

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343137

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)
Convention (12C)

General (12G)
Special (12S)

Runoff (12R)

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

04

01

2004

through

06

30

2004

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

Type or Print Name of Treasurer

James G. Davis, MD

Signature of Treasurer

Electronically Filed by James G. Davis, MD

Date

07

14

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M04 ^{: :}01 ^Y2004 To: ^M06 ^{: :}30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		388850.53
(b) Cash on Hand at Beginning of Reporting Period	506607.34	
(c) Total Receipts (from Line 19)	246845.43	553837.41
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	753452.77	942687.94
7. Total Disbursements (from Line 31)	193665.20	382900.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	559787.57	559787.57
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M04 ⁻01 ⁻2004 To: ^M06 ⁻30 ⁻2004

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)	222565.00	
(ii) Unitemized	19175.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	241740.00	545375.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	241740.00	545375.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	5105.43	7462.41
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	246845.43	553837.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	246845.43	553837.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4885.08	7620.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4885.08	7620.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	186760.12	375280.12
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C. 431(2))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	193665.20	382900.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	193665.20	382900.37

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	241740.00	545375.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	241740.00	545375.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4885.08	7620.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	5105.43	7462.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-220.35	157.84

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

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

FOR LINE NUMBER: PAGE 6 / 183

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen A Cord, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 411 D 22nd Pl		Transaction ID: 18202926
City Lubbock	State TX	Zip Code 79410-1122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lubbock Bone and Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Morton Faber, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 71 Taylor Road		Transaction ID: 18204470
City Short Hills	State NJ	Zip Code 07078-2256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William J Hozack, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address Rothman Inst at Jefferson 925 Chestnut St 5th Floor		Transaction ID: 18204484
City Philadelphia	State PA	Zip Code 19107-4218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rothman Institute Orthopedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 7 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Robert S Kramer, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 8 Vouga Lane		Transaction ID: 18202935
City Saint Louis	State MO	Zip Code 63131-2628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Metropolitan Orthopaedics LTD	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John J Larkin, Jr, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 320 Thomas More Parkway		Transaction ID: 18204472
City Crestview Hills	State KY	Zip Code 41017-3456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Roger A Mann, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 3300 Webster St #608		Transaction ID: 18202831
City Oakland	State CA	Zip Code 94609-5101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Paul David Peterson, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 2950 S Elm Pl Ste 460		Transaction ID: 18202928
City Broken Arrow	State OK	Zip Code 74012-7877
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Broken Arrow Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gerald A Rahn, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 839 S Walker St, #E		Transaction ID: 18202938
City Bloomington	State IN	Zip Code 47403-2124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bloomington Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rodney Walter Rieger, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 4N567 Hidden Oaks Rd		Transaction ID: 18202927
City Saint Charles	State IL	Zip Code 60175-6512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fox Valley Orthopaedic Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. David J. Schuk, MD Mailing Address 809 Ben Lomond Dr. City State Zip Code Tampa FL 33617-4219 FEC ID number of contributing federal political committee. C Name of Employer Tampa Orthopaedic Clinic Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2004 Transaction ID: 18204471 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) B. Dr. Michael K. Seidenstein, MD Mailing Address 81 Northfield Ave City State Zip Code West Orange NJ 07052-5342 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2004 Transaction ID: 18204468 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) C. Dr. David M. Woodbury, MD Mailing Address 14 Christine Dr City State Zip Code Ladys Island SC 29507-2262 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2004 Transaction ID: 18202830 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)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony T Yeung, MD		Date of Receipt M / D / Y Y Y Y 04 / 09 / 2004
Mailing Address 1635 E Myrtle, #400		Transaction ID: 18204462
City Phoenix	State AZ	Zip Code 85020-5514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Marshall G Baca, MD		Date of Receipt M / D / Y Y Y Y 04 / 09 / 2004
Mailing Address 241 D W Pierce		Transaction ID: 18204466
City Carlsbad	State NM	Zip Code 88220-3512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Philip L Bury, MD		Date of Receipt M / D / Y Y Y Y 04 / 09 / 2004
Mailing Address 2100 Lynn Rd, #115		Transaction ID: 18202833
City Thousand Oaks	State CA	Zip Code 91360-6031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Charles D Cardenas, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address Calallen Orthopaedics LLP 14317 Northwest Blvd		Transaction ID: 18202929
City Corpus Christi	State TX	Zip Code 78410-5123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Glenn H Carlson, MD		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 3900 Sunforest Ct STE 212		Transaction ID: 18204460
City Toledo	State OH	Zip Code 43623-4475
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William B Dial, MD		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 501 West Oneida Street P. O. Box 2267		Transaction ID: 18204882
City Waycross	State GA	Zip Code 31501-5337
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dial Orthopaedic Clinic, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert E FitzGibbons, MD		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 3143 Marlin Dr		Transaction ID: 18204974
City Longmont	State CO	Zip Code 80503-7892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Albert Johnson, MD		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 1081 Route 22 W		Transaction ID: 18205297
City Bridgewater	State NJ	Zip Code 08807-2921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Somerset Orthopaedic Assoc. PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Phillip J Kenter, MD		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 99 N La Cienega Blvd Ste 304		Transaction ID: 18204872
City Beverly Hills	State CA	Zip Code 90211-2222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Ernest F Rilka, MD Mailing Address 1474 W 33rd St City State Zip Code Yuma AZ 85365-3829 FEC ID number 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 / D / Y Y Y Y 04 / 12 / 2004 Transaction ID: 18204977 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) B. Dr. Miguel Antonio Schmitz, MD Mailing Address 800 Hillside Avenue City State Zip Code Klamath Falls OR 97601-2214 FEC ID number 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 / D / Y Y Y Y 04 / 12 / 2004 Transaction ID: 18204986 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) C. Dr. Kipley J Siggard, MD Mailing Address 3485 S 4155 W, #5 City State Zip Code West Valley City UT 84120-2081 FEC ID number 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 / D / Y Y Y Y 04 / 12 / 2004 Transaction ID: 18204975 Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 183

(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
	13		14		15		16										

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

Full Name (Last, First, Middle Initial) A. Dr. Terry Smith, MD		Date of Receipt M / D / Y 04 / 12 / 2004	
Mailing Address 1334 Hepaki		Transaction ID: 18204979	
City Kailua	State HI	Zip Code 96734-4512	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. David R Steinberg, MD		Date of Receipt M / D / Y 04 / 12 / 2004	
Mailing Address Penn Orthopaedic Inst 1 Cupp Pavilion		Transaction ID: 18204983	
City Philadelphia	State PA	Zip Code 19104	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. David F Bindegless, MD		Date of Receipt M / D / Y 04 / 12 / 2004	
Mailing Address 75 Kings Highway Cutoff		Transaction ID: 18204988	
City Fairfield	State CT	Zip Code 06824-5340	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Specialty Gro- up	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 15 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Michael T Diment, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 770 Riverside Ave Ste 105		Transaction ID: 18244867
City Adrian	State MI	Zip Code 49221-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lloyd G Cox, II, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 22157 Breton Woods Court		Transaction ID: 18244891
City Leonardtown	State MD	Zip Code 20650-2162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southern Maryland Orthopaedic & Sports	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David D Frazier, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address Ortho Assocs of New York 343 W 58th St		Transaction ID: 18244828
City New York	State NY	Zip Code 10019-1115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel J Gallagher, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address Bone & Joint Clinic West Jefferson Med Bldg		Transaction ID: 18244339	
City Marrero	State LA	Zip Code 70072-3064	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. David D Gallagher, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address 940 N Marr Rd		Transaction ID: 18245435	
City Columbus	State IN	Zip Code 47201-2609	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Martin Jacob Greenberg, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address 918 Merry Ln		Transaction ID: 18244824	
City Oak Brook	State IL	Zip Code 60521-1422	Amount of Each Receipt this Period 975.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 975.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 17 / 183

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert J Heaps, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 88 Colonel Daniels Dr		Transaction ID: 18244812
City Bedford	State NH	Zip Code 03110-5010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Herbert I Hermels, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 75 Kings Highway Cutoff		Transaction ID: 18244829
City Fairfield	State CT	Zip Code 06824-5340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Behrooz Hashmatpour, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 701 W Temple Ave		Transaction ID: 18244817
City Effingham	State IL	Zip Code 62401-2188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 18 / 183

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Paul Conrad Horn, MD Mailing Address 235 E Rowan #117 City State Zip Code Spokane WA 99207-1240 FEC ID number of contributing federal political committee. C Name of Employer Northwest Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y Y Y Y Y 04 / 13 / 2004 Transaction ID: 18244343 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) B. Dr. Gregory Lane Hummel, MD Mailing Address 15900 Ess Rd City State Zip Code Kansas City MO 64136-1259 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y Y Y Y Y 04 / 13 / 2004 Transaction ID: 18244834 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) C. Dr. Thomas R. Johnson, MD Mailing Address 2900 12th Ave N Ste 140W City State Zip Code Billings MT 59101-7508 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y Y Y Y Y 04 / 13 / 2004 Transaction ID: 18244869 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 183

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Seth Kane, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 277 FOREST AVENUE STE. 201		Transaction ID: 18244821
City Paramus	State NJ	Zip Code 07652-5410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Warren G Kramer, III, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 1401 Avocado Ave Ste 307		Transaction ID: 18244835
City Newport Beach	State CA	Zip Code 92660-7720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey M Lawrence, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address EB569 Apple Ln.		Transaction ID: 18244340
City Viroqua	State WI	Zip Code 54685-6183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey J Lazarus, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 31 S River Rd		Transaction ID: 18244830
City Stuart	State FL	Zip Code 34886-6723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Heart & Family Health Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard S Levy, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 8508 Brookshire Dr		Transaction ID: 18245433
City Dallas	State TX	Zip Code 75230-4104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John T Livermore, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 2414 Kohler Memorial Dr		Transaction ID: 18245438
City Sheboygan	State WI	Zip Code 53081-3170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 21 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Norman B Livemore, III, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address 120 La Casa Via Ste 206		Transaction ID: 18244350	
City Walnut Creek	State CA	Zip Code 94598-3067	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		Amount of Each Receipt this Period 700.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		
Full Name (Last, First, Middle Initial) B. Dr. John D Lubahn, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address 300 State St, #205		Transaction ID: 18244344	
City Erie	State PA	Zip Code 16507-1429	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hand Microsurgery	Occupation Orthopaedic Surgeon		Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Lawrence Michael Lubbars, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address 3400 Olentangy River Rd, Ste 200		Transaction ID: 18244833	
City Columbus	State OH	Zip Code 43202-4502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hand & Microsurgery Associates	Occupation Orthopaedic Surgeon		Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Neil J. Maki, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 525 St Mary St		Transaction ID: 18244349
City Thibodaux	State LA	Zip Code 70301-2692
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark C. Maier, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address Idaho Orthopaedic Society 901 N Curtis #501		Transaction ID: 18244396
City Boise	State ID	Zip Code 83706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Galbome Lake Moseley, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 1007 E Matthews		Transaction ID: 18245428
City Jonesboro	State AR	Zip Code 72401-4308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 23 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. John L Nehil, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address Audubon Medical Plaza, #64D 3 Audubon Plaza Dr		Transaction ID: 18244348	
City State Zip Code Louisville KY 40217-1387	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. David L Nelson, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address 1363 S Eliseo Dr Ste B		Transaction ID: 18244353	
City State Zip Code Greenbrae CA 94904-2012	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Thomas J Parr, MD		Date of Receipt M / D / Y 04 / 13 / 2004	
Mailing Address 14090 Southwest Fwy Suite 130		Transaction ID: 18244341	
City State Zip Code Sugar Land TX 77478-3677	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Michael F. Schafer, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 845 N Michigan Ste 910		Transaction ID: 18244390
City Chicago	State IL	Zip Code 60611-2826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Northwestern Univ. Medical School	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Christopher C. Schmidt, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 11 Murfield Ct		Transaction ID: 18244832
City Bridgeville	State PA	Zip Code 15017-1074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter D. Stawicki, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 11740 Bob White Ln		Transaction ID: 18244389
City Robinson	State IL	Zip Code 62454-5710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 25 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Steven Andrew Suchin, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 301 E 17th St		Transaction ID: 18244342
City New York	State NY	Zip Code 10003-3899
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kelly Vince, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address USC Center for Arthritis 1450 San Pablo St, 5th floor		Transaction ID: 18244351
City Los Angeles	State CA	Zip Code 90033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer USC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Julie Wehner, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 916 Merry Lane		Transaction ID: 18244825
City Oak Brook	State IL	Zip Code 60523-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 975.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 26 / 183

