
Name of Employer: Central Indiana Orthopedi-cs
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637187
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2600.00**

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

Image# 10990128215

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Craig T Hatton, , MD
Mailing Address 2075 North 1200 West
City: Layton | State: UT | Zip Code: 84041-1616
FEC ID number of contributing federal political committee. C
Name of Employer: Intermountain Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637188
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. John Bellatti, , MD
Mailing Address PO Box 1720
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: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637192
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gregory H Sirounian, , MD
Mailing Address 13555 W McDowell Rd Ste 302
City: Goodyear | State: AZ | Zip Code: 85395-2629
FEC ID number of contributing federal political committee. C
Name of Employer: Integrated Medical Services
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 30637193
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) ..... ▶

Image# 10990128216

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Robert W Baylis, , MD
Mailing Address 736 Intracoastal Dr
City: Fort Lauderdale | State: FL | Zip Code: 33304-3621
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: 10 / 07 / 2009
Transaction ID: 30637194
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Hooman Meir Melamed, , MD
Mailing Address Diagnostic & Interventional Spinal
13160 Mindanao Way Ste 300
City: Marina Del Rey | State: CA | Zip Code: 90292-6393
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: 10 / 07 / 2009
Transaction ID: 30637196
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Brian D Mulliken, , MD
Mailing Address 8322 Bellona Ave Ste 100
City: Towson | State: MD | Zip Code: 21204-2065
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: 10 / 07 / 2009
Transaction ID: 30637197
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) ..... ▶

Image# 10990128217

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Joseph Johnson Gugenheim, Jr, MD
Mailing Address 7401 S Main
City: Houston State: TX Zip Code: 77030-4509
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 10 / D D 07 / Y Y Y Y 2009
Transaction ID: 30637198
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jonathan R Mallen, , MD
Mailing Address 67 Threepence Dr
City: Melville State: NY Zip Code: 11747-4024
FEC ID number of contributing federal political committee. C
Name of Employer: Orlin & Cohen Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2009
Transaction ID: 30637199
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Harold J Hebert, Jr, MD
Mailing Address 510 Jefferson Terrace Blvd
City: New Iberia State: LA Zip Code: 70560
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 10 / D D 07 / Y Y Y Y 2009
Transaction ID: 30637200
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **900.00**

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

Image# 10990128218

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Peter K Buchert, , MD
Mailing Address 1 S Keene St
City: Columbia | State: MO | Zip Code: 65201-7199
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: 10 / 13 / 2009
Transaction ID: 30701669
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Ranga Reddy, , MD
Mailing Address 172 W Badillo St
City: Covina | State: CA | Zip Code: 91723-2015
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: 10 / 13 / 2009
Transaction ID: 30701670
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Frank L Barnes, , MD
Mailing Address 3117 Avalon Pl
City: Houston | State: TX | Zip Code: 77019-5905
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: 10 / 13 / 2009
Transaction ID: 30701672
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) ..... ▶

Image# 10990128219

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 295 / 425
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Samuel D D'Agata, , MD
Mailing Address 207 Blooming Grove Rd
City: Hanover | State: PA | Zip Code: 17331-7917
FEC ID number of contributing federal political committee. C
Name of Employer: Hanover Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30701673
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey A Baum, , MD
Mailing Address 200 Delafield Rd Ste 1040
City: Pittsburgh | State: PA | Zip Code: 15215-3234
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: 10 / 13 / 2009
Transaction ID: 30701674
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. K Nicholas Pandelidis, , MD
Mailing Address 1855 Powder Mill Rd
City: York | State: PA | Zip Code: 17402-4723
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: 10 / 13 / 2009
Transaction ID: 30701675
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) .....

Image# 10990128220

SCHEDULE A (FEC Form 3X)
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Geoffrey James Van Flandern, , MD
Mailing Address 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: 250.00

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2009
Transaction ID: 30701678
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. J Lockwood Ochsner, Jr, MD
Mailing Address 1514 Jefferson Hwy
City: New Orleans | State: LA | Zip Code: 70121-2429
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: 1000.00

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2009
Transaction ID: 30701682
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Charles P Schneider, , MD
Mailing Address 206 E Elm St
City: Caldwell | State: ID | Zip Code: 83605-4815
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: 450.00

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2009
Transaction ID: 30701683
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) 950.00

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

Image# 10990128221

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 297 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Susan E Stephens, , MD
Mailing Address 1776 Chartley
City: Gates Mills | State: OH | Zip Code: 44040-9725
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: 10 / 13 / 2009
Transaction ID: 30701685
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Philip O Merritt, , MD
Mailing Address 1505 Wilson Ter Ste 200
City: Glendale | State: CA | Zip Code: 91206-4073
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: 10 / 13 / 2009
Transaction ID: 30701686
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Douglas J Hofmann, , MD
Mailing Address 1855 Powder Mill Rd
City: York | State: PA | Zip Code: 17402-4723
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: 250.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30701688
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) ..... ▶

Image# 10990128222

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Kooros Sajadi, , MD
Mailing Address 230 Foutain Court Ste 180
City: Lexington | State: KY | Zip Code: 40509-1896
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: 10 / 13 / 2009
Transaction ID: 30701689
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. William M Granberry, , MD
Mailing Address 6624 Fannin St Ste 2600
City: Houston | State: TX | Zip Code: 77030-2338
FEC ID number of contributing federal political committee. C
Name of Employer: Bone & Joint Clinic Houston
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30701690
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. J Ollie Edmunds, Jr, MD
Mailing Address 1440 Canal St Ste 1500
City: New Orleans | State: LA | Zip Code: 70112-2702
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: 5000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705867
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5500.00**

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

Image# 10990128223

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 299 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Kenneth Jay Easterling, , MD
Mailing Address 7100 W 20th Ave Ste 101
City: Hialeah | State: FL | Zip Code: 33016-1813
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Specialists of South Florida
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705887
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Alexander Benton LeGrand, , MD
Mailing Address 1450 Ellis St Ste 201
City: Bozeman | State: MT | Zip Code: 59715-8813
FEC ID number of contributing federal political committee. C
Name of Employer: Bridger Orthopedic & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705888
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard Justis Haynes, , MD
Mailing Address 511 W Ocotillo Rd
City: Phoenix | State: AZ | Zip Code: 85013-1134
FEC ID number of contributing federal political committee. C
Name of Employer: ACGME
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705889
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) ..... ▶

Image# 10990128224

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 300 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. David S Raskas, , MD
Mailing Address 3009 N Ballas Rd Ste 320A
City: Saint Louis | State: MO | Zip Code: 63131-2324
FEC ID number of contributing federal political committee. C
Name of Employer: St Louis Spine Care
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705890
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. John Vitolo, , MD
Mailing Address 540 Lafayette Rd Ste D
City: Sparta | State: NJ | Zip Code: 07871-3498
FEC ID number of contributing federal political committee. C
Name of Employer: Skyview Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705891
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael J Fracchia, , MD
Mailing Address 635 Belle Terre Rd Ste 204
City: Port Jefferson | State: NY | Zip Code: 11777-1977
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: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705892
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) ..... ▶

Image# 10990128225

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 301 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas J Parr, , MD
Mailing Address 14090 Southwest Fwy Ste 130
City: Sugar Land | State: TX | Zip Code: 77478-3683
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: 10 / 13 / 2009
Transaction ID: 30705893
Amount of Each Receipt this Period: 750.00

B.
Full Name (Last, First, Middle Initial)
Dr. George K Nichols, , MD
Mailing Address 1155 35th Lane Suite 100
City: Vero Beach | State: FL | Zip Code: 32960-6522
FEC ID number of contributing federal political committee. C
Name of Employer: Vero Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705966
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael R Heilig, , MD
Mailing Address 200 Kelburn Ct
City: Lexington | State: KY | Zip Code: 40515-5633
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: 10 / 13 / 2009
Transaction ID: 30705967
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3750.00**

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

Image# 10990128226

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 302 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Cesar M Roca, Jr, MD
Mailing Address Attn: Joanne Rafada
3610 Springhill Memorial Dr N
City: Mobile | State: AL | Zip Code: 36608-1162
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: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705968
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Bruce D Stamos, , MD
Mailing Address 1870 Northwest Dr
City: Point Pleasant | State: NJ | Zip Code: 08742-5236
FEC ID number of contributing federal political committee: C
Name of Employer: Brielle Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705969
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Eugene B Pendleton, , MD
Mailing Address 59 Executive Park
City: Atlanta | State: GA | Zip Code: 30329-2208
FEC ID number of contributing federal political committee: C
Name of Employer: Emory Health Care
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705970
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) ..... ▶

Image# 10990128227

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 303 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Michael T Gallagher, , MD
Mailing Address 435 S. Crystal St.
Suite 400
City: Butte | State: MT | Zip Code: 59701-1506
FEC ID number of contributing federal political committee. C
Name of Employer: Montana Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705972
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Paul D Gleason, II, MD
Mailing Address 180 Reed Rd
City: Springboro | State: OH | Zip Code: 45066-9415
FEC ID number of contributing federal political committee. C
Name of Employer: USAF
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705973
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Abhinav Bobby Chhabra, , MD
Mailing Address Dept of Orthopaedics
400 Ray C Hunt Dr Ste 330
City: Charlottesville | State: VA | Zip Code: 22903-2980
FEC ID number of contributing federal political committee. C
Name of Employer: University of Virginia
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705974
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) ..... ▶

Image# 10990128228

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 304 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Richard Neal Vinglas, , MD
Mailing Address Bridger Orthopedics
1450 Ellis St Ste 201
City: Bozeman State: MT Zip Code: 59715-8813
FEC ID number of contributing federal political committee. C
Name of Employer: Bridger Orthopedic & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705975
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. John D Campbell, , MD
Mailing Address 1450 Ellis St Ste 201
City: Bozeman State: MT Zip Code: 59715-8813
FEC ID number of contributing federal political committee. C
Name of Employer: Bridger Orthopedic and Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705976
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jon F Robinson, , MD
Mailing Address 1450 Ellis St Ste 201
City: Bozeman State: MT Zip Code: 59715-8813
FEC ID number of contributing federal political committee. C
Name of Employer: Bridger Orthopedic and Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705977
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) ..... ▶

Image# 10990128229

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert Brent Blake, , MD
Mailing Address 1450 Ellis St Ste 201
City: Bozeman | State: MT | Zip Code: 59715-8813
FEC ID number of contributing federal political committee: C
Name of Employer: Bridger Orthopedic and Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705978
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel M Gannon, , MD
Mailing Address 1450 Ellis St Ste 201
City: Bozeman | State: MT | Zip Code: 59715-8813
FEC ID number of contributing federal political committee: C
Name of Employer: Bridger Ortho & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705979
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Lyle Sorensen, , MD
Mailing Address 1100 9th Ave
PO Box 900
City: Seattle | State: WA | Zip Code: 98101-2756
FEC ID number of contributing federal political committee: C
Name of Employer: Virginia Mason Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705980
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) ..... ▶

Image# 10990128230

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 306 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Niels J Linschoten, , MD
Mailing Address 8080 Bluebonnet Blvd Ste 1000
City: Baton Rouge | State: LA | Zip Code: 70810-7827
FEC ID number of contributing federal political committee. C
Name of Employer: Baton Rouge Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705981
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard M Terek, , MD
Mailing Address 2 Dudley St Ste 200
City: Providence | State: RI | Zip Code: 02905-3248
FEC ID number of contributing federal political committee. C
Name of Employer: University Orthopedics Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705982
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Bruce Jay Rudin, , MD
Mailing Address Medical Arts Pavilion
4745 Ogletown-Stanton Rd Ste 225
City: Newark | State: DE | Zip Code: 19713-1340
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: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705984
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) ..... ▶

Image# 10990128231

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 307 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. E Bruce Bynum, , DO
Mailing Address 4292 SW Agate Ave
City: Corvallis | State: OR | Zip Code: 97333-1178
FEC ID number of contributing federal political committee. C
Name of Employer: The Corvallis Clinic PC
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705986
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Morgan Packard Lorio, , MD
Mailing Address 240 Medical Park Blvd Ste 2700
City: Bristol | State: TN | Zip Code: 37620-7352
FEC ID number of contributing federal political committee. C
Name of Employer: Neuro-Spine Solutions
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705987
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Bernard M Swope, , MD
Mailing Address 190 Campus Blvd Ste 310
City: Winchester | State: VA | Zip Code: 22601-2872
FEC ID number of contributing federal political committee. C
Name of Employer: Bone & Joint Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705988
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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

Image# 10990128232

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 308 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Steven Nowicki, , MD
Mailing Address Laurel Bone and Joint Clinic
424 S 13th Ave Box 2666
City: Laurel State: MS Zip Code: 39440-4345
FEC ID number of contributing federal political committee. C
Name of Employer: Laurel Bone & Joint Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705989
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Torrance Anthony Walker, , MD
Mailing Address 2404 Foxborough
City: Pine Bluff State: AR Zip Code: 71603-8350
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: 10 / 13 / 2009
Transaction ID: 30705990
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas Krebs Comfort, , MD
Mailing Address 1991 Northwestern Ave S
City: Stillwater State: MN Zip Code: 55082-7536
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: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30705991
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) ..... ▶

Image# 10990128233

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 309 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Cornel C Van Gorp, , MD
Mailing Address Dept Ortho
2050 Kenney Rd Ste 330
City: Columbus State: OH Zip Code: 43221-3502
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: 250.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: 30727256
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard Glenn Davito, , MD
Mailing Address 5900 S Lake Dr
City: Cudahy State: WI Zip Code: 53110-3171
FEC ID number of contributing federal political committee. C
Name of Employer: Lakeshore Medical Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: 30727257
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. William Rozzi, , MD
Mailing Address 51116 Shamrock Hills Ct
City: Granger State: IN Zip Code: 46530-7824
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: 250.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: 30727258
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) ▶

Image# 10990128234

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 310 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Michael E Brage, , MD
Mailing Address 24331 El Toro Rd Ste 200
City: Laguna Woods | State: CA | Zip Code: 92637-3116
FEC ID number of contributing federal political committee. C
Name of Employer: SCOS
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727259
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. John E Herzenberg, , MD
Mailing Address Rubin Institute for Advanced Ortho
2401 W Belvedere Ave
City: Baltimore | State: MD | Zip Code: 21215-5216
FEC ID number of contributing federal political committee. C
Name of Employer: Sinai Hospital of Baltimo-re
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727260
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Adrienne J Towsen, , MD
Mailing Address 155 Red Oak Dr
City: Lincoln University | State: PA | Zip Code: 19352-8939
FEC ID number of contributing federal political committee. C
Name of Employer: Premier Ortho & Sports Me-dicine
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727261
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) .....

