

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
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Ricardo J Rodriguez, , MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City State Zip Code
Baton Rouge LA 70810-7827

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baton Rouge Orthopaedic Orthopaedic Surgeon
Clinic

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y Y
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 State Zip Code
Chico CA 95926-3369

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y Y
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 State Zip Code
Doylestown PA 18901-5842

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 21 / 2009

Transaction ID: 30596019

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)