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Charles R Williams, MD		Date of Receipt M / D / Y Y Y Y 04 / 13 / 2004	
Mailing Address Ste H 804 Medical Circle Dr		Transaction ID: 18244815	
City State Zip Code Longview TX 75605	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer East Texas Orthopaedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. John L Wilson, MD		Date of Receipt M / D / Y Y Y Y 04 / 13 / 2004	
Mailing Address 10301 Kanis Rd		Transaction ID: 18244346	
City State Zip Code Little Rock AR 72205-6205	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ortho Arkansas	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
Full Name (Last, First, Middle Initial) C. Dr. Willard B E Wong, MD		Date of Receipt M / D / Y Y Y Y 04 / 13 / 2004	
Mailing Address Precision Orthopaedics 240 San Jose St		Transaction ID: 18245437	
City State Zip Code Salinas CA 93501-3501	Amount of Each Receipt this Period 500.00		
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 ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. George William Wood, II, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address Campbell Clinic Inc 1211 Union Ave #500		Transaction ID: 18244401
City Memphis	State TN	Zip Code 38104-6656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Campbell Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David W Aiken, Jr, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 4224 Houma Blvd, #650		Transaction ID: 18244837
City Metairie	State LA	Zip Code 70006-2977
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Frank L Barnes, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address Twelve Oaks Tower 4128 SW Freeway, Ste 1410		Transaction ID: 18244394
City Houston	State TX	Zip Code 77027-7318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 28 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas R Bielejeski, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 1901 N California St		Transaction ID: 18244819
City Stockton	State CA	Zip Code 95204-6098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stockton Orthopaedic Medical Group, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gregory Alfred Bisignani, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 82 Laurel Dr		Transaction ID: 18245431
City Greensburg	State PA	Zip Code 15601-4588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Timothy J Bonabus, DO		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address Northern Arizona Orthopaedics, Ltd 1485 N Turquoise Dr Ste 200		Transaction ID: 18244400
City Flagstaff	State AZ	Zip Code 86001-1481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer No AZ Ortho & Neurosurgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Dr. Stephen L Brenneke, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 351 D N E 122nd, #103		Transaction ID: 18244818
City Portland	State OR	Zip Code 97230-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. W John Bruder, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 4045 W Royal Dr		Transaction ID: 18244403
City Traverse City	State MI	Zip Code 49684-8965
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Great Lakes Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William N Haller, III, MD		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 135 Fairoaks Circle		Transaction ID: 18244347
City Gadsden	State AL	Zip Code 35501-5413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
or each category of the
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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

Full Name (Last, First, Middle Initial) A. Dr. Donald Mark Arms, MD		Date of Receipt M / D / Y Y Y Y 04 / 13 / 2004	
Mailing Address 207 Oak Park		Transaction ID: 18245429	
City State Zip Code Mc Minnville TN 37110-1336	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Richard Peterson		Date of Receipt M / D / Y Y Y Y 04 / 14 / 2004	
Mailing Address 3825 N Wilton Ave		Transaction ID: 18246289	
City State Zip Code Chicago IL 60613-2919	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Academy of Orthopaedic Surgeon	Occupation General Counsel		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. David B Coward, MD		Date of Receipt M / D / Y Y Y Y 04 / 14 / 2004	
Mailing Address 2801 K Street #310		Transaction ID: 18246293	
City State Zip Code Sacramento CA 95818-5119	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sacramento Knee and Sports Medicine	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts TN's Page (optional) ► **1000.00**

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

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

Use separate schedule(s)
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(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

Full Name (Last, First, Middle Initial) A. Dr. James A D'Antonio, MD Mailing Address 725 Cherrington Pkwy, #200 City State Zip Code Moon Township PA 15108-4318 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 04 / 14 / 2004 Transaction ID: 18246288 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) B. Dr. Lawrence R Hausman, MD Mailing Address 2424 N Wyatt Dr, #260 City State Zip Code Tucson AZ 85712-6118 FEC ID number of contributing federal political committee. C Name of Employer Tucson Orthopaedic Institute PC Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 04 / 14 / 2004 Transaction ID: 18246769 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) C. Dr. John S Kirkpatrick, MD Mailing Address 940 Faculty Office Tower 510 20th Street South City State Zip Code Birmingham AL 35294-0001 FEC ID number of contributing federal political committee. C Name of Employer Univ of Alabama at Birmingham Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 04 / 14 / 2004 Transaction ID: 18246773 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s)
or 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

Full Name (Last, First, Middle Initial) A. Dr. Wade H Penny, III, MD		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 205 Chapman Rd		Transaction ID: 18246771
City Keane	State NH	Zip Code 03431-4372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dartmouth Hitchcock Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles M Ruland, MD		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 1507 Severnecroft Road		Transaction ID: 18246281
City Annapolis	State MD	Zip Code 21401-5811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anna Arundel Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. J Andy Sullivan, MD		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 920 Stanton L Young RM WP1380		Transaction ID: 18246291
City Oklahoma City	State OK	Zip Code 73104-5020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Oklahoma	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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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

Full Name (Last, First, Middle Initial) A. Dr. Craig T. Amtz, MD		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address Valley Ortho Ste 300		Transaction ID: 18246282
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James B Benjamin, MD		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 3395 North Campbell Ave		Transaction ID: 18246298
City Tucson	State AZ	Zip Code 85719-2306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Susan Gera, MD		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address Valley Orthopedic Assoc 4D11 Talbot Road South		Transaction ID: 18246288
City Renton	State WA	Zip Code 98055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
or each category of the
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(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. J Philip Maloney, MD		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 371 D West Mineral King		Transaction ID: 18247204
City Visalia	State CA	Zip Code 93291-5531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lee R Dorey, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address Orthopaedic & Spinal Surgery 2100 N Waldron		Transaction ID: 18248600
City Hutchinson	State KS	Zip Code 67502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James J Foskett, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 1235 N Mulford Rd Ste 100		Transaction ID: 18248599
City Rockford	State IL	Zip Code 61107-5879
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates of Northern Ill	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
or each category of the
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(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. James V Nepola, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address Univ Of Iowa Hosp Dept of Ortho		Transaction ID: 18248601
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Iowa Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul E Perry, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address Tri-State Ortho Surgeons 1101 Professional Blvd		Transaction ID: 18248606
City Evansville	State IN	Zip Code 47714-8001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tri-State Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steve H Peterson, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address Foot Hill Orthopaedic Med Clinic 691 Pauline Ct Ste L		Transaction ID: 18248603
City Sonora	State CA	Zip Code 95370
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. K Daniel Riew, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address Dept of Orthopaedic Surgery West Pavilion, Suite 11300		Transaction ID: 18248591
City Saint Louis	State MO	Zip Code 63110-1094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Leon Roof, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 535 E 70th St		Transaction ID: 18248597
City New York	State NY	Zip Code 10021-4898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lyta Sorensen, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 1100 9th Ave PO Box 990		Transaction ID: 18248610
City Seattle	State WA	Zip Code 98101-2799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Virginia Mason Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Dr. James M Timoney, , DO		Date of Receipt M / D / Y Y Y Y 04 / 16 / 2004	
Mailing Address 126 Sunderland Dr		Transaction ID: 18248593	
City Auburn	State ME	Zip Code 04210-9234	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Thomas P Vesileff, , MD		Date of Receipt M / D / Y Y Y Y 04 / 16 / 2004	
Mailing Address 326D Providence Dr, #20D Anchorage Fracture & Ortho Clinic		Transaction ID: 18248608	
City Anchorage	State AK	Zip Code 99508-4603	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) C. Dr. James A Albright, , MD		Date of Receipt M / D / Y Y Y Y 04 / 16 / 2004	
Mailing Address LSU Medical Ctr 1501 Kings Hwy		Transaction ID: 18247805	
City Shreveport	State LA	Zip Code 71103-4228	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer LSU	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Dr. Eric B. Arvidson, MD		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 140 Haverhill St, #1		Transaction ID: 18248604
City	State	Zip Code
Andover	MA	01810-1504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy J Bonkus, DO		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address Northern Arizona Orthopaedics, Ltd 1485 N Turquoise Dr Ste 200		Transaction ID: 18248609
City	State	Zip Code
Flagstaff	AZ	86001-1481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer No AZ Ortho & Neurosurgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas J Dittloff, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 6900 Orchard Lake Rd #103		Transaction ID: 18295891
City	State	Zip Code
West Bloomfield	MI	48322-3424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 38 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Marc Romayne Davidson, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 208B Alpine Dr		Transaction ID: 18295894
City West Linn	State OR	Zip Code 97068-8618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Philip A Davidson, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 850D 66th Street		Transaction ID: 18295896
City Pinellas Park	State FL	Zip Code 33781-5030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas J Dowling, Jr. MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 2171 Jericho Turnpike, #304		Transaction ID: 18295859
City Commack	State NY	Zip Code 11725-2500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Long Island Spine Special- ists PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 40 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Gary Dilings, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 1777 Hamburg Turnpike #305		Transaction ID: 18295889
City Wayne	State NJ	Zip Code 07470-5243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James B Duke, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 2300 SE 17th St, #500		Transaction ID: 18295862
City Ocala	State FL	Zip Code 34471-9139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edward W Easman, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 7246 128 Drive SE		Transaction ID: 18295850
City Snohomish	State WA	Zip Code 98290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 41 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Vernon Sims Espin, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 580 Memorial Dr		Transaction ID: 18295869
City Pocatello	State ID	Zip Code 83201-4073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard D Ferkel, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 8815 Noble Ave		Transaction ID: 18295882
City Van Nuys	State CA	Zip Code 91405-3796
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Southern Cal. Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael J Ford, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 511 N 12th St E		Transaction ID: 18295871
City Riverton	State WY	Zip Code 82501-5809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 42 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. John R Gleason, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 5871 Peachtree Dunwoody Rd. Suite 700		Transaction ID: 18295930
City Atlanta	State GA	Zip Code 30342-5000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Erik C Gwyler, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 55 West Titan St		Transaction ID: 18295911
City Walla Walla	State WA	Zip Code 99362-4438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bruce T Henderson, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 44555 Woodward Ste 407		Transaction ID: 18295888
City Pontiac	State MI	Zip Code 48341-5031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 43 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert N Hensinger, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address Univ of Michigan Med Ctr 1500 E Medical Ctr Dr		Transaction ID: 18295919	
City State Zip Code Ann Arbor MI 48109-0328	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Michigan Medical Center	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Charles L Haring, Jr, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address 820 Howard St		Transaction ID: 18295909	
City State Zip Code Marina Del Rey CA 90292-5517	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. David Rees Hicks, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address 6585 S Yale Ave, #200		Transaction ID: 18295872	
City State Zip Code Tulsa OK 74138-6315	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