Image# 10990128235

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Harlan E Hiramoto, , MD
Mailing Address 762 Route 202-206 North
City: Bridgewater | State: NJ | Zip Code: 08807-1776
FEC ID number of contributing federal political committee. C
Name of Employer: Hiramoto Orthopaedic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727262
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas K Fehring, , MD
Mailing Address 2001 Vail Ave Ste 200A
City: Charlotte | State: NC | Zip Code: 28207-1219
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: 1250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727264
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Carey E Winder, , MD
Mailing Address 8080 Bluebonnet Blvd Ste 1000
City: Baton Rouge | State: LA | Zip Code: 70810-7827
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: 10 / 21 / 2009
Transaction ID: 30727265
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) ..... ▶

Image# 10990128236

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 312 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. William D Gurley, , MD
Mailing Address 7160 Foothills Dr
City: Farmington | State: NM | Zip Code: 87402-4997
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: 1000.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727267
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Steven M Mulawka, , MD
Mailing Address 1555 Northway Dr
City: Saint Cloud | State: MN | Zip Code: 56303-4555
FEC ID number of contributing federal political committee. C
Name of Employer: St Cloud Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727268
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Paul Allen Davis
Mailing Address 305 Robinhood Dr
City: Florence | State: AL | Zip Code: 35633-1616
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: 10 / 21 / 2009
Transaction ID: 30727269
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) ..... ▶

Image# 10990128237

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 313 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard E Grant, , MD
Mailing Address Dept of Ortho Surgery
11100 Euclid Ave
City: Cleveland State: OH Zip Code: 44106-1716
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 10 / D D 21 / Y Y Y Y 2009
Transaction ID: 30727270
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. Richard E Grant, , MD
Mailing Address Dept of Ortho Surgery
11100 Euclid Ave
City: Cleveland State: OH Zip Code: 44106-1716
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 10 / D D 21 / Y Y Y Y 2009
Transaction ID: 30727271
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Faruk Said Abuzzahab, , MD
Mailing Address 3200 Westhill Dr Ste 201
City: Wausau State: WI Zip Code: 54401-4707
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Associates of Wausau
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: 30727399
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1200.00**

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

Image# 10990128238

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 314 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Edward Diao, , MD
Mailing Address 450 Sutter St Ste 500
City: San Francisco | State: CA | Zip Code: 94108-3907
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: 10 / 21 / 2009
Transaction ID: 30727402
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. David J Stapor, , MD
Mailing Address 1200 Brooks Ln Ste 240
City: Clairton | State: PA | Zip Code: 15025-3750
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: 10 / 21 / 2009
Transaction ID: 30727404
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Ronald A Hall, , MD
Mailing Address 755 Barnesley Lane
City: Alpharetta | State: GA | Zip Code: 30022-3773
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: 10 / 21 / 2009
Transaction ID: 30727405
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) ..... ▶

Image# 10990128239

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 315 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Delwin E Quenzer, , MD
Mailing Address 5604 Glen Oaks Pointe
City: West Des Moines | State: IA | Zip Code: 50266
FEC ID number of contributing federal political committee: C
Name of Employer: Des Moines Orthopaedic Surgeons,PC
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727406
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Brian D Hoffman, , MD
Mailing Address 48 Sanderson St 2nd Floor
City: Greenfield | State: MA | Zip Code: 01301-2779
FEC ID number of contributing federal political committee: C
Name of Employer: Baystate Health
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727407
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrew H Schmidt, , MD
Mailing Address 3630 Rosewood Ln
City: Plymouth | State: MN | Zip Code: 55441-1126
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: 10 / 21 / 2009
Transaction ID: 30727408
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) ..... ▶

Image# 10990128240

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Mark Seltzer Sanders, , MD
Mailing Address 11315 Bothwell Way
City: Houston | State: TX | Zip Code: 77024-5302
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: 10 / 21 / 2009
Transaction ID: 30727409
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. David Sheng Huang, , MD
Mailing Address 1518 10th St
City: Wichita Falls | State: TX | Zip Code: 76301-4405
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: 10 / 21 / 2009
Transaction ID: 30727416
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard Burns Cunningham, Jr, MD
Mailing Address 9430 Park West Blvd Ste 130
City: Knoxville | State: TN | Zip Code: 37923-4205
FEC ID number of contributing federal political committee. C
Name of Employer: Tenneesee Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727417
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3500.00**

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

Image# 10990128241

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Gerald Lee Baker, , MD
Mailing Address 508 Stocktrail Ave Ste A
City: Gillette | State: WY | Zip Code: 82716-3582
FEC ID number of contributing federal political committee. C
Name of Employer: Powder River Ortho & Spine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 1 0 / D D 2 1 / Y Y Y Y 2 0 0 9
Transaction ID: 30727419
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kevin James Kulwicki, , MD
Mailing Address 1660 N Prospect Ave #2408
City: Milwaukee | State: WI | Zip Code: 53202-6713
FEC ID number of contributing federal political committee. C
Name of Employer: North Shore Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 1 0 / D D 2 1 / Y Y Y Y 2 0 0 9
Transaction ID: 30727420
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. William Hodges Davis, , MD
Mailing Address 2001 Vail Avenue Suite 200 B
City: Charlotte | State: NC | Zip Code: 28207-1219
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 1 0 / D D 2 1 / Y Y Y Y 2 0 0 9
Transaction ID: 30727421
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) ..... ▶

Image# 10990128242

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Ross Taylor, , MD
Mailing Address Coastal Ortho Assoc
2376 Cypress Circle Ste 300
City: Conway | State: SC | Zip Code: 29526-8995
FEC ID number of contributing federal political committee. C
Name of Employer: Coastal Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727422
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Nathaniel J Stewart, , MD
Mailing Address 4212 Southtowne Dr
City: Eau Claire | State: WI | Zip Code: 54701-2635
FEC ID number of contributing federal political committee. C
Name of Employer: Chippewa Valley Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727423
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. William Albert Bruck, , MD
Mailing Address 9301 N Central Expy Ste 400
City: Dallas | State: TX | Zip Code: 75231-0805
FEC ID number of contributing federal political committee. C
Name of Employer: Carrell Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727424
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) ..... ▶

Image# 10990128243

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 319 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John Thomas Bolger, , MD
Mailing Address 1111 Delafield St Ste 120
City: Waukesha | State: WI | Zip Code: 53188-3402
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: 1000.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727425
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Arnold Ray Penix, , MD
Mailing Address 7046 Southhampton Ln
City: West Chester | State: OH | Zip Code: 45069-8569
FEC ID number of contributing federal political committee. C
Name of Employer: Ohio Valley Ortho & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727426
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Stephen Davis Lucey, , MD
Mailing Address 201 E Wendover Ave
City: Greensboro | State: NC | Zip Code: 27401-1205
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: 10 / 21 / 2009
Transaction ID: 30727427
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) ▶

Image# 10990128244

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 320 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Ray Payne, , MD
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 Orthopedic Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727428
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. P Merrill White, , MD
Mailing Address 10321 Kingston Pike
City: Knoxville | State: TN | Zip Code: 37922-3224
FEC ID number of contributing federal political committee. C
Name of Employer: USPI
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727432
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael H Handy, , MD
Mailing Address 3515 W Market St Ste 110
City: Greensboro | State: NC | Zip Code: 27403-4439
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Trauma Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727433
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) ..... ▶

Image# 10990128245

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 321 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Brian R Hamlin, , MD
Mailing Address Dept of Orthopaedics
PO Box 9196
City: Morgantown State: WV Zip Code: 26506-9196
FEC ID number of contributing federal political committee. C
Name of Employer: WVU School of Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 30727434
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial)
Dr. John W Blute, Jr, MD
Mailing Address 290 Baker Ave
City: Concord State: MA Zip Code: 01742-2189
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: 10 / 21 / 2009
Transaction ID: 30727435
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. George H Thompson, , MD
Mailing Address 11100 Euclid Ave
City: Cleveland State: OH Zip Code: 44106-1716
FEC ID number of contributing federal political committee. C
Name of Employer: Case Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: 30779130
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

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

Image# 10990128246

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 322 / 425
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[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Michael F Sacco, , MD
Mailing Address 120 Norlyn Dr
City: Walnut Creek | State: CA | Zip Code: 94596-4258
FEC ID number of contributing federal political committee. C
Name of Employer: East Bay Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: 30779133
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. David Turner Jones, , MD
Mailing Address Bone and Joint Surgery Clinic
3410 Executive Dr Ste 103
City: Raleigh | State: NC | Zip Code: 27609-7457
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: 10 / 28 / 2009
Transaction ID: 30779134
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas L Erickson, , MD
Mailing Address 1780 E Florence Blvd Ste 106
City: Casa Grande | State: AZ | Zip Code: 85122-4782
FEC ID number of contributing federal political committee. C
Name of Employer: Sierra Orthopaedics PC
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: 30779135
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) .....

Image# 10990128247

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 323 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Nicholas J Meyer, , MD
Mailing Address 1991 Northwestern Ave S
City: Stillwater | State: MN | Zip Code: 55082-7536
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: 10 / 28 / 2009
Transaction ID: 30779136
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Steven C Copeland, , MD
Mailing Address 1501 Bright Rd
City: Findlay | State: OH | Zip Code: 45840-5463
FEC ID number of contributing federal political committee. C
Name of Employer: Ohio Orthopaedics & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: 30779137
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Myles D Brager, , MD
Mailing Address 10 Crossroads Dr Ste 210
City: Owings Mills | State: MD | Zip Code: 21117-5461
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Ctr for Ortho Su-rg & Sports M
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: 30779138
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) ..... ▶

Image# 10990128248

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 324 / 425
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Douglas F Geiger, , MD
Mailing Address 5315 Elliot Dr Ste 102
City: Ypsilanti | State: MI | Zip Code: 48197-8634
FEC ID number of contributing federal political committee. C
Name of Employer: Michigan Brain & Spine Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2009
Transaction ID: 30779139
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Ned A Wilson, , MD
Mailing Address 111 Sunnyview Ln Ste A
City: Kalispell | State: MT | Zip Code: 59901-3164
FEC ID number of contributing federal political committee. C
Name of Employer: Flathead Valley Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2009
Transaction ID: 30779142
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. James Dudley Ferrari, , MD
Mailing Address 11960 Lioness Way Ste 260
City: Parker | State: CO | Zip Code: 80134-5640
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Ortho & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2009
Transaction ID: 30779143
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) ..... ▶

Image# 10990128249

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Elizabeth A Ouellette, , MD
Mailing Address North Park Professional Bldg
100 NW 170 St Ste 101
City: North Miami Beach | State: FL | Zip Code: 33169-5510
FEC ID number of contributing federal political committee. C
Name of Employer: Miami International Hand Surgical Serv
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: 30779155
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Mitchell Forest Reiter, , MD
Mailing Address 50 Blazier Rd
City: Martinsville | State: NJ | Zip Code: 08836-2041
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: 10 / 28 / 2009
Transaction ID: 30779156
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Dr. Basil Besh, , MD
Mailing Address 3555 Beacon Ave
City: Fremont | State: CA | Zip Code: 94538-1407
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: 10 / 28 / 2009
Transaction ID: 30779157
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) 1600.00

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

Image# 10990128250

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 326 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. James R Dyreby, , MD
Mailing Address Northland Orthopaedic Assoc, S C
444 E Timber Dr
City: Rhinelander | State: WI | Zip Code: 54501-2852
FEC ID number of contributing federal political committee. C
Name of Employer: Northland Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: 30779158
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Carl William Bacon, , MD
Mailing Address 700 W 800 N Ste 100
City: Orem | State: UT | Zip Code: 84057-6302
FEC ID number of contributing federal political committee. C
Name of Employer: Central Clinic of Utah
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: 30779159
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael P Bernot, , MD
Mailing Address 2045 Peachtree Rd Ste 700
City: Atlanta | State: GA | Zip Code: 30309-1417
FEC ID number of contributing federal political committee. C
Name of Employer: Peachtree Orthopedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 30779179
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) ..... ▶

Image# 10990128251

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 327 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Richard E Grant, , MD
Mailing Address Dept of Ortho Surgery
11100 Euclid Ave
City: Cleveland State: OH Zip Code: 44106-1716
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 1 0 / D D 3 0 / Y Y Y Y 2 0 0 9
Transaction ID: 30779181
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert A Winquist, , MD
Mailing Address 601 Broadway
City: Seattle State: WA Zip Code: 98122-5330
FEC ID number of contributing federal political committee. C
Name of Employer: Proliance Surgeons, Inc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 1 0 / D D 3 0 / Y Y Y Y 2 0 0 9
Transaction ID: 30779182
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Roland Y Nakata, , MD
Mailing Address 815 S Fairmont Ave
City: Lodi State: CA Zip Code: 95240-5116
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 1 0 / D D 3 0 / Y Y Y Y 2 0 0 9
Transaction ID: 30779183
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) ..... ▶

Image# 10990128252

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard D Goldner, , MD
Mailing Address Box 3480, Ortho Division
City: Durham | State: NC | Zip Code: 27710-0001
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: 10 / 30 / 2009
Transaction ID: 30779184
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Blane William McCoy, , MD
Mailing Address Medical Arts Ctr IV
6115 Powers Blvd Ste 100
City: Parma | State: OH | Zip Code: 44129-5469
FEC ID number of contributing federal political committee. C
Name of Employer: Southwest Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 30779186
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Dr. Edgar O Hicks, , MD
Mailing Address 836 Richards Dr
City: Eau Claire | State: WI | Zip Code: 54701-6242
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: 10 / 30 / 2009
Transaction ID: 30779187
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) ..... ▶

Image# 10990128253

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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