FOR LINE NUMBER: PAGE 44 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. W Benjamin Kibler, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 700 Bob-Dlink Drive		Transaction ID: 18295921
City Lexington	State KY	Zip Code 40504-2701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Charles Kafed, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 2819 Seminole Court		Transaction ID: 18295873
City Fairfield	State CA	Zip Code 94524-7871
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Walter F Krengel, III, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 1231 116th Ave, #100		Transaction ID: 18295879
City Bellevue	State WA	Zip Code 98004-5804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 45 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Rodolfo E Lawson, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 7431 MONACO ST		Transaction ID: 18295926
City	State	Zip Code
Coral Gables	FL	33143-6432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Angela J Lopez, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 279 3rd Ave. #504		Transaction ID: 18295903
City	State	Zip Code
Long Branch	NJ	07740-6207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph G Martin, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 1414 W Lombard St		Transaction ID: 18295804
City	State	Zip Code
Davenport	IA	52804-2152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ORA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 46 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Arnold R Miller, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address PD Box 637		Transaction ID: 18295918
City Laconia	State NH	Zip Code 03247-0637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Laconia Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey G Makris, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 1001 Blythe Blvd, #200		Transaction ID: 18295917
City Charlotte	State NC	Zip Code 28203-5863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Miller Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Eric A Moneymith, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 5255 E. Stop 11 Road, Suite 300		Transaction ID: 18295838
City Indianapolis	State IN	Zip Code 46237-6341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer OrthoIndy	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 47 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel J Nagle, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 448 E Ontario, #500		Transaction ID: 18295876
City	State	Zip Code
Chicago	IL	60611-7108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy S O'Brien, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 97 Marland Road South		Transaction ID: 18295886
City	State	Zip Code
Colorado Springs	CO	80906-4348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John R Payne, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 731 Leighton Ave., Ste. 300		Transaction ID: 18295844
City	State	Zip Code
Anniston	AL	36207-5762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anniston Orthopaedics Ass- ociates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 48 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Hector M Pedraza, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 2701 Medical Office Pl		Transaction ID: 18295893
City Goldsboro	State NC	Zip Code 27534-9404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert A Painart, Jr, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address Southern Bone and Joint Center PO Box 820B		Transaction ID: 18295845
City Mc Allen	State TX	Zip Code 78502-6208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charlea Turner Price, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address Nemours Children's Clinic 83 W Columbia St		Transaction ID: 18295880
City Orlando	State FL	Zip Code 32808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Nemours Children's Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 48 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. James J Purill, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 25 Lane of Acres		Transaction ID: 18295896
City Haddonfield	State NJ	Zip Code 08033-3504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dasingu S Raja, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 1 Dreamview Ln		Transaction ID: 18295893
City Charleston	State WV	Zip Code 25314-1015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Chitransh S Ranawat, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address Lenox Hill Hosp-W/ Black Hall 130 E 77th St 11th Fl		Transaction ID: 18295851
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 60 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Irving G Raphael, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 475 Irving Ave Ste 41B		Transaction ID: 18295868
City Syracuse	State NY	Zip Code 13210-1573
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Craig H Rosen, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 42 Southwood Drive		Transaction ID: 18295867
City Cherry Hill	State NJ	Zip Code 08003-2850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Samuel R Rosenfeld, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 1310 W Stewart Dr, #508		Transaction ID: 18295892
City Orange	State CA	Zip Code 92868-3858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer APOS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 51 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Randall Duane Roush, MD		Date of Receipt M / D / Y 04 / 23 / 2004	
Mailing Address 1150 Graham Rd, #102		Transaction ID: 18295922	
City Florissant	State MO	Zip Code 63031-8077	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Northland MidAmerica Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Paul A Sauer, MD		Date of Receipt M / D / Y 04 / 23 / 2004	
Mailing Address 2858 Sarah Lane		Transaction ID: 18295913	
City Beloit	State WI	Zip Code 53511-9559	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Gary M Schriegenberg, MD		Date of Receipt M / D / Y 04 / 23 / 2004	
Mailing Address 830 W High St, Ste 250		Transaction ID: 18295831	
City Lima	State OH	Zip Code 45801-3581	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer West Central Ohio Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 52 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Clark P Searle, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 1113 Thornberry Dr		Transaction ID: 18295907
City Clarksville	State TN	Zip Code 37043-5631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Enzo J Sella, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 240B Whitney Ave		Transaction ID: 18295860
City Hamden	State CT	Zip Code 06518-3209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter F Sharkey, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 925 Chestnut St 5th Floor		Transaction ID: 18295865
City Philadelphia	State PA	Zip Code 19107-4218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1965.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 63 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. David W Sherton, Jr. MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address 3134 Sycamore Ln		Transaction ID: 18295934	
City Billings	State MT	Zip Code 59102-0524	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Montana Orthopaedic & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Lance Sisco, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address 1088 Mountain Valley Dr.		Transaction ID: 18295940	
City Asheboro	State NC	Zip Code 27205-0548	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Brandon Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Robert A Stanton, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address Ortho Specialty Group 75 Kings Highway Cutoff		Transaction ID: 18295890	
City Fairfield	State CT	Zip Code 06824	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Specialty Group PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 54 / 183

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Myron J. Seczukowski Jr, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 510 Idlewild Ave Ste 200		Transaction ID: 18295937
City Easton	State MD	Zip Code 21601-3855
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Keith Troop, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address Bone & Joint Clinic 2002 12th Street NW		Transaction ID: 18295933
City Ardmore	State OK	Zip Code 73401-6216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul J Urbanek, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 153 School St		Transaction ID: 18295839
City Concord	State NH	Zip Code 03301-2562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 55 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. George A Wade, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 118B University Dr		Transaction ID: 18295884
City Boise	State ID	Zip Code 83706-3096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Idaho Sports Medicine Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lawrence R Walker, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address P O Box 925		Transaction ID: 18295888
City Lake Arrowhead	State CA	Zip Code 92352-0925
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer OMG Riverside CA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George W Weath, Jr. MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 333 E Alpine Ave		Transaction ID: 18295887
City Stockton	State CA	Zip Code 95204-3494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alpine Orthopaedic Med Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1450.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 66 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Janet E Whitlow, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 4547 N 52nd Pl		Transaction ID: 18295861
City Phoenix	State AZ	Zip Code 85018-3024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ricky Wilkerson, DO		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 120D 1st Ave E Ste C		Transaction ID: 18295864
City Spencer	State IA	Zip Code 51301-4342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Joseph Young, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address PO Box 22150		Transaction ID: 18295899
City Hot Springs	State AR	Zip Code 71503-2150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates of Hot Springs	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 57 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Gary M Zaitman, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 231 Granite Run Lancaster Ortho Group		Transaction ID: 18295897
City Lancaster	State PA	Zip Code 17601-6823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lancaster Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John W Addison, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 111 S 11th Ave Suite 320		Transaction ID: 18295878
City Yakima	State WA	Zip Code 98902-3273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedics Northwest	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brant Allen, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 4780 W. Sunset Blvd.		Transaction ID: 18295847
City Los Angeles	State CA	Zip Code 90027-6083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 58 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Steven Aber, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 222 Merrimack St Ste 300		Transaction ID: 18295898
City Lowell	State MA	Zip Code 01852-5800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Allen F Anderson, MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 423D Harding Rd, #1000 St. Thomas Medical Building		Transaction ID: 18295898
City Nashville	State TN	Zip Code 37205-2098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TOA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Champ L Baker, Jr. MD		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 6262 Veterans Parkway PO Box 9517		Transaction ID: 18295858
City Columbus	State GA	Zip Code 31909-3540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hughston Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 58 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert W Berman, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address 7520 Montgomery Blvd N E Suite 10, Bldg D-10		Transaction ID: 18295949	
City State Zip Code Albuquerque NM 87109-1521	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. Dr. Christopher M Bieriek, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address PO Box 835		Transaction ID: 18295875	
City State Zip Code Hannibal MO 63401-0835	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Orthopaedic Special- ists	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. Alberto Antonio Boleos, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address 50 South San Mateo Drive Suite 470		Transaction ID: 18295829	
City State Zip Code San Mateo CA 94401-3857	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 60 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Yves Boudreau, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address Shelby Bone & Joint Clinic 202 E Grover St		Transaction ID: 18295952	
City Shelby	State NC	Zip Code 28150-3818	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Evan Budoff, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address 855D Fannin #2625		Transaction ID: 18295870	
City Houston	State TX	Zip Code 77030-2744	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Perchel Alcala Caballero, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004	
Mailing Address 15 Kiel Ave, #101		Transaction ID: 18295835	
City Kinnelon	State NJ	Zip Code 07405-2585	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

FOR LINE NUMBER: PAGE 61 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert H Canora, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 4011 Talbot Rd S, #300		Transaction ID: 18295885
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kenneth J Cavanaugh, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 1551 Professional Ln #100		Transaction ID: 18295881
City Longmont	State CO	Zip Code 80501-6972
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael R Glain, MD		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 6 Greenwich Office Park		Transaction ID: 18295828
City Greenwich	State CT	Zip Code 06831-5151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 62 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Edward J Collins, Jr, MD		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address 150 Mansfield Ave		Transaction ID: 18295912
City	State	Zip Code
Willimantic	CT	06226-2026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Conn Sports Med & Ortho Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Douglas Mark Cooper, MD		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address Iowa Orthopaedic Society Marshalltown Orthopaedic PC		Transaction ID: 18295846
City	State	Zip Code
Marshalltown	IA	50158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Marshalltown Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John S Eary, MD		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address 3921 Marquette St		Transaction ID: 18295858
City	State	Zip Code
Dallas	TX	75225-5432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Texas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 63 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Daryl Sheldon Lake, MD		Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004
Mailing Address 840 Cook Rd		Transaction ID: 18295850
City	State	Zip Code
Hastings	MI	49058-9616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hastings Orthopaedic Clinic, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Martin William Roche, MD		Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004
Mailing Address 231 D Delmar Pl		Transaction ID: 18295847
City	State	Zip Code
Fort Lauderdale	FL	33301-1510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel Seifman, MD		Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004
Mailing Address 381B North Woodbury Lane		Transaction ID: 18295852
City	State	Zip Code
Janesville	WI	53545-9609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Mercy Health Systems	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 64 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. J Andy Sullivan, MD		Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004	
Mailing Address 920 Stanton L Young RM WP1360		Transaction ID: 18295845	
City Oklahoma City	State OK	Zip Code 73104-5020	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Oklahoma	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. Dr. Suresh Velagapudi, MD		Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004	
Mailing Address 2111 Ogden Ave		Transaction ID: 18295849	
City Aurora	State IL	Zip Code 60504-7597	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) C. Dr. David A Bamstein, MD		Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004	
Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 860D		Transaction ID: 18295853	
City Albuquerque	State NM	Zip Code 87108	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer New Mexico Orthopaedic As- sociates	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

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

FOR LINE NUMBER: PAGE 65 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John W Blute, Jr, MD		Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004	
Mailing Address No 11 Brier Hill Road		Transaction ID: 18295848	
City Acton	State MA	Zip Code 01720-7751	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Concord Orthopaedics, Inc.	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Jeffrey C Davis, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004	
Mailing Address 1201 11th Ave S Suite 200		Transaction ID: 18308760	
City Birmingham	State AL	Zip Code 35205-3423	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Sports Medicine	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. John Larry Fambrough, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004	
Mailing Address 157B1 Professional Plaza		Transaction ID: 18308775	
City Hammond	State LA	Zip Code 70403-1458	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