A.
Full Name (Last, First, Middle Initial)
Dr. Peter W Mitchell, , MD
Mailing Address 2222 E Highland Ste 425
City: Phoenix | State: AZ | Zip Code: 85016-4881
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: 10 / 30 / 2009
Transaction ID: 30779189
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Alan D Barronian, , MD
Mailing Address 16259 Sylvester Rd SW Ste 501
City: Burien | State: WA | Zip Code: 98166-3059
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: 500.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 30779191
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Dominic James Kleinhenz, , MD
Mailing Address Lighthouse Orthopedics
1821 NE 25th St
City: Lighthouse Point | State: FL | Zip Code: 33064-7744
FEC ID number of contributing federal political committee. C
Name of Employer: Holy Cross Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 30779194
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) ▶

Image# 10990128254

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. William W Bohn, , MD
Mailing Address 20920 W 151st St Ste 100
City: Olathe | State: KS | Zip Code: 66061-7243
FEC ID number of contributing federal political committee: C
Name of Employer: Olathe Health Systems
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 30779195
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Eric Bruce Pifel, , MD
Mailing Address 2023 Lake Bluff Dr
City: Shorewood | State: WI | Zip Code: 53211-1638
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: 10 / 30 / 2009
Transaction ID: 30780386
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Michael J Prayson, , MD
Mailing Address Miami Valley Hospital
30 E Apple St Ste 2200
City: Dayton | State: OH | Zip Code: 45409-2939
FEC ID number of contributing federal political committee: C
Name of Employer: Wright State University
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 06 / 2009
Transaction ID: 30791552
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) ..... ▶

Image# 10990128255

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. John T Capo, , MD
Mailing Address 58 Jefferson St Unit A
City: Hoboken | State: NJ | Zip Code: 07030-1804
FEC ID number of contributing federal political committee. C
Name of Employer: UMDNJ
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 06 / 2009
Transaction ID: 30791553
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Vincent Iacono, , MD
Mailing Address PO Box 30
City: Stoughton | State: MA | Zip Code: 02072-0030
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopedic Care Specialis-ts
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 06 / 2009
Transaction ID: 30791554
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Robert Brick Campbell, , MD
Mailing Address 1356 Five Point Rd
City: Virginia Beach | State: VA | Zip Code: 23454-1931
FEC ID number of contributing federal political committee. C
Name of Employer: VA Institute for Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 06 / 2009
Transaction ID: 30791555
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) ..... ▶

Image# 10990128256

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Rand L Schleusener, , MD
Mailing Address 7220 S Hwy 16
PO Box 6850
City: Rapid City | State: SD | Zip Code: 57702-8708
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: 11 / 06 / 2009
Transaction ID: 30791556
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. William F Hefley, Jr, MD
Mailing Address 5 St Vincent Cir Ste 100
City: Little Rock | State: AR | Zip Code: 72205-5415
FEC ID number of contributing federal political committee. C
Name of Employer: Orthosurgeons
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 06 / 2009
Transaction ID: 30791557
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. William Kenneth Jackson, , MD
Mailing Address 9301 N Central Expy Ste 400
City: Dallas | State: TX | Zip Code: 75231-0805
FEC ID number of contributing federal political committee. C
Name of Employer: WB Carrell Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 / 06 / 2009
Transaction ID: 30791558
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) ▶

Image# 10990128257

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Alan Rosen, , MD
Mailing Address 17270 Red Oak Dr Ste 200
City: Houston | State: TX | Zip Code: 77090-2632
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: 1000.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: 30791572
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Dennis H Gordon, , MD
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: 11 / 05 / 2009
Transaction ID: 30791573
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Archie C Perry, Jr, MD
Mailing Address 2800 E Desert Inn Rd #100
City: Las Vegas | State: NV | Zip Code: 89121-3609
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: 11 / 05 / 2009
Transaction ID: 30791574
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) ▶

Image# 10990128258

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 334 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. John Edeen, III, MD
Mailing Address 4499 Medical Dr Ste 235
City: San Antonio | State: TX | Zip Code: 78229-3712
FEC ID number of contributing federal political committee. C
Name of Employer: Pediatric Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: 30791575
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Samuel R Goldstein, , MD
Mailing Address 880 Montclair Rd Ste 577
City: Birmingham | State: AL | Zip Code: 35213-1980
FEC ID number of contributing federal political committee. C
Name of Employer: Sports Medicine & Orthopa-edic Surgeons
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: 30791576
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrew P Hartman, , MD
Mailing Address Tri City Orthopaedics
3905 Waring Rd
City: Oceanside | State: CA | Zip Code: 92056-4405
FEC ID number of contributing federal political committee. C
Name of Employer: Tri City Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: 30791577
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) ..... ▶

Image# 10990128259

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 335 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Raymond A Koch, , MD
Mailing Address 227 Boyle Dr
City: Eureka | State: CA | Zip Code: 95503-6401
FEC ID number of contributing federal political committee. C
Name of Employer: Humboldt Ortho Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: 30791612
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. Sharon L Hame, , MD
Mailing Address Dept of Surgery
10833 LeConte Ave CHS76-126
City: Los Angeles | State: CA | Zip Code: 90095-0001
FEC ID number of contributing federal political committee. C
Name of Employer: UCLA Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: 30791613
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Hal S Crane, , MD
Mailing Address 4700 E Hale Pkwy Ste 550
City: Denver | State: CO | Zip Code: 80220-4053
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: 1000.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: 30791614
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1600.00**

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Jason L Koh, , MD
Mailing Address 1000 Central St Ste 880
City: Evanston | State: IL | Zip Code: 60201-1780
FEC ID number of contributing federal political committee: C
Name of Employer: North Shore Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: 30791615
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Paul J Urbanek, , MD
Mailing Address 153 School St
City: Concord | State: NH | Zip Code: 03301-2562
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: 500.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876888
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David Arthur Detrisac, , MD
Mailing Address 3394 E Jolly Rd Ste A
City: Lansing | State: MI | Zip Code: 48910-8595
FEC ID number of contributing federal political committee: C
Name of Employer: East Lansing Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876889
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) ..... ▶

Image# 10990128261

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert Capecci, , MD
Mailing Address 111 Clara Barton Street
City: Dansville | State: NY | Zip Code: 14437-9503
FEC ID number of contributing federal political committee. C
Name of Employer: Noyes Hospital
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876891
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. H William Schaaf, , MD
Mailing Address 400 Main St
City: Phoenixville | State: PA | Zip Code: 19460-3810
FEC ID number of contributing federal political committee. C
Name of Employer: Phoenixville Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876892
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Travis Wade Hanson, , MD
Mailing Address 17270 Red Oak Dr Ste 200
City: Houston | State: TX | Zip Code: 77090-2632
FEC ID number of contributing federal political committee. C
Name of Employer: KSF Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876893
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) ..... ▶

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Allen D Boyd, Jr, MD
Mailing Address 1000 South Avenue
City: Rochester | State: NY | Zip Code: 14620-2733
FEC ID number of contributing federal political committee: C
Name of Employer: University of Rochester Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876894
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Terry F Reardon, , MD
Mailing Address 512 Saybrook Rd Ste 100
City: Middletown | State: CT | Zip Code: 06457-4788
FEC ID number of contributing federal political committee: C
Name of Employer: Orthopaedic Associates of Middletown
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876895
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gary E Friedlaender, , MD
Mailing Address 800 Howard Ave
PO Box 208071
City: New Haven | State: CT | Zip Code: 06519-1369
FEC ID number of contributing federal political committee: C
Name of Employer: Yale University
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876896
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) ..... ▶

Image# 10990128263

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 339 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Timothy A Garvey, , MD
Mailing Address Twin Cities Spine Center
913 E 26th St Ste 600
City: Minneapolis State: MN Zip Code: 55404-4515
FEC ID number of contributing federal political committee. C
Name of Employer: Twin Cities Spine Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876897
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gregory Price Lee, , MD
Mailing Address 226 Albermarle Pl
City: Macon State: GA Zip Code: 31204-1308
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: 11 / 17 / 2009
Transaction ID: 30876898
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gregory M Martin, , MD
Mailing Address 256 Lake Eden Way
City: Delray Beach State: FL Zip Code: 33444-4324
FEC ID number of contributing federal political committee. C
Name of Employer: Performance Orthopedics of the Palm Be
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 17 / 2009
Transaction ID: 30876899
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) ..... ▶

Image# 10990128264

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 340 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Joseph Jerome Giovinazzo, , MD
Mailing Address 201 Douglas Rd
City: Staten Island State: NY Zip Code: 10304-1551
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 11 / D D 17 / Y Y Y Y 2009
Transaction ID: 30876900
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Steve H Peterson, , MD
Mailing Address 691 Pauline Ct Ste L
City: Sonora State: CA Zip Code: 95370-5216
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: M M 11 / D D 17 / Y Y Y Y 2009
Transaction ID: 30876901
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Steven L Buckley, , MD
Mailing Address 6007 Macon Ct
City: Huntsville State: AL Zip Code: 35802-1931
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: 600.00

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2009
Transaction ID: 30876902
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) .....

Image# 10990128265

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Gregory J Lane, , MD
Mailing Address 11 Orchard Ln
City: Lebanon | State: NJ | Zip Code: 08833-4443
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Ortho & Sports Med Ctr
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30877961
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Harlan C Amstutz, , MD
Mailing Address 2200 W Third St Ste 400
City: Los Angeles | State: CA | Zip Code: 90057-1937
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: 11 / 18 / 2009
Transaction ID: 30877963
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Penny J Lawin, , MD
Mailing Address 1325 E Fortification St
City: Jackson | State: MS | Zip Code: 39202-2442
FEC ID number of contributing federal political committee. C
Name of Employer: MS Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30877965
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) ▶

Image# 10990128266

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 342 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Joseph C McCarthy, , MD
Mailing Address 2000 Washington St Ste 361 Green B
City: Newton | State: MA | Zip Code: 02462-1602
FEC ID number of contributing federal political committee. C
Name of Employer: Harvard
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30877966
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jose E Rojas, , MD
Mailing Address 1855 Jess Parish Ct
City: Titusville | State: FL | Zip Code: 32796-2123
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho Center of Titusville
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30877967
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. David S Muldowny, , MD
Mailing Address 1103 Kaliste Saloom Rd Ste 102
City: Lafayette | State: LA | Zip Code: 70508-5784
FEC ID number of contributing federal political committee. C
Name of Employer: Lafayette Bone & Joint
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30877968
Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 343 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. David Gonzalez, , MD
Mailing Address 93 Inningwood Rd
City: Millwood | State: NY | Zip Code: 10546-1130
FEC ID number of contributing federal political committee: C
Name of Employer: Montifere Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30877969
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Steven R Fischer, , MD
Mailing Address Orthopedics & Sports Medicine
2702 8th Ave N
City: Billings | State: MT | Zip Code: 59101-1107
FEC ID number of contributing federal political committee: C
Name of Employer: Billings Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30877970
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Emmett T McEleney, , MD
Mailing Address Mohave Desert Ortho Ctr
1739 Beverly Ave Ste 101
City: Kingman | State: AZ | Zip Code: 86409-3593
FEC ID number of contributing federal political committee: C
Name of Employer: Mohave Desert Ortho Ctr
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30877971
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) ..... ▶

Image# 10990128268

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 344 / 425
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert H Blotter, , MD
Mailing Address 1414 W Fair Ave Ste 190
City: Marquette | State: MI | Zip Code: 49855-5406
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Surgery Associates of Marq
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878079
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. William C McMaster, , MD
Mailing Address 1310 W Stewart Dr Ste 508
City: Orange | State: CA | Zip Code: 92868-3856
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: 11 / 18 / 2009
Transaction ID: 30878080
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrew James Hvidston, , MD
Mailing Address 2301 25th St S Ste A
City: Fargo | State: ND | Zip Code: 58103-6104
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: 11 / 18 / 2009
Transaction ID: 30878081
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) .....

Image# 10990128269

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 345 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Reagan R Parr, , MD
Mailing Address 121 Sunchase Ct
City: Johnson City | State: TN | Zip Code: 37615-5502
FEC ID number of contributing federal political committee. C
Name of Employer: Appalachian Orthopaedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878082
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael B Grillot, , MD
Mailing Address 3045 S National
City: Springfield | State: MO | Zip Code: 65804-4268
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Specialists of Springfield
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878084
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Charles N Versteeg, Jr, MD
Mailing Address 2780 E Barnett Rd Ste 200
City: Medford | State: OR | Zip Code: 97504-8674
FEC ID number of contributing federal political committee. C
Name of Employer: Southern Oregon Orthopaed-ics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878085
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) ..... ▶

Image# 10990128270

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. James D Perry, , MD
Mailing Address 1747 Imperial Blvd
City: Lake Charles | State: LA | Zip Code: 70605-5362
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: 1000.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878086
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Douglas B Unis, , MD
Mailing Address 47 Vernon Pkwy
City: Mount Vernon | State: NY | Zip Code: 10552-1224
FEC ID number of contributing federal political committee. C
Name of Employer: St Luke's Roosevelt Ortho-paedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878087
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Scott W Trenhaile, , MD
Mailing Address 324 Roxbury Rd
City: Rockford | State: IL | Zip Code: 61107-5090
FEC ID number of contributing federal political committee. C
Name of Employer: Rockford Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878088
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) ..... ▶

Image# 10990128271

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 347 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John A Schneider, , MD
Mailing Address 3033 W Layton Ave Ste 102
City: Greenfield | State: WI | Zip Code: 53221-2628
FEC ID number of contributing federal political committee. C
Name of Employer: Sports Medicine & Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878090
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Alan G Greenwald, , MD
Mailing Address Jefferson Orthopedic Group
834 Sheridan Ave
City: Port Townsend | State: WA | Zip Code: 98368-2443
FEC ID number of contributing federal political committee. C
Name of Employer: Jefferson Orthopaedic Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 / 18 / 2009
Transaction ID: 30878091
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Louis E Murdock, , MD
Mailing Address 5012 N Quail Summit Way
City: Boise | State: ID | Zip Code: 83703-3858
FEC ID number of contributing federal political committee. C
Name of Employer: Intermountain Orthopedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906278
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) ▶