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

FOR LINE NUMBER: PAGE 66 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Leroy Robert Fullerton, Jr, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004	
Mailing Address 811 13th Street Ste 20 Bldg 3		Transaction ID: 18308781	
City Augusta	State GA	Zip Code 30901-2700	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Associates of Augusta	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. J Randy Gippa, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004	
Mailing Address 1225 S Gear Ave Ste 159		Transaction ID: 18308770	
City West Burlington	State IA	Zip Code 52655-1686	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Richard Ian Goldberger, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004	
Mailing Address 5108 N Armenia Ave, #4		Transaction ID: 18308787	
City Tampa	State FL	Zip Code 33603-1433	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Karl Robert Hanson, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address Kaiser Medical Center 10800 Magnolia Avenue		Transaction ID: 18308763
City Riverside	State CA	Zip Code 92505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Deborah A Hanley, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 7005 Shore Road Apt. 3F		Transaction ID: 18308773
City Brooklyn	State NY	Zip Code 11209-1044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kent S Lemer, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 17 Jauncy Ave		Transaction ID: 18308785
City North Arlington	State NJ	Zip Code 07031-4700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 68 / 183
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Peter A Matsuzaki, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 870 Ponahawaii St #214		Transaction ID: 18308788
City	State	Zip Code
Hilo	HI	96720-2660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott K McClelland, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 2000 Stuart Ave		Transaction ID: 18308790
City	State	Zip Code
Monroe	LA	71201-2543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard F McKay, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 8 Medical Dr		Transaction ID: 18308784
City	State	Zip Code
Amarillo	TX	79108-4168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 68 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Evangelos Mergantzis, MD		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address 21 Ravona St		Transaction ID: 18308785
City Clifton	State NJ	Zip Code 07012-1521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Clifton Orthopaedics PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Chris Steve Mochizuki, MD		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address 11 Birch St, #A		Transaction ID: 18308783
City Redwood City	State CA	Zip Code 94062-1407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David L Nelson, MD		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address 1363 S Eliseo Dr Ste B		Transaction ID: 18308787
City Greenbrae	State CA	Zip Code 94504-2012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 70 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Adam J Olscamp, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 850 Ironwood Dr Ste 202		Transaction ID: 18308786
City Coeur d'Alene	State ID	Amount of Each Receipt this Period 100.00
Zip Code 83814-4803	FEC ID number 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	

Full Name (Last, First, Middle Initial) B. Dr. John Anthony Delarkamp, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 181B Verdugo Blvd, #201		Transaction ID: 18308759
City Glendale	State CA	Amount of Each Receipt this Period 250.00
Zip Code 91208-1433	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth C Peaseck, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address Moorestown Office Ctr 110 Marter Ave #305		Transaction ID: 18308792
City Moorestown	State NJ	Amount of Each Receipt this Period 200.00
Zip Code 08057-5124	FEC ID number 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	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 71 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Steve G Salyers, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 1080 Rossvlew Rd		Transaction ID: 18308769
City	State	Zip Code
Clarksville	TN	37043-1808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Premier Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven M Schwartz, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 4844 Lincoln Blvd, #101		Transaction ID: 18308783
City	State	Zip Code
Marina Del Rey	CA	90292-6374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John F Tompkins, II, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address PO Box 26901 WP 1380		Transaction ID: 18308781
City	State	Zip Code
Oklahoma City	OK	73150-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Univ of Oklahoma	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 72 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Mark D Visk, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 303 E Wood St		Transaction ID: 18308782
City	State	Zip Code
Spartanburg	SC	29303-3020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Eugene Michael Wolf, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 3000 California St 3rd floor		Transaction ID: 18308782
City	State	Zip Code
San Francisco	CA	94115-2411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John H Bargren, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 1112 6th Ave Ste 300		Transaction ID: 18308795
City	State	Zip Code
Tacoma	WA	98405-4048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. James C. Bole, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 478D1 Grand River Ave, #A105		Transaction ID: 18308779
City	State	Zip Code
Novi	MI	48374-1233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John N. Callender, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address 254D Filbert St		Transaction ID: 18308791
City	State	Zip Code
San Francisco	CA	94123-3318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer California Pacific Ortho & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey W. Cook, MD		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2004
Mailing Address Franklin Ortho & Sports Med 3310 Aspen Grove Dr, #102		Transaction ID: 18308788
City	State	Zip Code
Franklin	TN	37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Franklin Ortho & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 74 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. James R. McClurg, MD		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 1855 First Ave, #100		Transaction ID: 18309363
City San Diego	State CA	Zip Code 92101-2650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edwin M Melendez, MD		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 2509 W Crest Ave Ste 2		Transaction ID: 18309364
City Tampa	State FL	Zip Code 33614-6821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Douglas R Phillips, MD		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 811 13th Street Suite 2D		Transaction ID: 18309361
City Augusta	State GA	Zip Code 30501-2700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 75 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. W Norman Scott, MD		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 170 E End Ave		Transaction ID: 18309366
City New York	State NY	Zip Code 10128-7699
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Beth Israel Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Henry A Becke, Jr, MD		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 75 Kings Highway Cutoff		Transaction ID: 18309366
City Fairfield	State CT	Zip Code 06824-5340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brett R Bolhofer, MD		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 4800 4th St N		Transaction ID: 18309362
City Saint Petersburg	State FL	Zip Code 33703-5822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer All Florida Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 76 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John Kirk Drake, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 3635 Bienville Blvd		Transaction ID: 18352676
City Ocean Springs	State MS	Zip Code 39564-5711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Blenville Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John T Duddy, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 2741 DeBarr Rd Ste C305		Transaction ID: 18352720
City Anchorage	State AK	Zip Code 99568-2978
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Donn A Fassero, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 600 Coffee Rd		Transaction ID: 18352771
City Modesto	State CA	Zip Code 95355-4278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Sutter Gould Medical Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 77 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John W Gainer, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address P O Box 1200		Transaction ID: 18352698
City Santa Barbara	State CA	Zip Code 93102-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Santa Barbara Medical Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy Allen Gibbons, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 250 S Crescent Dr		Transaction ID: 18352828
City Mason City	State IA	Zip Code 50401-2926
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael L Gordon, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 201 Kings Place		Transaction ID: 18352822
City Newport Beach	State CA	Zip Code 92663-5704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 78 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Gregory P Harvey, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address 1315 St Joseph Parkway #800		Transaction ID: 18352774
City Houston	State TX	Zip Code 77002-8233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joshua J Jacobs, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address 1725 W Harrison St, #1063		Transaction ID: 18352711
City Chicago	State IL	Zip Code 60612-3884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Midwest Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Randeep S Kahlon, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address 4745 Ogletown-Stanton Rd, #225		Transaction ID: 18352708
City Newark	State DE	Zip Code 19713-2087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 78 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. William G Mackenzie, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address Alfred I duPont Institute 1600 Rockland Rd		Transaction ID: 18352719	
City Wilmington	State DE	Zip Code 19803-3607	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Geoffrey M McCullen, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address 274D Van Dom St		Transaction ID: 18352710	
City Lincoln	State NE	Zip Code 68502-4256	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. William C McMaster, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address 131D W Stewart Dr, #508		Transaction ID: 18352872	
City Orange	State CA	Zip Code 92668-3858	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

FOR LINE NUMBER: PAGE 80 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Peter O Newton, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address 303D Children's Way, #410		Transaction ID: 18352826	
City San Diego	State CA	Zip Code 92123-4228	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Specialists	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. William Robert Niedermeier, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address 35 Prairie Ave, #200		Transaction ID: 18352673	
City Prairie Du Sac	State WI	Zip Code 53578-1500	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Associates of Sauk Prairie	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. Kenneth M Oates, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address 351 B W 3rd St		Transaction ID: 18352718	
City Anacortes	State WA	Zip Code 98221-1215	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest Orthopaedic Surgeons	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 81 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Nicholas V Polifroni, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 148 East Ave		Transaction ID: 18352677
City Norwalk	State CT	Zip Code 06851-5721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coastal Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. A Herbert Alexander, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address Alexander Orthopaedics PA 100 Hospital Dr Ste 100		Transaction ID: 18352669
City Ketchum	State ID	Zip Code 83340-6897
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alexander Orthopaedics PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Karl E Rathjen, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address Texas Scottish Rite Hosp Dept of Orthopaedics		Transaction ID: 18352824
City Dallas	State TX	Zip Code 75219-3563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 82 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Miguel Antonio Schmitz, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address 800 Hillside Avenue		Transaction ID: 18352712
City	State	Zip Code
Klamath Falls	OR	97601-2214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Lynn Smith, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address 577D South 250 East, #115		Transaction ID: 18352714
City	State	Zip Code
Murray	UT	84107-6171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey R Smith, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address 2846 N Foothill Dr		Transaction ID: 18352713
City	State	Zip Code
Provo	UT	84604-4350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 83 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Kenneth C Spengler, Jr, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 1 Hampton Rd		Transaction ID: 18352717
City Exeter	State NH	Zip Code 03833-4848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Access Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Stikney, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address Evergreen Orthopaedic & Fracture C 12911 120th Ave NE #H210		Transaction ID: 18352715
City Kirkland	State WA	Zip Code 98034-3065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Evergreen Orthopaedic & Fracture Clin	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. J Michael Water, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 17877 W Fourteen Mile Rd		Transaction ID: 18352899
City Beverly Hills	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1950.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 84 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Brian P Wicks, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 127B4 Silverdale Way		Transaction ID: 18352671
City Silverdale	State WA	Zip Code 98383-7714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Doctors Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James M Worthington, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 235 Hanover St M2		Transaction ID: 18352675
City Fall River	State MA	Zip Code 02720-5289
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edward W Younger, III, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 6403 Coyle Ave, #17D		Transaction ID: 18352704
City Camichael	State CA	Zip Code 95608-0363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northern California Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 85 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Mary Johanna Albert, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address 758 Old Norcross Rd Suite 100		Transaction ID: 18352773	
City Lawrenceville	State GA	Zip Code 30045-3385	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Charlotte E Alexander, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address Alexander Orthopaedics, PA 100 Hospital Dr Ste 100		Transaction ID: 18352670	
City Ketchum	State ID	Zip Code 83340	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alexander Orthopaedics, PA	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Benjamin Blair, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004	
Mailing Address 333 N 18th Ave Suite D-1		Transaction ID: 18352820	
City Pocatello	State ID	Zip Code 83201-3358	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

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

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

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

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

FOR LINE NUMBER: PAGE 86 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Paul A Cavale, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address 201 E Orangeburg Ave, #F		Transaction ID: 18352827
City Modesto	State CA	Zip Code 95350-5355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Peter M Cimino, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address PO Box 45915		Transaction ID: 18352709
City Omaha	State NE	Zip Code 68145-0915
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey M Colbert, MD		Date of Receipt M / D / Y Y Y Y 05 / 05 / 2004
Mailing Address 484D Admiralty Way, #101		Transaction ID: 18352821
City Marina Del Rey	State CA	Zip Code 90262-6614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 87 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. C Perry Cooke, III, MD		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address Syracuse Orthopaedic Specialists, 6797 Knollwood Rd		Transaction ID: 18352829
City Fayetteville	State NY	Zip Code 13066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Marks, MD		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 40 Cross St, #300		Transaction ID: 18353417
City Norwalk	State CT	Zip Code 06851-4661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Leiland R. Meyer, MD		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address S 5841 County Rd B		Transaction ID: 18353421
City Eau Claire	State WI	Zip Code 54701-8884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 88 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph M McGraw, MD		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 4045 W Royal		Transaction ID: 18353418
City	State	Zip Code
Traverse City	MI	49684-8865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Great Lakes Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Ralph Musser, Jr, MD		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 21 Highland Ave		Transaction ID: 18353420
City	State	Zip Code
Newburyport	MA	01850-3872
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Matthew D Reekmeyer, MD		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address Lincoln Ortho Ctr 6900 A Street		Transaction ID: 18353415
City	State	Zip Code
Lincoln	NE	68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lincoln Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 88 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Peter J Stem, MD		Date of Receipt M / D / Y 05 / 11 / 2004	
Mailing Address University of Cincinnati College of Medicine		Transaction ID: 18353157	
City Cincinnati	State OH	Zip Code 45267-0001	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Cincinnati College of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Benjamin C Tam, MD		Date of Receipt M / D / Y 05 / 11 / 2004	
Mailing Address 500 N. Garfield Ave , #204		Transaction ID: 18353416	
City Monterey Park	State CA	Zip Code 91754-1242	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Wayne Anthony Colaza, MD		Date of Receipt M / D / Y 05 / 11 / 2004	
Mailing Address 63 Newton Sparta Road		Transaction ID: 18353158	
City Newton	State NJ	Zip Code 07860-2745	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