Image# 10990128272

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Charles C Craig, , MD
Mailing Address 800 Medical Center Dr Ste 240
City: Newton | State: KS | Zip Code: 67114-7809
FEC ID number of contributing federal political committee: C
Name of Employer: Axtell Orthopaedic PA
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906279
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Alan L Whitney, , MD
Mailing Address 2699 N 17th St
City: Coos Bay | State: OR | Zip Code: 97420-2134
FEC ID number of contributing federal political committee: C
Name of Employer: South Coast Orthopedic Assn
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906280
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. David Matthew Beard, , MD
Mailing Address 3000 32nd Avenue South
City: Fargo | State: ND | Zip Code: 58103-6132
FEC ID number of contributing federal political committee: C
Name of Employer: Multispecialty Group
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906281
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **600.00**

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

Image# 10990128273

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Antoine I Jabbour, , MD
Mailing Address 4802 S 109 East Ave
City: Tulsa | State: OK | Zip Code: 74146-5822
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: 11 / 24 / 2009
Transaction ID: 30906282
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Evan L Flatow, , MD
Mailing Address 5 E 98th St Box 1188
City: New York | State: NY | Zip Code: 10029-6501
FEC ID number of contributing federal political committee: C
Name of Employer: Mt Sinai Medical School
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906283
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. O Winston Cameron, Jr, MD
Mailing Address 128 Medical Circle
City: Winchester | State: VA | Zip Code: 22601-3322
FEC ID number of contributing federal political committee: C
Name of Employer: Winchester Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906297
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) ..... ▶

Image# 10990128274

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. William R Beach, , MD
Mailing Address PO Box 71690
City: Richmond | State: VA | Zip Code: 23255-1690
FEC ID number of contributing federal political committee: C
Name of Employer: Tuckahoe Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906299
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Srinivasa Sridhar, , MD
Mailing Address 1020 Mason Ave
City: Daytona Beach | State: FL | Zip Code: 32117-4612
FEC ID number of contributing federal political committee: C
Name of Employer: Atlantic Orthopaedics PA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906302
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Gary P Goodfried, , MD
Mailing Address 1905 Donnybrook
City: Tyler | State: TX | Zip Code: 75701-4236
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: 11 / 24 / 2009
Transaction ID: 30906303
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) ..... ▶

Image# 10990128275

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. G Vincent Dalton, , MD
Mailing Address 5899 Bremo Rd Ste 100
City: Richmond | State: VA | Zip Code: 23226-1935
FEC ID number of contributing federal political committee. C
Name of Employer: West End Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906305
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Steven J Cyr, , MD
Mailing Address 15 Esquire
City: San Antonio | State: TX | Zip Code: 78257-1384
FEC ID number of contributing federal political committee. C
Name of Employer: Spine & Ortho Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906306
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Syed Ashfaq Hasan, , MD
Mailing Address 2 Jacob Pl
City: Little Rock | State: AR | Zip Code: 72211-2156
FEC ID number of contributing federal political committee. C
Name of Employer: UAMS
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 24 / 2009
Transaction ID: 30906308
Amount of Each Receipt this Period: 500.00

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

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Image# 10990128276

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. William Kemp Montgomery, , MD
Mailing Address 5228 W Plano Pkwy
City: Plano | State: TX | Zip Code: 75093-5005
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: 12 / 08 / 2009
Transaction ID: 30947086
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Eric Jordan Guidi, , MD
Mailing Address 1715 N George Mason Dr Ste 504
City: Arlington | State: VA | Zip Code: 22205-3670
FEC ID number of contributing federal political committee. C
Name of Employer: Nirschel Orthopaedic Cent-er
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947087
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Stefan Alexander Prada, , MD
Mailing Address 3001 N Rocky Point Dr E Ste 185
City: Tampa | State: FL | Zip Code: 33607-5808
FEC ID number of contributing federal political committee. C
Name of Employer: Laser Spine Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947088
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) ..... ▶

Image# 10990128277

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 353 / 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Raymond J Boniface, , MD
Mailing Address 835 McKay Ct Ste 2
City: Youngstown | State: OH | Zip Code: 44512-5786
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: 12 / 08 / 2009
Transaction ID: 30947089
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Timothy Allen Gibbons, , MD
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: 2000.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947091
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Perry L Schoenecker, , MD
Mailing Address 2001 S Lindbergh Blvd
City: Saint Louis | State: MO | Zip Code: 63131-3504
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: 12 / 08 / 2009
Transaction ID: 30947092
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) ..... ▶

Image# 10990128278

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 354 / 425
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[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Joon Ahn, , MD
Mailing Address 4121 Veterans Memorial Dr
City: Mount Vernon | State: IL | Zip Code: 62864-6262
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: 12 / 08 / 2009
Transaction ID: 30947093
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gregory W Soghikian, , MD
Mailing Address 700 Lake Ave Ste 1
City: Manchester | State: NH | Zip Code: 03103-2734
FEC ID number of contributing federal political committee. C
Name of Employer: NH Orthopaedic Surgery
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947102
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Timothy Charles Fitzgibbons, , MD
Mailing Address 17030 Lakeside Hills Plz Ste 200
City: Omaha | State: NE | Zip Code: 68130-2396
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: 1000.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947103
Amount of Each Receipt this Period: 500.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. John T Andronaco, , MD
Mailing Address 385 Prospect Ave
City: Hackensack | State: NJ | Zip Code: 07601-2570
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: 12 / 08 / 2009
Transaction ID: 30947104
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. John G Lane, , MD
Mailing Address 7910 Frost St #200
City: San Diego | State: CA | Zip Code: 92123-2776
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: 12 / 08 / 2009
Transaction ID: 30947105
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Richard E Strain, Jr, MD
Mailing Address 5001 SW 70th Ave
City: Davie | State: FL | Zip Code: 33314-4901
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: 1250.00
Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947107
Amount of Each Receipt this Period: 1000.00

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

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Image# 10990128280

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Ira M Parsons, IV, MD
Mailing Address 19 Shearwater St
City: Durham | State: NH | Zip Code: 03824-3338
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: 250.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947108
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. John O Krause, , MD
Mailing Address 14825 N Outer Forty Rd Ste 200
City: Saint Louis | State: MO | Zip Code: 63017
FEC ID number of contributing federal political committee. C
Name of Employer: The Orthopaedic Ctr of St Louis
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947111
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Timothy Duffey, , DO
Mailing Address 1313 Olentangy River Rd
City: Columbus | State: OH | Zip Code: 43212-3120
FEC ID number of contributing federal political committee. C
Name of Employer: Ortho/Neuro
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947112
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) ..... ▶

Image# 10990128281

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 357 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Mark S Gross, , MD
Mailing Address 27401 W Hwy 22 Ste 125
City: Barrington | State: IL | Zip Code: 60010-5934
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: 500.00

Date of Receipt: M M 12 / D D 08 / Y Y Y Y 2009
Transaction ID: 30947113
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Patrick W Cummings, Jr, MD
Mailing Address 2424 S 90th St Ste 500
City: West Allis | State: WI | Zip Code: 53227-2464
FEC ID number of contributing federal political committee. C
Name of Employer: Aspen Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 12 / D D 08 / Y Y Y Y 2009
Transaction ID: 30947114
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Glen Feltham, , MD
Mailing Address Dept of Ortho Sugery
100 N Academy Ave
City: Danville | State: PA | Zip Code: 17822-0001
FEC ID number of contributing federal political committee. C
Name of Employer: Geisinger Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 12 / D D 08 / Y Y Y Y 2009
Transaction ID: 30947115
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) ..... ▶

Image# 10990128282

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 358 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. Christopher John Evanich, , MD
Mailing Address Ste 575
2801 W Kinnickinnic River Pkwy
City: Milwaukee State: WI Zip Code: 53215-5200
FEC ID number of contributing federal political committee. C
Name of Employer: Association of Orthopaedic Surgeons
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947116
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Lewis Henry Oster, Jr, MD
Mailing Address 2535 S Downing Ste 500
City: Denver State: CO Zip Code: 80210-5852
FEC ID number of contributing federal political committee. C
Name of Employer: Handsurgery Associates
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947117
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Walter J Hales, , MD
Mailing Address 821 Swift Blvd
City: Richland State: WA Zip Code: 99352-3513
FEC ID number of contributing federal political committee. C
Name of Employer: Tri-City Orthopaedic Clinic
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947119
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) ..... ▶

Image# 10990128283

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 359 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Sharadkumar N Saraiya, , MD
Mailing Address Colonial Orthopaedics
131 Jennick Dr
City: Colonial Heights | State: VA | Zip Code: 23834-4905
FEC ID number of contributing federal political committee. C
Name of Employer: Colonial Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 08 / 2009
Transaction ID: 30947120
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Francis J Lamberta, , MD
Mailing Address 1300 E Central Rd
City: Arlington Heights | State: IL | Zip Code: 60005-2857
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: 12 / 22 / 2009
Transaction ID: 31065425
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Taizoon H Baxamusa, , MD,FACS
Mailing Address 3119 Doriann Dr
City: Northbrook | State: IL | Zip Code: 60062-6909
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: 12 / 22 / 2009
Transaction ID: 31065426
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) ..... ▶

Image# 10990128284

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 360 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Leon S Benson, , MD
Mailing Address 2401 Ravine Way Ste 200
City: Glenview | State: IL | Zip Code: 60025-7645
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: 12 / 22 / 2009
Transaction ID: 31065427
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Marc J Breslow, , MD
Mailing Address 2524 Hurd Ave
City: Evanston | State: IL | Zip Code: 60201-1206
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: 12 / 22 / 2009
Transaction ID: 31065428
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Serafin M DeLeon, , MD
Mailing Address 350 S Greenleaf Ste 405
City: Gurnee | State: IL | Zip Code: 60031-5709
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: 12 / 22 / 2009
Transaction ID: 31065429
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) ..... ▶

Image# 10990128285

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 361 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Rajeev Garapati, , MD
Mailing Address 1539 W George
City: Chicago | State: IL | Zip Code: 60657-4005
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 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065430
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas F Gleason, , MD
Mailing Address 9000 Waukegan Rd
City: Morton Grove | State: IL | Zip Code: 60053-2127
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 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065431
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Matthew L Jimenez, , MD
Mailing Address 9000 Waukegan Road, Suite 200
City: Morton Grove | State: IL | Zip Code: 60053-2127
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: 1250.00

Date of Receipt: M M 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065432
Amount of Each Receipt this Period: 1250.00

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

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

Image# 10990128286

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 362 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Ira Bennett Kornblatt, , MD
Mailing Address 1660 Sylvester Pl
City: Highland Park | State: IL | Zip Code: 60035-3335
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: 12 / 22 / 2009
Transaction ID: 31065433
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael D Kornblatt, , MD
Mailing Address 9000 Waukegan Rd
City: Morton Grove | State: IL | Zip Code: 60053-2127
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: 12 / 22 / 2009
Transaction ID: 31065434
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Andrea S Kramer, , MD
Mailing Address 3035 Greenwood Ave
City: Highland Park | State: IL | Zip Code: 60035-1239
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: 12 / 22 / 2009
Transaction ID: 31065435
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) ..... ▶

Image# 10990128287

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 363 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Alan Craig League, , MD
Mailing Address 9000 Waukegan Rd Ste 200
City: Morton Grove | State: IL | Zip Code: 60053-2127
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: 12 / 22 / 2009
Transaction ID: 31065436
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Edward J Logue, , MD
Mailing Address 350 S Greenleaf St Ste 405
City: Gurnee | State: IL | Zip Code: 60031-5709
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: 12 / 22 / 2009
Transaction ID: 31065437
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Steven M Mardjetko, , MD
Mailing Address 9000 Waukegan Rd
City: Morton Grove | State: IL | Zip Code: 60053-2127
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: 12 / 22 / 2009
Transaction ID: 31065438
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) ..... ▶

Image# 10990128288

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 364 / 425
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert M Patek, , MD
Mailing Address 9000 Waukegan Rd Ste 200
City: Morton Grove | State: IL | Zip Code: 60053-2127
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: 12 / 22 / 2009
Transaction ID: 31065439
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Gregory H Portland, , MD
Mailing Address 2401 Ravine Way
City: Glenview | State: IL | Zip Code: 60025-7645
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: 500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065440
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. David J Raab, , MD
Mailing Address 9000 Waukegan Ste 120
City: Morton Grove | State: IL | Zip Code: 60053-2128
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: 12 / 22 / 2009
Transaction ID: 31065441
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) ..... ▶

Image# 10990128289

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 365 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Bruce C Summerville, , MD
Mailing Address 350 S Greenleaf Ste 405
City: Gurnee | State: IL | Zip Code: 60031-5709
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: 12 / 22 / 2009
Transaction ID: 31065442
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. William P Rix, , MD
Mailing Address 55 Audubon Way
City: Auburn | State: NH | Zip Code: 03032-3109
FEC ID number of contributing federal political committee. C
Name of Employer: NH Orthopaedic Surgery
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065449
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark L Nystrom, , MD
Mailing Address PO Box 12099
City: Bakersfield | State: CA | Zip Code: 93389-2099
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: 12 / 22 / 2009
Transaction ID: 31065450
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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

Image# 10990128290

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 366 / 425
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X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Hugh P MacMenamin, , MD
Mailing Address Iowa Medical Clinic
600 7th St SE
City: Cedar Rapids | State: IA | Zip Code: 52401-2112
FEC ID number of contributing federal political committee. C
Name of Employer: Iowa Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065451
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Treg D Brown, , MD
Mailing Address 510 Lincoln Dr
City: Herrin | State: IL | Zip Code: 62948-6334
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: 12 / 22 / 2009
Transaction ID: 31065452
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey Einer Johnson, , MD
Mailing Address 14532 S Outer Forty Dr
City: Chesterfield | State: MO | Zip Code: 63017-5701
FEC ID number of contributing federal political committee. C
Name of Employer: Washington University Sch-ool of Medici
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065453
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) ..... ▶

Image# 10990128291

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 367 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Matthew C Reynen, , MD
Mailing Address 701 8th Ave NW Ste A
City: Aberdeen | State: SD | Zip Code: 57401-1865
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Surgery Specialists
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065455
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael E Kiehn, , MD
Mailing Address 3301 Northwest 50th St
City: Oklahoma City | State: OK | Zip Code: 73112-5627
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: 12 / 22 / 2009
Transaction ID: 31065456
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Peter R Seipel, , MD
Mailing Address 10524 E Laurel Ln
City: Scottsdale | State: AZ | Zip Code: 85259-2943
FEC ID number of contributing federal political committee. C
Name of Employer: Western Arizona Ortho & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065458
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) ..... ▶