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

FOR LINE NUMBER: PAGE 00 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Richard D Courts, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 800B Frost St		Transaction ID: 18357054
City San Diego	State CA	Zip Code 92123-4205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Vance Hill, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address California Orthopaedic Society 3525 Loma Vista Rd		Transaction ID: 18356978
City Ventura	State CA	Zip Code 93003-3101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Andrew James Haldston, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 3321 River Dr		Transaction ID: 18357081
City Fargo	State ND	Zip Code 58104-6281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 01 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Brent M Johnson, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address PD Box 21369 4064 Postal Dr, SW		Transaction ID: 18356644
City Roanoke	State VA	Zip Code 24018-0546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James C Kelly, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 59 Faine Harbour Pl		Transaction ID: 18357055
City New London	State CT	Zip Code 06320-4739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey L Lovato, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 1411 Woodhurst Blvd.		Transaction ID: 18357052
City Mc Lean	State VA	Zip Code 22102-2234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anderson Orthopedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 02 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Michael Marks, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 40 Cross St, #300		Transaction ID: 18357062
City Norwalk	State CT	Zip Code 06851-4661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul C Makson, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 1431 Premier Drive P O Box 4389		Transaction ID: 18357051
City Mankato	State MN	Zip Code 56001-6076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic & Fracture Cl- inic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen C McNeil, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 907 Sumner St Ste 3D1		Transaction ID: 18357048
City Stoughton	State MA	Zip Code 02072-5374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sullivan Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 03 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Steven J Morgan, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address Denver Health Medical Center Dept of Orthopaedics #0188		Transaction ID: 18356647
City Denver	State CO	Zip Code 80204-4507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gerald J Ortiz, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 5010 St Hwy 30, #205		Transaction ID: 18357059
City Amsterdam	State NY	Zip Code 12010-7522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jose R. Perez-Sanz, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 10719 W 180th St		Transaction ID: 18357053
City Orland Park	State IL	Zip Code 60467-5541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 04 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Mikael Purne, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 25825 S Vermont Ave		Transaction ID: 18356980
City Harbor City	State CA	Zip Code 90710-3518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard L Romeyn, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address Southeast Minnesota Sports Medicine Orthopaedic Surgery Specialists		Transaction ID: 18357057
City Winona	State MN	Zip Code 55987
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Harry E Rubash, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address Mass Gen Hosp, Dept of Ortho 55 Fruit St White 801		Transaction ID: 18358839
City Boston	State MA	Zip Code 02114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Partners Health	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 05 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Kipling P. Sharpe, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 500 W 10th Pl, #121		Transaction ID: 18356648
City	State	Zip Code
Mesa	AZ	85201-3228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph H. Star, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 300 Birnie Avenue		Transaction ID: 18356648
City	State	Zip Code
Springfield	MA	01107-1107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N.E. Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert A. Steele, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address Medical Arts Pavilion 4745 Oglethorpe-Stanton Rd, #225		Transaction ID: 18357050
City	State	Zip Code
Newark	DE	19713-2074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 06 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Albert B Thrower, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 202 Elmer St		Transaction ID: 18356643
City Westfield	State NJ	Zip Code 07090-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John D Bailey, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 414D Centennial Hills Blvd Ste C		Transaction ID: 18357056
City Casper	State WY	Zip Code 82609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Casper Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. G Howard Bathon, II, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 6565 N Charles St, #806		Transaction ID: 18356642
City Baltimore	State MD	Zip Code 21204-5801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Clinical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 07 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Robert J Bercik, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 1445 Raritan Rd		Transaction ID: 18357058
City Clark	State NJ	Zip Code 07066-1230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gregg Berkowitz, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 4247 Route 9 North Bldg 1 Freehold Office Plz		Transaction ID: 18357060
City Freehold	State NJ	Zip Code 07728-8307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NJ Orthopedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Oheresa Boachie-Adjei, MD		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 535 E 70th St		Transaction ID: 18358881
City New York	State NY	Zip Code 10021-4898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 08 / 183
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jerry D Clark, MD		Date of Receipt M / D / Y Y Y Y 05 / 12 / 2004
Mailing Address 385D Laurel St		Transaction ID: 18356641
City	State	Zip Code
Beaumont	TX	77707-2287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Beaumont Bone and Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Rex Cunningham, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address P O Box 0		Transaction ID: 18403025
City	State	Zip Code
Columbia	MO	65205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Columbia Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard W Duneson, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 241D Susannah Ave		Transaction ID: 18403078
City	State	Zip Code
Johnson City	TN	37601-1748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 08 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Richard A Ekus, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address Ortho Group of Birmingham 1400 19th St S		Transaction ID: 18403073	
City Birmingham	State AL	Zip Code 35255-5395	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. John R Frankery, II, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 875 Poplar Church Rd		Transaction ID: 18402952	
City Camp Hill	State PA	Zip Code 17011-2208	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Institute of PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Michael P Grant, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 708 Rider Ridge Dr		Transaction ID: 18403088	
City Longmont	State CO	Zip Code 80501-4895	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Longmont Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

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

FOR LINE NUMBER: PAGE 100 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Theodore R Hofstedt, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 9225 N 3rd St #203		Transaction ID: 18402963
City	State	Zip Code
Phoenix	AZ	85020-2464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Melburn K Huebner, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 1901 Medi Park Dr, #1D		Transaction ID: 18403082
City	State	Zip Code
Amarillo	TX	79106-2105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark Stephen Huss, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 304 W Hay Street Suite 213		Transaction ID: 18402855
City	State	Zip Code
Decatur	IL	62528-4169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 101 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Max R. Kassek, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 2104 N Heritage St		Transaction ID: 18402964
City Kinston	State NC	Zip Code 28501-2222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce Edward Katz, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address First State Orthopaedics Medical Arts Pav 1 Ste 237		Transaction ID: 18403050
City Newark	State DE	Zip Code 19711-6012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert A. Kelly, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 270 Chastain Road NW		Transaction ID: 18403017
City Kennesaw	State GA	Zip Code 30144-3012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 102 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Alexandre S Kindy, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 101 3rd Ave S W, #101		Transaction ID: 18402961	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Minot	ND	58701-3880	
FEC ID number of contributing federal political committee. C			
Name of Employer Trinity Health	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Frank R Kolisek, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 5255 E Stop 11 Rd Ste 300		Transaction ID: 18403049	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00
Indianapolis	IN	46237	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. James Hon-Ki Lau, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 301 D W Orange Ave Ste 303		Transaction ID: 18402858	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Anaheim	CA	92804-5169	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 103 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony Devon Levins, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 2834 G St		Transaction ID: 18402934
City Bakersfield	State CA	Zip Code 93301-2814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frederick T Lehr, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 100 Brown St		Transaction ID: 18402953
City Chestertown	State MD	Zip Code 21620-1435
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James Kevin Lynch, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 1 Church St 4th Fl		Transaction ID: 18403028
City New Haven	State CT	Zip Code 06510-5330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 104 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John M Marza, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 40 Ardsley		Transaction ID: 18403075
City Williamsville	State NY	Zip Code 14221-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas M Malis, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 230 Michigan NE Ste 300		Transaction ID: 18403047
City Grand Rapids	State MI	Zip Code 49503-2550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James D McKinney, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 404 N Hickory Ave		Transaction ID: 18403087
City Cookeville	State TN	Zip Code 38501-2431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 105 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy Patrick McLaughlin, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 25 Newell Rd, #C14		Transaction ID: 18402958
City Bristol	State CT	Zip Code 06010-5140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Bristol Orthopaedics LLC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott A Meyer, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 411 Laurel St #3300		Transaction ID: 18403018
City Des Moines	State IA	Zip Code 50314-3017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Iowa Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark F Mills, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 680 Golden Ridge Rd		Transaction ID: 18403083
City Golden	State CO	Zip Code 80401-9541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Panorama Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 106 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Mark S Mizeel, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address Dept of Ortho & Rehab 1611 NW 12th Ave		Transaction ID: 18403027	
City State Zip Code Miami FL 33136-1094	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Miami	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) B. Dr. R Kent Mosaman, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 583 Clarizz Blvd.		Transaction ID: 18403074	
City State Zip Code Bloomington IN 47401-5515	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Christopher S Mow, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 500 Arguello Street Suite 100		Transaction ID: 18403044	
City State Zip Code Redwood City CA 94063-1528	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

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

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

FOR LINE NUMBER: PAGE 107 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Neil J Negrin, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 188B Mulkey Rd, #A		Transaction ID: 18403012	
City Austell	State GA	Zip Code 30106-1163	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. William L Oppenheim, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address UCLA Medical Center 10833 LeConte Ave		Transaction ID: 18403023	
City Los Angeles	State CA	Zip Code 90095-0001	Amount of Each Receipt this Period 250.00
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 ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Gregory G Orton, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 481B Timberline Dr S		Transaction ID: 18403019	
City Fargo	State ND	Zip Code 58104-6854	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ment Care Health System	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

FOR LINE NUMBER: PAGE 108 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Pablo P Prieto, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address Orthopaedic Specialty Institute 280 S. Main		Transaction ID: 18403085
City Orange	State CA	Zip Code 92868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward F Quinn, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 800 N DuPont Hwy		Transaction ID: 18402854
City Milford	State DE	Zip Code 19963-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Delaware Bone & Joint Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian Robinson, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 128B E. 32nd Street		Transaction ID: 18403015
City Silver City	State NM	Zip Code 86061-7229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 100 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Edwin J Rogusky, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address University Orthopaedics 101 Regent Ct		Transaction ID: 18403089	
City State Zip Code State College PA 16801-7065	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Roberta Edmondson Rose, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 800 E Center St PO Box 1222		Transaction ID: 18403086	
City State Zip Code Warsaw IN 46580-3397	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Leonard M Rudolf, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 129-C Mascorna St		Transaction ID: 18403018	
City State Zip Code Lebanon NH 03766-2667	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		