Image# 10990128292

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 368 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Patrick M Morse, , MD
Mailing Address 4238 Lakeside Dr
City: West Branch | State: MI | Zip Code: 48661-9639
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 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065464
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Richard S Kleiman, , MD
Mailing Address Performance Orthropaedics
721 SE 17th St Ste 104
City: Fort Lauderdale | State: FL | Zip Code: 33316-2983
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 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065465
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Joseph M Erpelding, , MD
Mailing Address 4770 Rockledge Rd
City: Billings | State: MT | Zip Code: 59106-9523
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 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065466
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) ..... ▶

Image# 10990128293

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 369 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey V Dermksian, , MD
Mailing Address 36 W 60th St
City: New York | State: NY | Zip Code: 10023-7903
FEC ID number of contributing federal political committee: C
Name of Employer: Riverside Orthopaedics & Sports Med
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065467
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Sean Hooker, , MD
Mailing Address 1421 Riversedge Road
City: Newport News | State: VA | Zip Code: 23606-2036
FEC ID number of contributing federal political committee: C
Name of Employer: Riverside Medical Group
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065468
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. William P H Charlton, , MD
Mailing Address 390 Pierce St
City: Kingston | State: PA | Zip Code: 18704-5532
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: 2000.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065469
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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

Image# 10990128294

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 370 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Bernard G Kirol, , MD
Mailing Address 1910 Blanding Street
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: 1000.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065470
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Robert Tytan Myles, , MD
Mailing Address 2008 L Don Dodson Dr Ste 110
City: Bedford | State: TX | Zip Code: 76021-1844
FEC ID number of contributing federal political committee. C
Name of Employer: North Central Texas Spine Institute
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065471
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas Vaill King, , MD
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: The Knee Hip & Shoulder Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065473
Amount of Each Receipt this Period: 250.00

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

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

Image# 10990128295

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 371 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Alfredo L Axtmayer, , MD
Mailing Address 8 Research Pkwy
City: Wallingford | State: CT | Zip Code: 06492-1930
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 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065474
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Peter F Townsend, , MD
Mailing Address 1941 Limestone Rd Ste 101
City: Wilmington | State: DE | Zip Code: 19808-5413
FEC ID number of contributing federal political committee. C
Name of Employer: Delaware Ortho Center
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065475
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Carl DiRaimondo, , MD
Mailing Address 2331 Woodridge Dr
City: Manitowoc | State: WI | Zip Code: 54220-9045
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Associates of Manitowoc
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 1 2 / D D 2 2 / Y Y Y Y 2 0 0 9
Transaction ID: 31065476
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) ..... ▶

Image# 10990128296

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 372 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. James D Brodell, , MD
Mailing Address 2614 E Market St
City: Warren | State: OH | Zip Code: 44483-6204
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: 12 / 22 / 2009
Transaction ID: 31065477
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Craig R Duhon, , MD
Mailing Address 3136 Horizon Rd Ste 100
City: Rockwall | State: TX | Zip Code: 75032-7808
FEC ID number of contributing federal political committee. C
Name of Employer: Lakepoint Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065478
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Scott B Neff, , DO
Mailing Address 1601 NW 114th St Ste 142
City: Des Moines | State: IA | Zip Code: 50325-7036
FEC ID number of contributing federal political committee. C
Name of Employer: Central Iowa Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065479
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) ..... ▶

Image# 10990128297

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 373 / 425
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Ross S Paskoff, , MD
Mailing Address 2485 Emerald Trail
City: Minnetonka | State: MN | Zip Code: 55305-1910
FEC ID number of contributing federal political committee. C
Name of Employer: Park Nicollet Health Services
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065480
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kenneth P Pohl, , MD
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: 500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065481
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Daniel T Weber, , MD
Mailing Address 6850 Centennial Dr
City: Tinley Park | State: IL | Zip Code: 60477-1653
FEC ID number of contributing federal political committee. C
Name of Employer: Integrity Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065482
Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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

Image# 10990128298

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 374 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Reed W Kilgore, , MD
Mailing Address 4104 Richards Rd
City: North Little Rock | State: AR | Zip Code: 72117-2652
FEC ID number of contributing federal political committee. C
Name of Employer: OrthoArkansas Physicians
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065483
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey T Adams, , MD
Mailing Address 1050 N James Campbell Blvd Ste 200
City: Columbia | State: TN | Zip Code: 38401-2754
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: 12 / 22 / 2009
Transaction ID: 31065484
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Brian R Hamlin, , MD
Mailing Address Dept of Orthopaedics PO Box 9196
City: Morgantown | State: WV | Zip Code: 26506-9196
FEC ID number of contributing federal political committee. C
Name of Employer: WVU School of Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 31065488
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) ▶

Image# 10990128299

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 375 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Matthew R Lindaman, , DO
Mailing Address Orthopaedic Rheumatology Associate
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: ORA
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085255
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. David S Weisman, , MD
Mailing Address 585 Cranbury Rd
City: East Brunswick State: NJ Zip Code: 08816-4092
FEC ID number of contributing federal political committee. C
Name of Employer: Pediatric Orthopedic Associates
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085256
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark J Geppert, , MD
Mailing Address Marsh Brook Professional Ctr
7 Marsh Brook Dr Ste 205
City: Somersworth State: NH Zip Code: 03878-6523
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: 12 / 31 / 2009
Transaction ID: 31085257
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) ..... ▶

Image# 10990128300

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 376 / 425
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X 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Dr. Rosemarie M Morwessel, , MD
Mailing Address 2860 B Dauphin St
City: Mobile | State: AL | Zip Code: 36606
FEC ID number of contributing federal political committee: C
Name of Employer: Azalea Orthopaedics & Sports Medicine
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085258
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. W Dean Jameson, , MD
Mailing Address 8621 Beaverwood
City: Germantown | State: TN | Zip Code: 38138-7740
FEC ID number of contributing federal political committee: C
Name of Employer: Orthomemphis
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085259
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Dr. Donald Patrick Condit, , MD
Mailing Address 1000 East Paris SE Ste 115
City: Grand Rapids | State: MI | Zip Code: 49546-3680
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: 12 / 31 / 2009
Transaction ID: 31085261
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1200.00**

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

Image# 10990128301

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 377 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Nader Q Kasim, , MD
Mailing Address 1907 Oak Tree Rd Ste 201
City: Edison | State: NJ | Zip Code: 08820-2070
FEC ID number of contributing federal political committee. C
Name of Employer: Advanced Ortho & Sports Med Ctr
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085262
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Dr. Marc I Malberg, , MD
Mailing Address 1527 State Hwy 27 Ste 1300
City: Somerset | State: NJ | Zip Code: 08873-2979
FEC ID number of contributing federal political committee. C
Name of Employer: Orthopaedic Center of NJ
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085679
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Dr. John Bernard Ryan, , MD
Mailing Address 11012 E 13 Mile Rd Ste 201
City: Warren | State: MI | Zip Code: 48093-2547
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: 12 / 31 / 2009
Transaction ID: 31085681
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) ▶

Image# 10990128302

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 378 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. Gerard G Adler, , MD
Mailing Address 305 Woodland Ln
City: Oconomowoc | State: WI | Zip Code: 53066-2734
FEC ID number of contributing federal political committee: C
Name of Employer: Aurora Medical
Occupation: Orthopaedic Surgeon
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085682
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Tjarksen, , MD
Mailing Address 1111 Delafield St Ste 120
City: Waukesha | State: WI | Zip Code: 53188-3402
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: 500.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085959
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas A McEnnerney, , MD
Mailing Address 5150 Journal Center Blvd NE
City: Albuquerque | State: NM | Zip Code: 87109-5900
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: 12 / 31 / 2009
Transaction ID: 31085960
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1200.00**

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

Image# 10990128303

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 379 / 425
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Dr. E Schuyler DeJong, , MD
Mailing Address 405 Rio Villa Blvd
City: Indialantic State: FL Zip Code: 32903-3715
FEC ID number of contributing federal political committee. C
Name of Employer: Melbourne Internal Medicine Assoc
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085961
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. J Scott Price, , MD
Mailing Address Evergreen Orthopaedic Clinic
12911 120th Ave NE Ste H-210
City: Kirkland State: WA Zip Code: 98034-3065
FEC ID number of contributing federal political committee. C
Name of Employer: Evergreen Ortho Clinic
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31085963
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Mark J Conklin, , MD
Mailing Address 660 Golden Ridge Rd Ste 250
Panorama Ortho & Spine Ctr
City: Golden State: CO Zip Code: 80401-9541
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: 250.00

Date of Receipt: 08 / 03 / 2009
Transaction ID: 31216665
Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling $250.00 This changes the YTD Total to $250.00

SUBTOTAL of Receipts This Page (optional) 500.00

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

Image# 10990128304

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 380 / 425
(check only one)
X 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

A.
Full Name (Last, First, Middle Initial)
Dr. J Ollie Edmunds, Jr, MD

Mailing Address 1440 Canal St Ste 1500

City: New Orleans | State: LA | Zip Code: 70112-2702

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: 5000.00

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2009

Transaction ID: 31216666

Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling $1000.00 This changes the YTD Total to $5-000.00

SUBTOTAL of Receipts This Page (optional) ▶	**0.00**
TOTAL This Period (last page this line number only) ▶	**658255.00**

Image# 10990128305

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 381 / 425
(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

A.
Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons
Mailing Address 6300 N River Road
City: Rosemont | State: IL | Zip Code: 60018
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 15426.04
Date of Receipt: 07 / 17 / 2009
Transaction ID: 30268751
Amount of Each Receipt this Period: 2875.64
Refund from affiliated organization for bank fees

B.
Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons
Mailing Address 6300 N River Road
City: Rosemont | State: IL | Zip Code: 60018
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 17744.24
Date of Receipt: 08 / 05 / 2009
Transaction ID: 30362387
Amount of Each Receipt this Period: 2318.20
Refund of bank fees from affiliated organization

C.
Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons
Mailing Address 6300 N River Road
City: Rosemont | State: IL | Zip Code: 60018
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 19705.21
Date of Receipt: 08 / 24 / 2009
Transaction ID: 30455363
Amount of Each Receipt this Period: 1960.97
Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional) ▶ **7154.81**

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

Image# 10990128306

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 382 / 425
(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

A.
Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons
Mailing Address 6300 N River Road
City: Rosemont | State: IL | Zip Code: 60018
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 20712.52
Date of Receipt: 09 / 16 / 2009
Transaction ID: 30573687
Amount of Each Receipt this Period: 1007.31
Refund of bank fees from affiliated organization

B.
Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons
Mailing Address 6300 N River Road
City: Rosemont | State: IL | Zip Code: 60018
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 25558.91
Date of Receipt: 10 / 21 / 2009
Transaction ID: 30728077
Amount of Each Receipt this Period: 4846.39
Refund bank fees from affiliated organization

C.
Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons
Mailing Address 6300 N River Road
City: Rosemont | State: IL | Zip Code: 60018
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 27452.75
Date of Receipt: 11 / 19 / 2009
Transaction ID: 30884555
Amount of Each Receipt this Period: 1893.84
Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional) ▶ **7747.54**

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

Image# 10990128307

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 383 / 425
(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

A.

Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City: Rosemont | State: IL | Zip Code: 60018

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
28125.24

Date of Receipt
M M / D D / Y Y Y Y
12 / 21 / 2009

Transaction ID: 31060217

Amount of Each Receipt this Period
672.49

Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional) ▶	**672.49**
TOTAL This Period (last page this line number only) ▶	**15574.84**

Image# 10990128308

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 384 / 425
(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

A.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 616.97
Date of Receipt: 07 / 31 / 2009
Transaction ID: 30372340
Amount of Each Receipt this Period: 3.31
Interest earned on bank account

B.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 613.66
Date of Receipt: 07 / 01 / 2009
Transaction ID: 30372342
Amount of Each Receipt this Period: 39.60
Interest earned on bank account

C.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 628.97
Date of Receipt: 08 / 31 / 2009
Transaction ID: 30573668
Amount of Each Receipt this Period: 3.32
Interest earned on bank account

SUBTOTAL of Receipts This Page (optional) ..... ▶ **46.23**

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

Image# 10990128309

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 385 / 425
(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

A.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 625.65
Date of Receipt: 08 / 03 / 2009
Transaction ID: 30573673
Amount of Each Receipt this Period: 8.68
Interest earned on bank account

B.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 635.15
Date of Receipt: 09 / 01 / 2009
Transaction ID: 30638962
Amount of Each Receipt this Period: 6.18
Interest earned on bank account

C.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 637.61
Date of Receipt: 09 / 30 / 2009
Transaction ID: 30638963
Amount of Each Receipt this Period: 2.46
Interest earned on bank account

SUBTOTAL of Receipts This Page (optional) ..... ▶ 17.32

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

Image# 10990128310

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 American Association of Orthopaedic Surgeons

A.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 646.81
Date of Receipt: 10 / 31 / 2009
Transaction ID: 30858889
Amount of Each Receipt this Period: 2.46
Interest earned on bank account

B.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 644.35
Date of Receipt: 10 / 01 / 2009
Transaction ID: 30858890
Amount of Each Receipt this Period: 6.74
Interest earned on bank account

C.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 658.06
Date of Receipt: 11 / 30 / 2009
Transaction ID: 31055284
Amount of Each Receipt this Period: 2.39
Interest on bank account

SUBTOTAL of Receipts This Page (optional) 11.59

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

Image# 10990128311

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 387 / 425
(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

A.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 655.67

Date of Receipt: 11 / 02 / 2009
Transaction ID: 31055285
Amount of Each Receipt this Period: 8.86
Interest on bank account

B.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 669.41

Date of Receipt: 12 / 31 / 2009
Transaction ID: 31134417
Amount of Each Receipt this Period: 2.46
Interest earned on bank account

C.
Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City: Chicago | State: IL | Zip Code: 60675
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 666.95

Date of Receipt: 12 / 01 / 2009
Transaction ID: 31134418
Amount of Each Receipt this Period: 8.89
Interest earned on bank account

SUBTOTAL of Receipts This Page (optional) ▶ **20.21**

TOTAL This Period (last page this line number only) ▶ **95.35**

Image# 10990128312

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Bob Etheridge For Congress Committee
Mailing Address Post Office Box 28001
City Raleigh State NC Zip Code 27611
Purpose of Disbursement
Candidate Name Rep. Bob Etheridge
011 Category/ Type
Office Sought: X House Senate President
State: NC District: 02
Disbursement For: 2010 X Primary General Other (specify)
Transaction ID: 30148403
Date of Disbursement 07 / 01 / 2009
Amount of Each Disbursement this Period 2500.00

B.
Full Name (Last, First, Middle Initial)
Murtha For Congress Committee
Mailing Address Suite 120, 551 Main Street Bt Financial Plaza Suite 220
City Johnstown State PA Zip Code 15901
Purpose of Disbursement
Candidate Name Rep. John P. Murtha
011 Category/ Type
Office Sought: X House Senate President
State: PA District: 12
Disbursement For: 2010 X Primary General Other (specify)
Transaction ID: 30172775
Date of Disbursement 07 / 02 / 2009
Amount of Each Disbursement this Period 5000.00

C.
Full Name (Last, First, Middle Initial)
John D. Dingell For Congress
Mailing Address 607 14th Street, Nw Suite 800
City Washington State DC Zip Code 20005
Purpose of Disbursement
Candidate Name Rep. John D. Dingell
011 Category/ Type
Office Sought: X House Senate President
State: MI District: 15
Disbursement For: 2010 X Primary General Other (specify)
Transaction ID: 30181495
Date of Disbursement 07 / 07 / 2009
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) ▶

Image# 10990128313

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Schock For Congress
Mailing Address PO Box 10555
City Peoria State IL Zip Code 61612
Purpose of Disbursement
Candidate Name Rep. Aaron Jon Schock
Category/Type 011
Office Sought: X House / Senate / President
State: IL District: 18
Disbursement For: 2010 — Primary / X General / Other (specify)

Transaction ID: 30181498
Date of Disbursement 07 / 07 / 2009
Amount of Each Disbursement this Period 1500.00

B.
Full Name (Last, First, Middle Initial)
Stabenow For Us Senate
Mailing Address P.O. Box 4945
City East Lansing State MI Zip Code 48826
Purpose of Disbursement
Candidate Name Sen. Debbie Stabenow
Category/Type 011
Office Sought: House / X Senate / President
State: MI District:
Disbursement For: 2012 — X Primary / General / Other (specify)

Transaction ID: 30181499
Date of Disbursement 07 / 07 / 2009
Amount of Each Disbursement this Period 1500.00

C.
Full Name (Last, First, Middle Initial)
John Shadeggs Friends
Mailing Address PO Box 45444
City Phoenix State AZ Zip Code 85064
Purpose of Disbursement
Candidate Name Rep. John B. Shadegg
Category/Type 011
Office Sought: X House / Senate / President
State: AZ District: 03
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: 30205565
Date of Disbursement 07 / 13 / 2009
Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

Image# 10990128314

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Matheson For Congress
Mailing Address P.O. Box 521048
Suite A
City Salt Lake City State UT Zip Code 84152
Purpose of Disbursement
Candidate Name
Rep. James D. Matheson
011 Category/ Type
Office Sought: X House Senate President
State: UT District: 02
Disbursement For: 2010 Primary X General Other (specify)

Transaction ID: 30205566
Date of Disbursement 07 / 13 / 2009
Amount of Each Disbursement this Period 2500.00

B.
Full Name (Last, First, Middle Initial)
Fleming For Congress
Mailing Address P.O. Box 1236
Box 281
City Minden State LA Zip Code 71058
Purpose of Disbursement
Candidate Name
Mr. John Fleming
011 Category/ Type
Office Sought: X House Senate President
State: LA District: 04
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30205567
Date of Disbursement 07 / 13 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Castor For Congress
Mailing Address 301 W. Platt Street #385
City Tampa State FL Zip Code 33606
Purpose of Disbursement
Candidate Name
Rep. Katherine Castor
011 Category/ Type
Office Sought: X House Senate President
State: FL District: 11
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30205568
Date of Disbursement 07 / 13 / 2009
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) ..... ▶

Image# 10990128315

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)
21b | 22 | X 23 | 24 | 25 | 26
27 | 28a | 28b | 28c | 29 | 30b

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

A.
Full Name (Last, First, Middle Initial)
Blumenauer For Congress
Mailing Address 830 Ne Holladay, #105
City Portland | State OR | Zip Code 97232
Purpose of Disbursement
Candidate Name
Rep. Earl Blumenauer
Category/Type: 011
Office Sought: X House | Senate | President
State: OR District: 03
Disbursement For: 2010 X Primary | General | Other (specify)
Transaction ID: 30205569
Date of Disbursement: 07 / 13 / 2009
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial)
Friends Of Farr
Mailing Address 555 Capitol Mall Suite 1425
City Sacramento | State CA | Zip Code 95814
Purpose of Disbursement
Candidate Name
Rep. Sam Farr
Category/Type: 011
Office Sought: X House | Senate | President
State: CA District: 17
Disbursement For: 2010 X Primary | General | Other (specify)
Transaction ID: 30243115
Date of Disbursement: 07 / 16 / 2009
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial)
Mikulski For Senate Committee
Mailing Address P O B 13147
City Baltimore | State MD | Zip Code 21203
Purpose of Disbursement
Candidate Name
Sen. Barbara A. Mikulski
Category/Type: 011
Office Sought: House | X Senate | President
State: MD District:
Disbursement For: 2010 X Primary | General | Other (specify)
Transaction ID: 30268755
Date of Disbursement: 07 / 20 / 2009
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

Image# 10990128316

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Enzi For Us Senate
Mailing Address PO Box 2775
City Cody | State WY | Zip Code 82414
Purpose of Disbursement
Candidate Name
Sen. Michael B. Enzi
Category/Type 011
Office Sought: [ ] House [X] Senate [ ] President
State: WY District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: 30268756
Date of Disbursement 07 / 20 / 2009
Amount of Each Disbursement this Period 5000.00

B.
Full Name (Last, First, Middle Initial)
Making Business Excel PAC
Mailing Address PO Box 3241
City Cheyenne | State WY | Zip Code 82001
Purpose of Disbursement
Candidate Name
Making Business Excel PAC
Category/Type 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30268771
Date of Disbursement 07 / 20 / 2009
Amount of Each Disbursement this Period 5000.00

C.
Full Name (Last, First, Middle Initial)
Culberson For Congress
Mailing Address P.O. Box 41964
City Houston | State TX | Zip Code 77241
Purpose of Disbursement
Candidate Name
Rep. John Abney Culberson
Category/Type 011
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 07
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: 30268773
Date of Disbursement 07 / 20 / 2009
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) ▶

Image# 10990128317

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Cantor For Congress
Mailing Address P. O. Box 17813
City Richmond State VA Zip Code 23226
Purpose of Disbursement
Candidate Name
Rep. Eric I. Cantor
Category/Type 011
Office Sought: X House / Senate / President
State: VA District: 07
Disbursement For: 2010 — Primary / X General / Other (specify)

Transaction ID: 30268775
Date of Disbursement 07 / 20 / 2009
Amount of Each Disbursement this Period 2500.00

B.
Full Name (Last, First, Middle Initial)
Charles A. Gonzalez Congressional Campaign
Mailing Address PO Box 12612
City San Antonio State TX Zip Code 78212
Purpose of Disbursement
Candidate Name
Rep. Charles A. Gonzalez
Category/Type 011
Office Sought: X House / Senate / President
State: TX District: 20
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: 30268777
Date of Disbursement 07 / 20 / 2009
Amount of Each Disbursement this Period 2500.00

C.
Full Name (Last, First, Middle Initial)
Michael Burgess For Congress
Mailing Address PO Box 2334
City Denton State TX Zip Code 76202
Purpose of Disbursement
Candidate Name
Rep. Michael C. Burgess, M.D.
Category/Type 011
Office Sought: X House / Senate / President
State: TX District: 26
Disbursement For: 2010 — Primary / X General / Other (specify)

Transaction ID: 30314994
Date of Disbursement 07 / 27 / 2009
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) ▶

Image# 10990128318

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Coburn for Senate Committee
Mailing Address 3300 W Okmulgee
PO Box 977
City Muskogee State OK Zip Code 74401
Purpose of Disbursement
Candidate Name Thomas A Coburn
Category/Type 011
Office Sought: House / X Senate / President
State: OK District:
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: 30315006
Date of Disbursement 07 / 27 / 2009
Amount of Each Disbursement this Period 5000.00

B.
Full Name (Last, First, Middle Initial)
Coburn for Senate Committee
Mailing Address 3300 W Okmulgee
PO Box 977
City Muskogee State OK Zip Code 74401
Purpose of Disbursement
Candidate Name Thomas A Coburn
Category/Type 011
Office Sought: House / X Senate / President
State: OK District:
Disbursement For: 2010 — Primary / X General / Other (specify)

Transaction ID: 30315008
Date of Disbursement 07 / 27 / 2009
Amount of Each Disbursement this Period 5000.00

C.
Full Name (Last, First, Middle Initial)
Guthrie For Congress
Mailing Address PO Box 9639
City Bowling Green State KY Zip Code 42102
Purpose of Disbursement
Candidate Name Rep. Brett Guthrie
Category/Type 011
Office Sought: X House / Senate / President
State: KY District: 02
Disbursement For: 2010 — Primary / X General / Other (specify)

Transaction ID: 30315017
Date of Disbursement 07 / 27 / 2009
Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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

Image# 10990128319

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Georgians For Isakson
Mailing Address Post Office Box 250116
City Atlanta State GA Zip Code 30325
Purpose of Disbursement
Candidate Name Sen. Johnny Isakson
Category/Type 011
Office Sought: House / X Senate / President — State: GA District:
Disbursement For: 2010 — X Primary / General / Other (specify)
Transaction ID: 30315019
Date of Disbursement 07 / 27 / 2009
Amount of Each Disbursement this Period 2500.00

B.
Full Name (Last, First, Middle Initial)
Kirk For Senate
Mailing Address P.O. Box 8
City Winnetka State IL Zip Code 60093
Purpose of Disbursement
Candidate Name Rep. Mark Steven Kirk
Category/Type 011
Office Sought: X House / Senate / President — State: IL District: 10
Disbursement For: 2010 — X Primary / General / Other (specify)
Transaction ID: 30316213
Date of Disbursement 07 / 27 / 2009
Amount of Each Disbursement this Period 2500.00

C.
Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2010
Mailing Address 5915 Eastman Avenue Suite 100
City Midland State MI Zip Code 48640
Purpose of Disbursement
Candidate Name Rep. David Lee Camp
Category/Type 011
Office Sought: X House / Senate / President — State: MI District: 04
Disbursement For: 2010 — Primary / X General / Other (specify)
Transaction ID: 30329433
Date of Disbursement 07 / 28 / 2009
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) ▶

Image# 10990128320

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Continuing a Majority Party Political Action Comm
Mailing Address 5915 Eastman Avenue
Suite 100
City: Midland State: MI Zip Code: 48640
Purpose of Disbursement:
Candidate Name: Continuing a Majority Party Political Action Comm
Category/Type: 011
Office Sought: House / Senate / President — State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 30333768
Date of Disbursement: 07 / 29 / 2009
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial)
Mike Honda For Congress
Mailing Address P.O. Box 8180
City: San Jose State: CA Zip Code: 95155
Purpose of Disbursement:
Candidate Name: Rep. Michael M. Honda
Category/Type: 011
Office Sought: X House / Senate / President — State: CA District: 15
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30341283
Date of Disbursement: 08 / 03 / 2009
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Committee To Elect Alan Grayson
Mailing Address PO Box 536447
City: Orlando State: FL Zip Code: 32853
Purpose of Disbursement:
Candidate Name: Rep. Alan Mark Grayson
Category/Type: 011
Office Sought: X House / Senate / President — State: FL District: 08
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30389034
Date of Disbursement: 08 / 14 / 2009
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) ..... ▶

Image# 10990128321

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Friends Of Ginny Brown-Waite
Mailing Address PO Box 865
City Brooksville State FL Zip Code 34605
Purpose of Disbursement
Candidate Name
Rep. Virginia Brown-Waite
Category/Type 011
Office Sought: X House ☐ Senate ☐ President
State: FL District: 05
Disbursement For: 2010 X Primary ☐ General ☐ Other (specify)
Transaction ID: 30389035
Date of Disbursement 08 / 14 / 2009
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
Wyden For Senate
Mailing Address 232 Ne 9th Avenue
City Portland State OR Zip Code 97232
Purpose of Disbursement
Candidate Name
Sen. Ron Wyden
Category/Type 011
Office Sought: ☐ House X Senate ☐ President
State: OR District:
Disbursement For: 2010 X Primary ☐ General ☐ Other (specify)
Transaction ID: 30454676
Date of Disbursement 08 / 26 / 2009
Amount of Each Disbursement this Period 2500.00

C.
Full Name (Last, First, Middle Initial)
Matsui For Congress
Mailing Address PO Box 1738
City Sacramento State CA Zip Code 95812
Purpose of Disbursement
Candidate Name
Rep. Doris Matsui
Category/Type 011
Office Sought: X House ☐ Senate ☐ President
State: CA District: 05
Disbursement For: 2010 X Primary ☐ General ☐ Other (specify)
Transaction ID: 30522697
Date of Disbursement 09 / 11 / 2009
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) ▶

Image# 10990128322

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)
21b | 22 | X 23 | 24 | 25 | 26
27 | 28a | 28b | 28c | 29 | 30b

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

A.
Full Name (Last, First, Middle Initial)
Hoosiers Supporting Buyer For Congress
Mailing Address 103 West Broadway St, P.O. Box 712
200 North Main St. P.O. Box 712
City: Monticello State: IN Zip Code: 47960
Purpose of Disbursement:
Candidate Name: Rep. Steve Buyer
Category/Type: 011
Office Sought: X House / Senate / President
State: IN District: 04
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30522739
Date of Disbursement: 09 / 11 / 2009
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy
Mailing Address P.O. Box 127
City: Cheshire State: CT Zip Code: 06410
Purpose of Disbursement:
Candidate Name: Rep. Christopher Scott Murphy
Category/Type: 011
Office Sought: X House / Senate / President
State: CT District: 05
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30522749
Date of Disbursement: 09 / 11 / 2009
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Friends Of Patrick J. Kennedy Inc.
Mailing Address P.O. Box 321
City: Pawtucket State: RI Zip Code: 02860
Purpose of Disbursement:
Candidate Name: Rep. Patrick J. Kennedy
Category/Type: 011
Office Sought: X House / Senate / President
State: RI District: 01
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30522750
Date of Disbursement: 09 / 11 / 2009
Amount of Each Disbursement this Period: 1000.00