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

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

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

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

FOR LINE NUMBER: PAGE 110 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Albert E Sanders, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 7107 Brookside		Transaction ID: 18403028
City	State	Zip Code
San Antonio	TX	78209-3519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James R Sarlangelo, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 355 Edinburgh Dr		Transaction ID: 18403081
City	State	Zip Code
Fayetteville	NC	28309-5115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lawson C Smart, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 640 Alden St		Transaction ID: 18403077
City	State	Zip Code
Meadville	PA	16335-2348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 111 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Michael T Stovel, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 19254 Jamestown Dr		Transaction ID: 18403048	
City State Zip Code Hagerstown MD 21742-1718	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mid Atlantic Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Owen B Tabor, Jr, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 2909 GARDEN LANE		Transaction ID: 18402859	
City State Zip Code Memphis TN 38111-2652	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. Michael B Vessely, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004	
Mailing Address 1581 Chandler Rd		Transaction ID: 18403041	
City State Zip Code Lake Oswego OR 97034-2811	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kaiser Permanente Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts TN's Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 112 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Gregory A Vrabec, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 224 W Exchange St, #440		Transaction ID: 18403078
City Akron	State OH	Zip Code 44302-1718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce M Watanabe, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 1010 SW Coast Hwy #101		Transaction ID: 18403014
City Newport	State OR	Zip Code 97365-5239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard E White, Jr, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 201 Cedar St SE Ste 6600		Transaction ID: 18403013
City Albuquerque	State NM	Zip Code 87108-4515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 113 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Kent E Wao, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 2 Highgate Ln		Transaction ID: 18403040
City Savannah	State GA	Zip Code 31411-2816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedic Center, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael P Young, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 350 Fox Hunt Trail		Transaction ID: 18403038
City Barrington	State IL	Zip Code 60010-3423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charlotte B Alexander, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 777 Southwest Freeway #554		Transaction ID: 18402862
City Houston	State TX	Zip Code 77074-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 114 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Dale R. Anderson, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 725 Indiana St		Transaction ID: 18403051
City	State	Zip Code
Rapid City	SD	57701-5484
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William Leonard Berger, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 1020 29th Street #450		Transaction ID: 18402833
City	State	Zip Code
Sacramento	CA	95816-5173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William P Barrett, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 4011 Talbot Rd S, #300		Transaction ID: 18402860
City	State	Zip Code
Renton	WA	98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 115 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas J Blumenfeld, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 1020 28th St Ste 450		Transaction ID: 18402932
City	State	Zip Code
Sacramento	CA	95816-5173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William W Behn, MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 20375 W 151st #108		Transaction ID: 18403043
City	State	Zip Code
Olathe	KS	66061-5353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Johnson Co Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George H Brouillet, Jr. MD		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 3421 Benson Ave, #100		Transaction ID: 18403079
City	State	Zip Code
Baltimore	MD	21227-1011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 116 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Rick F Papandrea, MD		Date of Receipt M / D / Y 05 / 20 / 2004
Mailing Address 1111 Delafield St Ste 120		Transaction ID: 18403024
City Waukesha	State WI	Zip Code 53188-3402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert P Cusick, MD		Date of Receipt M / D / Y 05 / 26 / 2004
Mailing Address 810D E 22nd St N Bldg 2200		Transaction ID: 18448627
City Wichita	State KS	Zip Code 67226-2388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael D Lahay, MD		Date of Receipt M / D / Y 05 / 26 / 2004
Mailing Address 3057 S. Whitepost Way		Transaction ID: 18448638
City Eagle	State ID	Zip Code 83618-6462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Primary Health, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 117 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Alan G Lewis, MD		Date of Receipt M / D / Y Y Y Y 05 / 26 / 2004	
Mailing Address 8585 S Yale, #500		Transaction ID: 18448639	
City Tulsa	State OK	Zip Code 74136-8318	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Oklahoma Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. James R McCoy, MD		Date of Receipt M / D / Y Y Y Y 05 / 26 / 2004	
Mailing Address Searcy Medical Center 2800 Hawkins Dr		Transaction ID: 18448639	
City Searcy	State AR	Zip Code 72143-4802	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Searcy Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Patrick M Sullivan, MD		Date of Receipt M / D / Y Y Y Y 05 / 26 / 2004	
Mailing Address 6001 Westown Pkwy		Transaction ID: 18448628	
City West Des Moines	State IA	Zip Code 50266-7702	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer DMOS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 118 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. James J York, MD		Date of Receipt M / D / Y Y Y Y 05 / 26 / 2004
Mailing Address 200 Hospital Dr, #208		Transaction ID: 18448630
City Glen Burnie	State MD	Zip Code 21061-5877
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert A Cavaney, MD		Date of Receipt M / D / Y Y Y Y 05 / 26 / 2004
Mailing Address 30 Medical Park #220		Transaction ID: 18448632
City Wheeling	State WV	Zip Code 26003-6391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles M DeMa, III, MD		Date of Receipt M / D / Y Y Y Y 05 / 26 / 2004
Mailing Address Milton S Hershey Medical Center Department of Orthopaedics		Transaction ID: 18453882
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Milton S Hershey Medi- cal Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 110 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Brian L. Davison, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004	
Mailing Address 285 East State Street Suite 500		Transaction ID: 18453884	
City State Zip Code Columbus OH 43215-4354	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Thomas J. Ellis, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004	
Mailing Address 141B NW Slocum Way		Transaction ID: 18453811	
City State Zip Code Portland OR 97229-9139	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OHSU	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		
Full Name (Last, First, Middle Initial) C. Dr. Frederick C. Ewald, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004	
Mailing Address 17 Livermore Ln		Transaction ID: 18453819	
City State Zip Code Weston MA 02453-1188	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 120 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel A Funk, MD		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 2123 Auburn Ave Ste 322		Transaction ID: 18453821
City Cincinnati	State OH	Zip Code 45219-2806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Elise L Gross, MD		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 3831 Hughes Ave, #509		Transaction ID: 18453818
City Culver City	State CA	Zip Code 90232-6861
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian Stuart Grossman, MD		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 2985 Vista Grande		Transaction ID: 18453885
City Camarillo	State CA	Zip Code 93012-8892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SCOI	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 121 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Hall, MD		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 4100 Lake Otis Parkway Suite 208		Transaction ID: 18453883
City Anchorage	State AK	Zip Code 99508-5230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gordon Henry Hsieh, DO		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 87th CSH/ MEDDAC Unit 28810 Box 181		Transaction ID: 18453871
City APO	State AE	Zip Code 09244-0181
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David M Lerner, MD		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 634B Mercer		Transaction ID: 18453799
City Houston	State TX	Zip Code 77005-5348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 122 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Morton D Lynn, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 300 Birnie Avenue Ste 201		Transaction ID: 18453868
City Springfield	State MA	Zip Code 01107-1107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer New England Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dennis R McGee, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 800 E Robbins Rd Ste 401		Transaction ID: 18453816
City Boise	State ID	Zip Code 83702-4566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Inter Mountain Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Ball McGinley, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address The Orthopaedic Group PO Box 88144		Transaction ID: 18453881
City Mobile	State AL	Zip Code 36689-6144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 123 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Frederick N Meyer, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 8505 Sugar Pointe Court		Transaction ID: 18453800
City	State	Zip Code
Mobile	AL	36695-2741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of South Alabama	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark Herman Meyer, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address PO Box 2410		Transaction ID: 18453815
City	State	Zip Code
Kearney	NE	68648-2410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kearney Bone and Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Keith W Miller, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address Central Indiana Ortho 3600 W Bethel Ave		Transaction ID: 18453870
City	State	Zip Code
Muncie	IN	47304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Central Indiana Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 124 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Ronald R Reschly, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 413 N Main		Transaction ID: 18453812
City Mount Pleasant	State IA	Zip Code 52641-1657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John C Richmond, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address New England Baptist Hospital 125 Parker Hill Avenue		Transaction ID: 18453888
City Boston	State MA	Zip Code 02120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pratt Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William G Sale, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 100 Tracy Way		Transaction ID: 18453872
City Charleston	State WV	Zip Code 25311-1257
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bone & Joint Surgeons, In- c.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 125 / 183

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert A Sciarino, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 2821 N Ballas Rd, #C-15		Transaction ID: 18453873
City Saint Louis	State MO	Zip Code 63131-2300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy Alan VanFleet, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 3136 Old Jacksonville Rd Ste 150		Transaction ID: 18453814
City Springfield	State IL	Zip Code 62704-6487
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedic Center of Illi- nois	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jafer M Bazh, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 1919 S Wheeling, #504		Transaction ID: 18453891
City Tulsa	State OK	Zip Code 74104-5634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tulsa Bone and Joint Asso- ciates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 126 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Juan J Bibiani-Rodriguez, MD		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address Ashford Medical Center Ste 802		Transaction ID: 18453892
City San Juan	State PR	Zip Code 00907-1510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clifford K Bease, MD		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address Miller Orthopaedic One Edmundson Place		Transaction ID: 18453821
City Council Bluffs	State IA	Zip Code 51503-4643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Miller Orthopaedic Affilia- tes	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. J Dean Cole, MD		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 111B S Orange Ave Ste 205		Transaction ID: 18453889
City Orlando	State FL	Zip Code 32808-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 127 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy J Colvard, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 1515 Kensington Ave		Transaction ID: 18453886
City	State	Zip Code
Buffalo	NY	14215-1436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clifford W Colwell, Jr, MD		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 11025 N Torrey Pines Rd Ste 140		Transaction ID: 18453810
City	State	Zip Code
La Jolla	CA	92037-1030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Scripps Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James P Crutcher, Jr, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 1229 Madison St #1600		Transaction ID: 18834892
City	State	Zip Code
Seattle	WA	98104-3590
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedic Physician Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 128 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen M Cyphers, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 4300 Golden Center Dr Suite C		Transaction ID: 18634934
City Placerville	State CA	Zip Code 95667-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kim J Dave, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 214 SW 26th Ave Ste A		Transaction ID: 18634873
City Mineral Wells	State TX	Zip Code 76067-6249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert F Davis, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 302 Riverway Pl		Transaction ID: 18634830
City Bedford	State NH	Zip Code 03110-6764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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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

Full Name (Last, First, Middle Initial) A. Dr. Alfred Ainsley Durham, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004	
Mailing Address 491 D Valley View Blvd.		Transaction ID: 18634890	
City Roanoke	State VA	Zip Code 24012-2036	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) B. Dr. James R. Dyrek, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004	
Mailing Address Northland Ortho Assoc PC 444 E Timber Dr		Transaction ID: 18634886	
City Rhinelander	State WI	Zip Code 54501-2852	Amount of Each Receipt this Period 1000.00
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 ▼ 1200.00		
Full Name (Last, First, Middle Initial) C. Dr. David P. Falconer, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004	
Mailing Address 310 N Smith Ave, #370		Transaction ID: 18634894	
City Saint Paul	State MN	Zip Code 55102-2383	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

FOR LINE NUMBER: PAGE 130 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. John Wilbert Goldberg, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address Coastal Bone & Joint Specialists, 24 Salt Pond Rd Suite E-1		Transaction ID: 18634933
City Wakefield	State RI	Zip Code 02879-4314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Emmett T McEneaney, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address Total Motion Orthopaedics Fairmont Clinic - Mayo Health Syst		Transaction ID: 18634876
City Fairmont	State MD	Zip Code 56031-0800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Marvin Purvis, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 1190 N State St #204		Transaction ID: 18634875
City Jackson	State MS	Zip Code 39202-2413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer POSM	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 131 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Kevin J Reagan, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 55 Greenhollow Rd		Transaction ID: 18634927
City	State	Zip Code
Danielson	CT	06239-3533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen W Ripple		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 5605 W. Eugie Suite 111		Transaction ID: 18634925
City	State	Zip Code
Glendale	AZ	85304-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Phoenix Orthopedic Consul- tants PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Eduardo Agustn Sainz, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 535 E. 70th St		Transaction ID: 18634910
City	State	Zip Code
New York	NY	10021-4898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 132 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Steven M Sanders, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004	
Mailing Address 2020 Palomino Ln, #220		Transaction ID: 18634926	
City Las Vegas	State NV	Zip Code 89106-4891	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Milo G Slov, III, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004	
Mailing Address 520 S. Santa Fe Ste 400		Transaction ID: 18634926	
City Salina	State KS	Zip Code 67401-4190	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Clinic of Salina	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. James E Striker, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004	
Mailing Address Capital Region Orthopedic Group 1387 Washington Avenue		Transaction ID: 18634908	
City Albany	State NY	Zip Code 12208-1043	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Capital Region Orthopedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Dr. Kevin M Supple, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address Greensboro Orthopaedic Ctr 1401 Benjamin Parkway		Transaction ID: 18634874
City Greensboro	State NC	Zip Code 27408-4518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greensboro Orthopaedic Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Julio Taleisnik, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 114D W La Veta Ave Ste 860		Transaction ID: 18634887
City Orange	State CA	Zip Code 92868-4225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gregory N Van Winkle, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 244D Dorchester Court		Transaction ID: 18634893
City Brookfield	State WI	Zip Code 53045-6201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 134 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Russell S VanderWilde, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 801 West 5th Ave Ste 400		Transaction ID: 18634888
City Spokane	State Zip Code WA 99204	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. William J Williams, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 833 Alpine Ave		Transaction ID: 18634891
City Boulder	State Zip Code CO 80304-3386	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Boulder Orthopedic, PC	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Oliver Achleitner, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 535 Paredes Line Rd		Transaction ID: 18634897
City Brownsville	State Zip Code TX 78521-2483	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