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

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

Image# 10990128323

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Anna Eshoo For Congress
Mailing Address 555 Capitol Mall, Suite 1425
City Sacramento State CA Zip Code 95814
Purpose of Disbursement
Candidate Name Rep. Anna G. Eshoo
Category/Type 011
Office Sought: X House / Senate / President
State: CA District: 14
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30522751
Date of Disbursement 09 / 11 / 2009
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
Patrick Murphy For Congress
Mailing Address P.O. Box 868
City Levittown State PA Zip Code 19058
Purpose of Disbursement
Candidate Name Rep. Patrick J. Murphy
Category/Type 011
Office Sought: X House / Senate / President
State: PA District: 08
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30522755
Date of Disbursement 09 / 11 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Tiberi For Congress
Mailing Address 2931 E Dublin Granville Road Suite 190
City Columbus State OH Zip Code 43231
Purpose of Disbursement
Candidate Name Rep. Patrick J. Tiberi
Category/Type 011
Office Sought: X House / Senate / President
State: OH District: 12
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30597959
Date of Disbursement 09 / 23 / 2009
Amount of Each Disbursement this Period 1000.00

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

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

Image# 10990128324

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Friends Of Bennie Thompson
Mailing Address P.O. Box 100
City Bolton State MS Zip Code 39041
Purpose of Disbursement
Candidate Name
Rep. Bennie G. Thompson
011 Category/ Type
Office Sought: X House Senate President
State: MS District: 02
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30597961
Date of Disbursement 09 / 23 / 2009
Amount of Each Disbursement this Period 5000.00

B.
Full Name (Last, First, Middle Initial)
Pallone For Congress
Mailing Address PO Box 3176
City Long Branch State NJ Zip Code 07740
Purpose of Disbursement
Candidate Name
Rep. Frank Pallone, Jr.
011 Category/ Type
Office Sought: X House Senate President
State: NJ District: 06
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30597962
Date of Disbursement 09 / 23 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Frelinghuysen For Congress
Mailing Address 19 Cattano Ave
City Morristown State NJ Zip Code 07960
Purpose of Disbursement
Candidate Name
Rodney P. Frelinghuysen
011 Category/ Type
Office Sought: X House Senate President
State: NJ District: 11
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30597963
Date of Disbursement 09 / 23 / 2009
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) ▶

Image# 10990128325

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Marsha Blackburn For Congress Inc.
Mailing Address PO Box 682185
City Franklin State TN Zip Code 37068
Purpose of Disbursement
Candidate Name Rep. Marsha Blackburn
Category/Type 011
Office Sought: X House / Senate / President
State: TN District: 07
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30597964
Date of Disbursement 09 / 23 / 2009
Amount of Each Disbursement this Period 5000.00

B.
Full Name (Last, First, Middle Initial)
Friends Of Joe Pitts
Mailing Address PO Box 775
City Unionville State PA Zip Code 19375
Purpose of Disbursement
Candidate Name Rep. Joseph R. Pitts
Category/Type 011
Office Sought: X House / Senate / President
State: PA District: 16
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30597965
Date of Disbursement 09 / 23 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Citizens For Altmire
Mailing Address P.O. Box 1776
City Freedom State PA Zip Code 15042
Purpose of Disbursement
Candidate Name Rep. Jason Altmire
Category/Type 011
Office Sought: X House / Senate / President
State: PA District: 04
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30597967
Date of Disbursement 09 / 23 / 2009
Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8500.00**

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

Image# 10990128326

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Gingrey For Congress
Mailing Address PO Box U
City Marietta State GA Zip Code 30060
Purpose of Disbursement
Candidate Name
Rep. Phil Gingrey, M.D.
Category/ Type: 011
Office Sought: X House / Senate / President
State: GA District: 11
Disbursement For: 2010 — Primary / X General / Other (specify)

Transaction ID: 30597989
Date of Disbursement: 09 / 23 / 2009
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial)
Wicker For Senate
Mailing Address PO Box 64
City Jackson State MS Zip Code 39205
Purpose of Disbursement
Candidate Name
Sen. Roger Wicker
Category/ Type: 011
Office Sought: House / X Senate / President
State: MS District:
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: 30598030
Date of Disbursement: 09 / 23 / 2009
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial)
Republican National Committee
Mailing Address 310 First Street SE
City Washington State DC Zip Code 20003
Purpose of Disbursement
Candidate Name
Republican National Committee
Category/ Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Transaction ID: 30598061
Date of Disbursement: 09 / 23 / 2009
Amount of Each Disbursement this Period: 15000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **22500.00**

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

Image# 10990128327

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Kirk For Senate
Mailing Address P.O. Box 8
City Winnetka State IL Zip Code 60093
Purpose of Disbursement
Candidate Name Rep. Mark Steven Kirk
Category/Type 011
Office Sought: X House / Senate / President
State: IL District: 10
Disbursement For: 2010 — Primary / X General / Other (specify)
Transaction ID: 30603649
Date of Disbursement 09 / 28 / 2009
Amount of Each Disbursement this Period 5000.00

B.
Full Name (Last, First, Middle Initial)
Kurt Schrader For Congress
Mailing Address PO Box 3314 Suite 240
City Oregon City State OR Zip Code 97045
Purpose of Disbursement
Candidate Name Mr. Kurt Schrader
Category/Type 011
Office Sought: X House / Senate / President
State: OR District: 05
Disbursement For: 2010 — X Primary / General / Other (specify)
Transaction ID: 30603650
Date of Disbursement 09 / 28 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Perlmutter For Congress
Mailing Address 3440 Youngfield Street #264
City Wheat Ridge State CO Zip Code 80033
Purpose of Disbursement
Candidate Name Rep. Edwin Perlmutter
Category/Type 011
Office Sought: X House / Senate / President
State: CO District: 07
Disbursement For: 2010 — X Primary / General / Other (specify)
Transaction ID: 30603651
Date of Disbursement 09 / 28 / 2009
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) ..... ▶

Image# 10990128328

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)
21b | 22 | X 23 | 24 | 25 | 26
27 | 28a | 28b | 28c | 29 | 30b

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

A.
Full Name (Last, First, Middle Initial)
Norm Dicks For Congress
Mailing Address PO Box 1663
City Tacoma | State WA | Zip Code 98401
Purpose of Disbursement
Candidate Name
Rep. Norman D. Dicks
Category/Type: 011
Office Sought: X House | Senate | President
State: WA District: 06
Disbursement For: 2010 X Primary | General | Other (specify)
Transaction ID: 30603652
Date of Disbursement: 09 / 28 / 2009
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Ellsworth For Congress Committee
Mailing Address P.O. Box 62
City Evansville | State IN | Zip Code 47701
Purpose of Disbursement
Candidate Name
Rep. Brad Ellsworth
Category/Type: 011
Office Sought: X House | Senate | President
State: IN District: 08
Disbursement For: 2010 Primary | X General | Other (specify)
Transaction ID: 30603654
Date of Disbursement: 09 / 28 / 2009
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
NewDemPAC
Mailing Address 315 C Street, S.E.
City Washington | State DC | Zip Code 20003
Purpose of Disbursement
Candidate Name
NewDemPAC
Category/Type: 011
Office Sought: House | Senate | President
State: District:
Disbursement For: Primary | General | Other (specify)
Transaction ID: 30635828
Date of Disbursement: 10 / 06 / 2009
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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

Image# 10990128329

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Pallone For Congress
Mailing Address PO Box 3176
City Long Branch State NJ Zip Code 07740
Purpose of Disbursement
Candidate Name Rep. Frank Pallone, Jr.
Category/Type 011
Office Sought: X House Senate President
State: NJ District: 06
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30640576
Date of Disbursement 10 / 09 / 2009
Amount of Each Disbursement this Period 1500.00

B.
Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Committee
Mailing Address 76 Magnolia Terrace
City Springfield State MA Zip Code 01108
Purpose of Disbursement
Candidate Name Rep. Richard E. Neal
Category/Type 011
Office Sought: X House Senate President
State: MA District: 02
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30640577
Date of Disbursement 10 / 09 / 2009
Amount of Each Disbursement this Period 5000.00

C.
Full Name (Last, First, Middle Initial)
Friends Of Roy Blunt
Mailing Address PO Box 50100
City Springfield State MO Zip Code 65805
Purpose of Disbursement
Candidate Name Rep. Roy Blunt
Category/Type 011
Office Sought: X House Senate President
State: MO District: 07
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30640578
Date of Disbursement 10 / 09 / 2009
Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11500.00**

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

Image# 10990128330

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Hoosiers Supporting Buyer For Congress
Mailing Address 103 West Broadway St, P.O. Box 712
200 North Main St. P.O. Box 712
City Monticello State IN Zip Code 47960
Purpose of Disbursement
Candidate Name Rep. Steve Buyer
Category/Type 011
Office Sought: X House Senate President
State: IN District: 04
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30640579
Date of Disbursement 10 / 09 / 2009
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
Walter Jones Committee
Mailing Address PO Box 3962
City Greenville State NC Zip Code 27836
Purpose of Disbursement
Candidate Name Rep. Walter B. Jones, Jr.
Category/Type 011
Office Sought: X House Senate President
State: NC District: 03
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30640580
Date of Disbursement 10 / 09 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Georgians For Isakson
Mailing Address Post Office Box 250116
City Atlanta State GA Zip Code 30325
Purpose of Disbursement
Candidate Name Sen. Johnny Isakson
Category/Type 011
Office Sought: House X Senate President
State: GA District:
Disbursement For: 2010 Primary X General Other (specify)

Transaction ID: 30648791
Date of Disbursement 10 / 12 / 2009
Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

Image# 10990128331

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
America Works Committee
Mailing Address 607 14th Street N.W.
Suite 800
City Washington State DC Zip Code 20005
Purpose of Disbursement
Candidate Name
America Works Committee
Category/ Type 011
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)

Transaction ID: 30724167
Date of Disbursement 10 / 20 / 2009
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
Committee for a Democratic Future
Mailing Address 25 Roydon Road
City New Haven State CT Zip Code 06511
Purpose of Disbursement
Candidate Name
Committee for a Democratic Future
Category/ Type 011
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)

Transaction ID: 30724169
Date of Disbursement 10 / 20 / 2009
Amount of Each Disbursement this Period 2500.00

C.
Full Name (Last, First, Middle Initial)
Ike Skelton For Congress Committee
Mailing Address P.O. Box A
City Harrisonville State MO Zip Code 64701
Purpose of Disbursement
Candidate Name
Rep. Ike Skelton
Category/ Type 011
Office Sought: X House Senate President
State: MO District: 04
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: 30724170
Date of Disbursement 10 / 20 / 2009
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) ..... ▶

Image# 10990128332

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Congressman Joe Barton Committee, The
Mailing Address P.O. Box 1444
City Ennis State TX Zip Code 75120
Purpose of Disbursement
Candidate Name Rep. Joe L. Barton
Category/Type 011
Office Sought: X House / Senate / President
State: TX District: 06
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30724171
Date of Disbursement 10 / 20 / 2009
Amount of Each Disbursement this Period 1500.00

B.
Full Name (Last, First, Middle Initial)
Rogers For Congress
Mailing Address PO Box 581
Post Office Box 581
City Brighton State MI Zip Code 48116
Purpose of Disbursement
Candidate Name Rep. Michael J. Rogers
Category/Type 011
Office Sought: X House / Senate / President
State: MI District: 08
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30724173
Date of Disbursement 10 / 20 / 2009
Amount of Each Disbursement this Period 2000.00

C.
Full Name (Last, First, Middle Initial)
Mary Bono Mack Committee
Mailing Address PO Box 3370
City Palm Springs State CA Zip Code 92263
Purpose of Disbursement
Candidate Name Rep. Mary Bono Mack
Category/Type 011
Office Sought: X House / Senate / President
State: CA District: 45
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30758529
Date of Disbursement 10 / 26 / 2009
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) ..... ▶

Image# 10990128333

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Committee To Re-Elect Linda Sanchez
Mailing Address 1212 S. Victory Blvd
Suite 211
City Burbank State CA Zip Code 91502
Purpose of Disbursement
Candidate Name Rep. Linda T. Sanchez
Category/Type 011
Office Sought: X House Senate President
State: CA District: 39
Disbursement For: 2010 X Primary General Other (specify)
Transaction ID: 30758530
Date of Disbursement 10 / 26 / 2009
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
Texans For Lamar Smith
Mailing Address PO Box 6155
City San Antonio State TX Zip Code 78209
Purpose of Disbursement
Candidate Name Rep. Lamar S. Smith
Category/Type 011
Office Sought: X House Senate President
State: TX District: 21
Disbursement For: 2010 X Primary General Other (specify)
Transaction ID: 30758531
Date of Disbursement 10 / 26 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
DAN10
Mailing Address 1088 Bishop Street
Suite 1009
City Honolulu State HI Zip Code 96813
Purpose of Disbursement
Candidate Name DAN10
Category/Type 011
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Transaction ID: 30758537
Date of Disbursement 10 / 26 / 2009
Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

Image# 10990128334

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b | 22 | X 23 | 24 | 25 | 26
27 | 28a | 28b | 28c | 29 | 30b