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

FOR LINE NUMBER: PAGE 135 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Richard A Biema, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 225 W Hospitality Lane Ste 108		Transaction ID: 18634932
City San Bernardino	State CA	Zip Code 92408-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Benjamin E Bierbaum, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 91 Parker Hill Ave		Transaction ID: 18634913
City Boston	State MA	Zip Code 02120-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Longwood Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Barry P Boden, MD		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address The Ortho Center 9711 Medical Center Dr		Transaction ID: 18634915
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 136 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen D Brown, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 1800 S Crain Hwy, Ste 401		Transaction ID: 18634929
City Glen Burnie	State MD	Zip Code 21061-6413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Christopher D Casscells, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address Plaza Center Bldg Ste 100 3505 Silverside Rd		Transaction ID: 18634935
City Wilmington	State DE	Zip Code 19810-4804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Casscells Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jonathan L Chang, MD		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 500 N Garfield Ave #204		Transaction ID: 18634889
City Monterey Park	State CA	Zip Code 91754-1242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pacific Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 137 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Edward Adrian Connolly, MD		Date of Receipt M / D / Y 06 / 07 / 2004	
Mailing Address 520 Valley View Dr.		Transaction ID: 18634931	
City Moline	State IL	Zip Code 61265-6152	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic & Rheumatology Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. John F. Crowe, MD		Date of Receipt M / D / Y 06 / 16 / 2004	
Mailing Address 8 Greenwich Office Park		Transaction ID: 18635054	
City Greenwich	State CT	Zip Code 06831-5151	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic & Neurological Surgical Sp	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Peter A. Looby, MD		Date of Receipt M / D / Y 06 / 16 / 2004	
Mailing Address 810 East 23rd St P.O. Box 5116		Transaction ID: 18635049	
City Sioux Falls	State SD	Zip Code 57105-2135	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopedic Institute, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 138 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Victor W Mecko, MD		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 1901 N California Street		Transaction ID: 18634949
City Stockton	State CA	Zip Code 95204-6098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Stockton Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mathias A Masem, MD		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 3300 Webster St, #202		Transaction ID: 18634947
City Oakland	State CA	Zip Code 94608-3106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Alonzo H Myers, Jr, MD		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 5064 Crossbow Cir		Transaction ID: 18635053
City Roanoke	State VA	Zip Code 24014-5751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Dr. John E Spieker, MD		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 17005 Old Orchard Rd		Transaction ID: 18635052
City Lewes	State DE	Zip Code 19858-4828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey A Baum, MD		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 200 Delafield Rd Ste 1040		Transaction ID: 18635056
City Pittsburgh	State PA	Zip Code 15215-3234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Three Rivers Orthopaedics Associates U	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert E Gieringer, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 2751 DeBarr Rd, #320		Transaction ID: 18851824
City Anchorage	State AK	Zip Code 99508-2562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 140 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. John D Kelly, IV, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address Temple University Hospital 3400 N Broad Street		Transaction ID: 18652053
City Philadelphia	State PA	Zip Code 19140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Temple University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gordon R Kimball, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 8844 S 1300 East, #275		Transaction ID: 18652048
City Sandy	State UT	Zip Code 84064-4692
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael J Lucas, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 611 Lindsay, #200		Transaction ID: 18851823
City High Point	State NC	Zip Code 27262-4305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 141 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Douglas W Lundy, MD		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004
Mailing Address Orthopaedic Center of the Rockies 2500 E Prospect Rd		Transaction ID: 18652131
City Fort Collins	State CO	Zip Code 80525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OCR	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frederick L Mansfield, MD		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004
Mailing Address Zero Emerson Place,#120		Transaction ID: 18652133
City Boston	State MA	Zip Code 02114-2241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James K. McKechnie, MD		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004
Mailing Address 103 Professional Plz		Transaction ID: 18652127
City Mattoon	State IL	Zip Code 61538-9252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 142 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Kurt Dwight Merkel, MD		Date of Receipt M / D / Y 06 / 23 / 2004	
Mailing Address Town and Country Ortho Missouri Baptist Med Cntr		Transaction ID: 18652049	
City State Zip Code Saint Louis MO 63131-2323	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) B. Dr. William C Nash, MD		Date of Receipt M / D / Y 06 / 23 / 2004	
Mailing Address 1113 Woodland Dr		Transaction ID: 18652052	
City State Zip Code Elizabethtown KY 42701-2797	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Elizabethtown Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) C. Dr. Jeffrey L Pierson, MD		Date of Receipt M / D / Y 06 / 23 / 2004	
Mailing Address 8402 Harcourt Rd Ste 128		Transaction ID: 18652125	
City State Zip Code Indianapolis IN 46280-2074	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

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

FOR LINE NUMBER: PAGE 143 / 183

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Mark Allen Rosen, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 5911 Fashion Blvd Ste 100		Transaction ID: 18652054
City Salt Lake City	State UT	Zip Code 84107-7352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Bernard Ryan, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 11012 Thirteen Mile Rd #201		Transaction ID: 18652076
City Warren	State MI	Zip Code 48090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer St John Health System	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William H Seltz, Jr. MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 1730 W 25th St		Transaction ID: 18652075
City Cleveland	State OH	Zip Code 44113-5170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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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

Full Name (Last, First, Middle Initial) A. Dr. Thomas M Shery, MD		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004
Mailing Address 9201 Sunset Blvd #305		Transaction ID: 18651928
City	State	Zip Code
Los Angeles	CA	90069-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kenneth C Spengler, Jr, MD		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004
Mailing Address 1 Hampton Rd		Transaction ID: 18652088
City	State	Zip Code
Exeter	NH	03833-4848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Access Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1050.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rory D Wood, MD		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004
Mailing Address 530 Liberty St		Transaction ID: 18652130
City	State	Zip Code
Schenectady	NY	12305-2025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 145 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Charles H Alexander, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 5549 Green Oak Dr		Transaction ID: 18652132
City Los Angeles	State CA	Zip Code 90068-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	750.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Iqbal Anwar Anwar, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address Dept of Orthopaedics 8D41 Cadillac Ave		Transaction ID: 18652134
City Los Angeles	State CA	Zip Code 90034-1702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Lester Stuart Borden, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 9500 Euclid Ave		Transaction ID: 18851827
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

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

FOR LINE NUMBER: PAGE 146 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Ronald P Byank, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 494D Eastern Ave		Transaction ID: 18652128
City	State	Zip Code
Baltimore	MD	21224-2780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William N Capallo, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 541 Clinical Dr, Rm 600		Transaction ID: 18652051
City	State	Zip Code
Indianapolis	IN	46202-5233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard J Stewart		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 1202 Barclay Circle		Transaction ID: 18652129
City	State	Zip Code
Barrington	IL	60010-5283
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer American Academy of Orthopaedic Surgeons	Occupation Chief Financial Officer	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	222565.00

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

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

FOR LINE NUMBER: PAGE 147 / 183

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 8300 N River Road		Transaction ID: 18272662
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1542.83
Name of Employer	Occupation	Reimb from Affiliated Organization for Bank Fees
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3899.81	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 05 / 12 / 2004
Mailing Address 8300 N River Road		Transaction ID: 18357420
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2083.48
Name of Employer	Occupation	Reimb from Affil Organization for Bank Fees
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5883.29	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 06 / 09 / 2004
Mailing Address 8300 N River Road		Transaction ID: 18541183
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1479.12
Name of Employer	Occupation	Reimb for bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7482.41	

SUBTOTAL of Receipts This Page (optional)	5105.43
TOTAL This Period (last page this line number only)	5105.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 18227533 Date of Disbursement 04 / 05 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 1136.61	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 18327836 Date of Disbursement 04 / 26 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 702.71	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 18336007 Date of Disbursement 05 / 05 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 1380.77	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶ **3220.09**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 18506256 Date of Disbursement 05 / 24 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 550.20	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 18506256 Date of Disbursement 06 / 04 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 928.92	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 18710871 Date of Disbursement 06 / 24 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 185.87	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	1664.99
TOTAL This Period (last page this line number only)	4885.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Citizens for Harkin

Mailing Address PO Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name Tom Harkin

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President Other (specify) ▼

State: IA District 2

Transaction ID: 18156080
Date of Disbursement
04 / 06 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Capitol Hill Club

Mailing Address 300 First St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-kind contribution for Thomas Coburn

Candidate Name Thomas A Coburn

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President Other (specify) ▼

State: OK District D

Transaction ID: 18156076
Date of Disbursement
04 / 06 / 2004

Amount of Each Disbursement this Period
780.12

011
Category/
Type

In-kind contribution for
Thomas Coburn

Full Name (Last, First, Middle Initial)
C. A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 2048

City Albuquerque State NM Zip Code 87111

Purpose of Disbursement

Candidate Name Jeff Bingaman

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President Other (specify) ▼

State: NM District 2

Transaction ID: 18180774
Date of Disbursement
04 / 09 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

3780.12

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement

Candidate Name
Mr. Michael Rogers

Office Sought: House Senate President
State: AL District D

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18180773
Date of Disbursement
04 / 09 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. The Bluegrass Committee

Mailing Address 400 North Capitol Street, NW
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District D

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18220521
Date of Disbursement
04 / 14 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name
Mr. Phil Gingrey

Office Sought: House Senate President
State: GA District 11

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18288508
Date of Disbursement
04 / 21 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Friends Of Dave Weldon

Mailing Address PO Box 968

City Melbourne State FL Zip Code 32902

Purpose of Disbursement

Candidate Name
Rep. Dave Weldon, M.D.

Office Sought: House Senate President
State: FL District 15

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18288508
Date of Disbursement
04 / 21 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. PAC to the Future

Mailing Address 499 South Capitol Street, SW #107

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District D

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18288510
Date of Disbursement
04 / 21 / 2004

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement

Candidate Name
Rep. Sue Myrick

Office Sought: House Senate President
State: NC District 9

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18288512
Date of Disbursement
04 / 21 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Volunteer PAC		Transaction ID: 18283483 Date of Disbursement 04 / 26 / 2004	
Mailing Address PO Box 158552		Amount of Each Disbursement this Period 5000.00	
City Nashville State TN Zip Code 37215	Purpose of Disbursement	011 Category/ Type	
Candidate Name	Disbursement For:		
Office Sought: House Senate President State: District D	Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Texans For Henry Bonilla		Transaction ID: 18283501 Date of Disbursement 04 / 26 / 2004	
Mailing Address P.O. Box 17292		Amount of Each Disbursement this Period 1000.00	
City San Antonio State TX Zip Code 78217	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Henry Bonilla	Disbursement For:		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District 23	2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Boyd For Congress		Transaction ID: 18283485 Date of Disbursement 04 / 26 / 2004	
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 0.00	
City Tallahassee State FL Zip Code 32317	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Allen Boyd	Disbursement For:		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District 2	2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
Void - Boyd For Congress

Candidate Name
Rep. Allen Boyd

Office Sought: House Senate President
State: FL District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283503
Date of Disbursement
04 / 26 / 2004

Amount of Each Disbursement this Period
0.00

Void - Boyd For Congress

Full Name (Last, First, Middle Initial)
B. Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

Candidate Name
Rep. Allen Boyd

Office Sought: House Senate President
State: FL District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283504
Date of Disbursement
04 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Richard Burr Committee, The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name
Rep. Richard M. Burr

Office Sought: House Senate President
State: NC District 5

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283477
Date of Disbursement
04 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **2000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Dave Camp For Congress 2004

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name
Rep. Dave Camp

Office Sought: House
Senate
President
State: MI District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283458
Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement

Candidate Name
Rep. Nita M. Lowey

Office Sought: House
Senate
President
State: NY District 18

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283458
Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Clay Shaw

Mailing Address 2600 NE 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement

Candidate Name
Rep. E. Clay Shaw, Jr.