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

A.
Full Name (Last, First, Middle Initial)
The Freedom Project
Mailing Address 424 C Street, NE
Basement Unit
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement
Candidate Name: The Freedom Project
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 30758538
Date of Disbursement: 10 / 26 / 2009
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial)
Bill Cassidy For Congress
Mailing Address 8550 United Plaza Blvd.
Suite 1001
City: Baton Rouge State: LA Zip Code: 70809
Purpose of Disbursement
Candidate Name: Rep. William Cassidy, MD
Category/Type: 011
Office Sought: X House / Senate / President
State: LA District: 06
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30779161
Date of Disbursement: 10 / 30 / 2009
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Committee
Mailing Address 76 Magnolia Terrace
City: Springfield State: MA Zip Code: 01108
Purpose of Disbursement
Candidate Name: Rep. Richard E. Neal
Category/Type: 011
Office Sought: X House / Senate / President
State: MA District: 02
Disbursement For: 2010 Primary / X General / Other (specify)
Transaction ID: 30779162
Date of Disbursement: 10 / 30 / 2009
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **10500.00**

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

Image# 10990128335

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Allyson Schwartz For Congress
Mailing Address P.O. Box 2232
City Jenkintown State PA Zip Code 19046
Purpose of Disbursement
Candidate Name
Rep. Allyson Y. Schwartz
Category/ Type: 011
Office Sought: X House / Senate / President
State: PA District: 13
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30779163
Date of Disbursement: 10 / 30 / 2009
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Demint For Senate Committee Inc
Mailing Address PO Box 12425
City Columbia State SC Zip Code 29211
Purpose of Disbursement
Candidate Name
Sen. James W. DeMint
Category/ Type: 011
Office Sought: House / X Senate / President
State: SC District:
Disbursement For: 2010 Primary / X General / Other (specify)
Transaction ID: 30786666
Date of Disbursement: 11 / 03 / 2009
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Kathy Dahlkemper For Congress
Mailing Address PO Box 1045
City Erie State PA Zip Code 16512
Purpose of Disbursement
Candidate Name
Rep. Kathleen A. Dahlkemper
Category/ Type: 011
Office Sought: X House / Senate / President
State: PA District: 03
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30786670
Date of Disbursement: 11 / 03 / 2009
Amount of Each Disbursement this Period: 1000.00

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

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

Image# 10990128336

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Michael Burgess For Congress
Mailing Address PO Box 2334
City Denton State TX Zip Code 76202
Purpose of Disbursement
Candidate Name
Rep. Michael C. Burgess, M.D.
011 Category/ Type
Office Sought: X House / Senate / President
State: TX District: 26
Disbursement For: 2010 — Primary / X General / Other (specify)

Transaction ID: 30788309
Date of Disbursement 11/04/2009
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
Earl Pomeroy For Congress
Mailing Address Post Office Box 9336
City Fargo State ND Zip Code 58106
Purpose of Disbursement
Candidate Name
Rep. Earl Pomeroy
011 Category/ Type
Office Sought: X House / Senate / President
State: ND District: 01
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: 30810313
Date of Disbursement 11/09/2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Capitol Hill Club
Mailing Address 300 First St., SE
City Washington State DC Zip Code 20003
Purpose of Disbursement
In kind contribution
Candidate Name
Mr. Joe Heck
011 Category/ Type
Office Sought: X House / Senate / President
State: NV District: 03
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: 30828355
Date of Disbursement 11/12/2009
Amount of Each Disbursement this Period 396.00
In kind contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2396.00**

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

Image# 10990128337

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Kansans For Tiahrt
Mailing Address 2250 N Rock Road
Suite 118a
City: Wichita State: KS Zip Code: 67226
Purpose of Disbursement
Candidate Name: Rep. Todd W. Tiahrt
Category/Type: 011
Office Sought: X House / Senate / President
State: KS District: 04
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30857720
Date of Disbursement: 11 / 16 / 2009
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Walden For Congress
Mailing Address PO Box 1091
City: Hood River State: OR Zip Code: 97031
Purpose of Disbursement
Candidate Name: Rep. Gregory P. Walden
Category/Type: 011
Office Sought: X House / Senate / President
State: OR District: 02
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30857721
Date of Disbursement: 11 / 16 / 2009
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Senate Conservatives Fund
Mailing Address 700 12th St NW
Suite 700
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement
Candidate Name: Senate Conservatives Fund
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 30857722
Date of Disbursement: 11 / 16 / 2009
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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

Image# 10990128338

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

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

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

Candidate Name
Rep. Patrick J. Tiberi

Category/Type 011

Office Sought: X House Senate President
State: OH District: 12

Disbursement For: 2010
X Primary General
Other (specify)

Transaction ID: 30857723
Date of Disbursement 11 / 16 / 2009

Amount of Each Disbursement this Period 4000.00

B.
Full Name (Last, First, Middle Initial)
Pioneer PAC

Mailing Address 701 8th Street NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name
Pioneer PAC

Category/Type 011

Office Sought: House Senate President
State: District:

Disbursement For:
Primary General
Other (specify)

Transaction ID: 30877992
Date of Disbursement 11 / 18 / 2009

Amount of Each Disbursement this Period 5000.00

C.
Full Name (Last, First, Middle Initial)
Synergy PAC

Mailing Address 718 7th Street, NW Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name
Synergy PAC

Category/Type 011

Office Sought: House Senate President
State: District:

Disbursement For:
Primary General
Other (specify)

Transaction ID: 30877993
Date of Disbursement 11 / 18 / 2009

Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **11500.00**

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

Image# 10990128339

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b | 22 | X 23 | 24 | 25 | 26
27 | 28a | 28b | 28c | 29 | 30b

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

A.
Full Name (Last, First, Middle Initial)
Congressman Joe Barton Committee, The
Mailing Address P.O. Box 1444
City Ennis | State TX | Zip Code 75120
Purpose of Disbursement
Candidate Name Rep. Joe L. Barton
Category/Type 011
Office Sought: X House | Senate | President
State: TX District: 06
Disbursement For: 2010 X Primary | General | Other (specify)

Transaction ID: 30877994
Date of Disbursement 11 / 18 / 2009
Amount of Each Disbursement this Period 2000.00

B.
Full Name (Last, First, Middle Initial)
Klein For Congress
Mailing Address 21301 Powerline Road, Suite 204
City Boca Raton | State FL | Zip Code 33431
Purpose of Disbursement
Candidate Name Rep. Ronald Klein
Category/Type 011
Office Sought: X House | Senate | President
State: FL District: 22
Disbursement For: 2010 X Primary | General | Other (specify)

Transaction ID: 30932920
Date of Disbursement 11 / 30 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Wasserman-Schultz For Congress
Mailing Address 1071 Twin Branch Ln
City Weston | State FL | Zip Code 33326
Purpose of Disbursement
Candidate Name Rep. Debbie Wasserman-Schultz
Category/Type 011
Office Sought: X House | Senate | President
State: FL District: 20
Disbursement For: 2010 X Primary | General | Other (specify)

Transaction ID: 30932921
Date of Disbursement 11 / 30 / 2009
Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

Image# 10990128340

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Allyson Schwartz For Congress
Mailing Address P.O. Box 2232
City Jenkintown State PA Zip Code 19046
Purpose of Disbursement
Candidate Name Rep. Allyson Y. Schwartz
Category/Type 011
Office Sought: X House / Senate / President
State: PA District: 13
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30932922
Date of Disbursement 11 / 30 / 2009
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
Bill Cassidy For Congress
Mailing Address 8550 United Plaza Blvd. Suite 1001
City Baton Rouge State LA Zip Code 70809
Purpose of Disbursement
Candidate Name Rep. William Cassidy, MD
Category/Type 011
Office Sought: X House / Senate / President
State: LA District: 06
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 30932925
Date of Disbursement 11 / 30 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Our Congress PAC
Mailing Address PO Box 344
City Prescott State AR Zip Code 71857
Purpose of Disbursement
Candidate Name Our Congress PAC
Category/Type 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 30932926
Date of Disbursement 11 / 30 / 2009
Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

Image# 10990128341

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Citizens For Cochran
Mailing Address PO Box 7183
City Tupelo State MS Zip Code 38802
Purpose of Disbursement
Candidate Name Sen. Thad Cochran
Category/Type 011
Office Sought: [ ] House [X] Senate [ ] President
State: MS District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 30939145
Date of Disbursement 12 / 04 / 2009
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
Steve Rothman For New Jersey Inc.
Mailing Address P.O. Box 714
City Hackensack State NJ Zip Code 07602
Purpose of Disbursement
Candidate Name Rep. Steven R. Rothman
Category/Type 011
Office Sought: [X] House [ ] Senate [ ] President
State: NJ District: 09
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 30939148
Date of Disbursement 12 / 04 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
Sue Myrick For Congress
Mailing Address P.O. Box 37091
City Charlotte State NC Zip Code 28237
Purpose of Disbursement
Candidate Name Rep. Sue Wilkins Myrick
Category/Type 011
Office Sought: [X] House [ ] Senate [ ] President
State: NC District: 09
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 30939150
Date of Disbursement 12 / 04 / 2009
Amount of Each Disbursement this Period 1000.00

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

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

Image# 10990128342

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Keystone Victory Fund
Mailing Address c/o Lisa Lindsey
607 14th St NW Ste 800
City Washington State DC Zip Code 20005
Purpose of Disbursement
Candidate Name
Keystone Victory Fund
Category/ Type 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)

Transaction ID: 31044426
Date of Disbursement 12 / 16 / 2009
Amount of Each Disbursement this Period 1500.00

B.
Full Name (Last, First, Middle Initial)
Mike Mcintyre For Congress
Mailing Address P.O. Box 1
City Lumberton State NC Zip Code 28359
Purpose of Disbursement
Candidate Name
Rep. Mike McIntyre
Category/ Type 011
Office Sought: X House / Senate / President
State: NC District: 07
Disbursement For: 2010 X Primary / General / Other (specify)

Transaction ID: 31044448
Date of Disbursement 12 / 16 / 2009
Amount of Each Disbursement this Period 1500.00

C.
Full Name (Last, First, Middle Initial)
Volunteers For Shimkus
Mailing Address PO Box 5458
City Springfield State IL Zip Code 62705
Purpose of Disbursement
Candidate Name
Rep. John M. Shimkus
Category/ Type 011
Office Sought: X House / Senate / President
State: IL District: 19
Disbursement For: 2010 X Primary / General / Other (specify)

Transaction ID: 31044526
Date of Disbursement 12 / 16 / 2009
Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5500.00**

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

Image# 10990128343

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)

21b [ ] 22 [ ] 23 [X] 24 [ ] 25 [ ] 26 [ ]
27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b [ ]

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

A.

Full Name (Last, First, Middle Initial)
Majority PAC

Mailing Address 551 Main Street
Suite 220

City: Johnstown | State: PA | Zip Code: 15901

Purpose of Disbursement

Candidate Name
Majority PAC

Category/ Type: 011

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 31059962
Date of Disbursement: M M / D D / Y Y Y Y: 12 / 22 / 2009

Amount of Each Disbursement this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
DANPAC

Mailing Address 315 C Street SE

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement

Candidate Name
DANPAC

Category/ Type: 011

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 31107959
Date of Disbursement: M M / D D / Y Y Y Y: 12 / 28 / 2009

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) ▶	**227396.00**

Image# 10990128344

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	[ ] 27
[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b		

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

A.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30344162

Date of Disbursement: 07 / 27 / 2009

Amount of Each Disbursement this Period: 1415.93

Bank fees deducted from account

B.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30344163

Date of Disbursement: 07 / 27 / 2009

Amount of Each Disbursement this Period: 902.27

Bank fees deducted from account

C.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30372345

Date of Disbursement: 07 / 20 / 2009

Amount of Each Disbursement this Period: 1.20

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2319.40**

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

Image# 10990128345

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	[ ] 27
[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b		

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

A.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30372522

Date of Disbursement: 08 / 10 / 2009

Amount of Each Disbursement this Period: 470.58

Bank fees deducted from account

B.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30372525

Date of Disbursement: 08 / 11 / 2009

Amount of Each Disbursement this Period: 1489.19

Bank fees deducted from account

C.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30573629

Date of Disbursement: 09 / 07 / 2009

Amount of Each Disbursement this Period: 501.88

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2461.65**

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

Image# 10990128346

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	[ ] 27
[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b		

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

A.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30573655

Date of Disbursement: 09 / 07 / 2009

Amount of Each Disbursement this Period: 505.43

Bank fees deducted from account

B.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30728070

Date of Disbursement: 10 / 07 / 2009

Amount of Each Disbursement this Period: 2892.66

Bank fees deducted from account

C.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30728076

Date of Disbursement: 10 / 07 / 2009

Amount of Each Disbursement this Period: 1953.73

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional) ▶ **5351.82**

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

Image# 10990128347

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	[ ] 27
[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b		

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

A.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30858879
Date of Disbursement: 11 / 06 / 2009

Amount of Each Disbursement this Period: 937.91

Bank fees deducted from account

B.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 30858880
Date of Disbursement: 11 / 06 / 2009

Amount of Each Disbursement this Period: 955.93

Bank fees deducted from account

C.

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

Mailing Address 50 S. LaSalle St.

City: Chicago | State: IL | Zip Code: 60675

Purpose of Disbursement: Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 31055349
Date of Disbursement: 12 / 07 / 2009

Amount of Each Disbursement this Period: 272.54

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2166.38**

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

Image# 10990128348

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	[ ] 27
[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b		

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

A.

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

Mailing Address 50 S. LaSalle St.

City: Chicago
State: IL
Zip Code: 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 31055350
Date of Disbursement: M M / D D / Y Y Y Y: 12 / 07 / 2009

Amount of Each Disbursement this Period: 399.95

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional) ▶	**399.95**
TOTAL This Period (last page this line number only) ▶	**12699.20**

Image# 10990128349

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A.

Full Name (Last, First, Middle Initial)
Dr. Mark J Conklin, , MD

Mailing Address 660 Golden Ridge Rd Ste 250
Panorama Ortho & Spine Ctr

City: Golden | State: CO | Zip Code: 80401-9541

Purpose of Disbursement: Refund duplicate contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: 30372349
Date of Disbursement: 08 / 03 / 2009

Amount of Each Disbursement this Period: 250.00

Refund duplicate contribution

B.

Full Name (Last, First, Middle Initial)
Dr. J Ollie Edmunds, Jr, MD

Mailing Address 1440 Canal St Ste 1500

City: New Orleans | State: LA | Zip Code: 70112-2702

Purpose of Disbursement: Refund excess contribution

Candidate Name

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: 30650413
Date of Disbursement: 10 / 13 / 2009

Amount of Each Disbursement this Period: 1000.00

Refund excess contribution

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