Office Sought: House
Senate
President
State: FL District 22

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283489
Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Upton For All Of Us

Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton

Office Sought: House Senate President
State: MI District 6

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283498
Date of Disbursement
04 / 26 / 2004

Amount of Each Disbursement this Period
1500.00

B. Promoting Republicans You Can Elect Project

Full Name (Last, First, Middle Initial)
Promoting Republicans You Can Elect Project

Mailing Address 1155 21ST STREET NW SUITE 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District D

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283480
Date of Disbursement
04 / 26 / 2004

Amount of Each Disbursement this Period
2500.00

C. Stephanie Tubbs Jones For Us Congress

Full Name (Last, First, Middle Initial)
Stephanie Tubbs Jones For Us Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement

Candidate Name
Rep. Stephanie Tubbs Jones

Office Sought: House Senate President
State: OH District 11

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18283464
Date of Disbursement
04 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **5000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Moran For Congress		Transaction ID: 18283502 Date of Disbursement 04 / 26 / 2004	
Mailing Address PO Box 2518		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22301	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. James Moran			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District B	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tiaht For Congress		Transaction ID: 18283462 Date of Disbursement 04 / 26 / 2004	
Mailing Address 2250 N Rock Rd #118 A		Amount of Each Disbursement this Period 1000.00	
City Wichita State KS Zip Code 67226	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Todd Tiaht			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District 4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nethercutt For Senate		Transaction ID: 18283497 Date of Disbursement 04 / 26 / 2004	
Mailing Address 601 W Riverside #1800		Amount of Each Disbursement this Period 2000.00	
City Spokane State WA Zip Code 99201	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. George Nethercutt			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District 2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Western Action PAC		Transaction ID: 18283473 Date of Disbursement 04 / 26 / 2004	
Mailing Address PO Box 1580		Amount of Each Disbursement this Period 2000.00	
City Casper State WY Zip Code 82602	Purpose of Disbursement	011 Category/ Type	
Candidate Name	Office Sought: House Senate President State: District D		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Future Leaders PAC		Transaction ID: 18283500 Date of Disbursement 04 / 26 / 2004	
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 2000.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement	011 Category/ Type	
Candidate Name	Office Sought: House Senate President State: District D		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John Breaux Committee		Transaction ID: 18295840 Date of Disbursement 04 / 27 / 2004	
Mailing Address Post Office Box 4042		Amount of Each Disbursement this Period -1000.00	
City Baton Rouge State LA Zip Code 70821	Purpose of Disbursement Void - John Breaux Senate Committee	011 Category/ Type	
Candidate Name Sen. John B. Breaux	Office Sought: House X Senate President State: LA District 1		
Disbursement For: 2004 X Primary General Other (specify) ▼		Void - John Breaux Senate Committee	

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Nussle For Congress Committee

Mailing Address P.O. Box 324
P.O. Box 324

City Manchester State IA Zip Code 52057

Purpose of Disbursement

Candidate Name
Rep. Jim Nussle

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: IA District 1

011
Category/
Type

Transaction ID: 18321D13

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. A Lot Of People Supporting Tom Daschle Inc

Mailing Address P O Box 1656

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name
Sen. Tom Daschle

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: SD District 1

011
Category/
Type

Transaction ID: 18320729

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Mike Bilirakis For Congress

Mailing Address P O Box 1077

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Candidate Name
Rep. Michael Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: FL District 9

011
Category/
Type

Transaction ID: 18325867

Date of Disbursement

05 / 07 / 2004

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
Moran For Congress

Mailing Address PO Box 2518

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Void - Moran For Congress

Candidate Name
Rep. James Moran

Office Sought: House Senate President
State: VA District B

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18327853
Date of Disbursement
05 / 10 / 2004

Amount of Each Disbursement this Period
-1000.00

Void - Moran For Congress

B. Full Name (Last, First, Middle Initial)
Moran For Kansas

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

Candidate Name
Rep. Jerry Moran

Office Sought: House Senate President
State: KS District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18327859
Date of Disbursement
05 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
America's Foundation

Mailing Address 128 North Columbus Street
Attn: Linda Daniel

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District 0

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18335985
Date of Disbursement
05 / 11 / 2004

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ► **5000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Friends Of Dave Weldon		Transaction ID: 18335988 Date of Disbursement 05 / 11 / 2004	
Mailing Address PO Box 968		Amount of Each Disbursement this Period 1000.00	
City Melbourne State FL Zip Code 32902	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Dave Weldon, M.D.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hastert For Congress Committee		Transaction ID: 18357535 Date of Disbursement 05 / 13 / 2004	
Mailing Address P. O. Box 625 PO Box 625		Amount of Each Disbursement this Period 5000.00	
City Batavia State IL Zip Code 60510	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. J. Dennis Hastert			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Johnson For Congress Committee		Transaction ID: 18357536 Date of Disbursement 05 / 13 / 2004	
Mailing Address P.O. Box 1888		Amount of Each Disbursement this Period 2500.00	
City New Britain State CT Zip Code 06050	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Leadership Encouraging Excellence PAC (LEE PAC)

Mailing Address 4451 Brookfield Corp Drive
#200

City Chantilly State VA Zip Code 20151

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 18367537
Date of Disbursement
05 / 13 / 2004

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Gene Taylor For Congress Committee

Mailing Address Post Office Box 38
Post Office Box 38

City Bay St. Louis State MS Zip Code 39520

Purpose of Disbursement

Candidate Name
Rep. Gene Taylor

Office Sought: House Senate President State: MS District 4

Disbursement For: 2004 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 18402106
Date of Disbursement
05 / 20 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Roger Wicker 2004

Mailing Address PO Box 874

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

Candidate Name
Roger Wicker

Office Sought: House Senate President State: MS District 1

Disbursement For: 2004 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 18402099
Date of Disbursement
05 / 20 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Pete Sessions For Congress 2004

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

Candidate Name
Rep. Pete Sessions

Office Sought: House
Senate
President

State: TX District: 32

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18402101
Date of Disbursement

05 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Citizens For Arlen Specter

Mailing Address 426 C Street Ne
Carriage House

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Sen. Arlen Specter

Office Sought: House
 Senate
President

State: PA District: 1

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18409282
Date of Disbursement

05 / 24 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. HEART PAC

Mailing Address 2250 N Rock Rd
#118-224

City Wichita State KS Zip Code 67228

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President

State: District: 0

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18409290
Date of Disbursement

05 / 24 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Rogers For Congress

Full Name (Last, First, Middle Initial)
Rogers For Congress

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name
Rep. Michael Rogers

Office Sought: House Senate President
State: MI District B

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18409293
Date of Disbursement
05 / 24 / 2004

Amount of Each Disbursement this Period
1000.00

B. Friends Of Duke Cunningham

Full Name (Last, First, Middle Initial)
Friends Of Duke Cunningham

Mailing Address 4710 Fourth St #100

City La Mesa State CA Zip Code 01841

Purpose of Disbursement

Candidate Name
Rep. Randy Cunningham

Office Sought: House Senate President
State: CA District 50

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18449747
Date of Disbursement
05 / 27 / 2004

Amount of Each Disbursement this Period
2000.00

C. Bill Thomas Campaign Committee

Full Name (Last, First, Middle Initial)
Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

Candidate Name
Rep. William M. Thomas

Office Sought: House Senate President
State: CA District 22

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18449748
Date of Disbursement
05 / 27 / 2004

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ► **8000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement

Candidate Name
Rep. Edolphus Towns

Office Sought: House Senate President
State: NY District 10

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18449749
Date of Disbursement
05 / 27 / 2004

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Upton For All Of Us

Mailing Address P.O. Box 400

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton

Office Sought: House Senate President
State: MI District 8

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18449756
Date of Disbursement
05 / 27 / 2004

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Friends Of Roger Wicker 2004

Mailing Address PO Box 874

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

Candidate Name
Roger Wicker

Office Sought: House Senate President
State: MS District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18449739
Date of Disbursement
05 / 27 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5500.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Demint For Senate Committee Inc

Mailing Address Post Office Box 10407

City Greenville State SC Zip Code 29603

Purpose of Disbursement

Candidate Name
Mr. James Demint

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: SC District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 18449741
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Westmoreland For Congress

Mailing Address 25 Brett's Bend

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement

Candidate Name
Lynn Westmoreland

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: GA District: B Other (specify) ▼

011
Category/
Type

Transaction ID: 18449743
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Lungren For Congress

Mailing Address 8958 Ivanpah Court

City Elk Grove State CA Zip Code 95624

Purpose of Disbursement

Candidate Name
Mr. Daniel Lungren

Office Sought: House Disbursement For: 2004
 Senate Primary X General
 President
 State: CA District: 3 Other (specify) ▼

011
Category/
Type

Transaction ID: 18449744
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. DOC PAC		Transaction ID: 18449825 Date of Disbursement 05 / 27 / 2004	
Mailing Address PO BOX 65796		Amount of Each Disbursement this Period 3000.00	
City Washington	State DC	Zip Code 20035	011 Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) B. Heather Wilson For Congress		Transaction ID: 18449751 Date of Disbursement 05 / 27 / 2004	
Mailing Address P.O. Box 14070 P.O. Box 14070		Amount of Each Disbursement this Period 1000.00	
City Albuquerque	State NM	Zip Code 87101	011 Category/ Type
Purpose of Disbursement			
Candidate Name Rep. Heather Wilson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NM District 1			

Full Name (Last, First, Middle Initial) C. Max Burns For Congress		Transaction ID: 18449708 Date of Disbursement 05 / 27 / 2004	
Mailing Address P.O. Box 1865		Amount of Each Disbursement this Period 1000.00	
City Sylvania	State GA	Zip Code 30467	011 Category/ Type
Purpose of Disbursement			
Candidate Name Rep. Max Burns			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District 12			

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Abercrombie For Congress		Transaction ID: 18506213 Date of Disbursement 06 / 07 / 2004	
Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005 C/O 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 1000.00	
City Honolulu State HI Zip Code 96814	Purpose of Disbursement Candidate Name Rep. Neil Abercrombie	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1			
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Value In Electing Women (VIEW) PAC		Transaction ID: 18506150 Date of Disbursement 06 / 07 / 2004	
Mailing Address 1155 21ST STREET NW SUITE 300		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: D			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Case For Congress		Transaction ID: 18506208 Date of Disbursement 06 / 07 / 2004	
Mailing Address PO Box 656		Amount of Each Disbursement this Period 1000.00	
City Honolulu State HI Zip Code 96809	Purpose of Disbursement Candidate Name Rep. Ed Case	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 2			
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Voinovich For Senate Committee

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement

Candidate Name
Sen. George Voinovich

Office Sought: House
 Senate
President
State: OH District 2

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624122

Date of Disbursement

06 / 21 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Liane Levetan For Congress Inc

Mailing Address 2250 Chrysler Terrace Ne

City Atlanta State GA Zip Code 30346

Purpose of Disbursement

Candidate Name
Liane Levetan

Office Sought: House
Senate
President
State: GA District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624107

Date of Disbursement

06 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name
Rep. Xavier Becerra

Office Sought: House
Senate
President
State: CA District 31

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624465

Date of Disbursement

06 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Friends Of Sherrad Brown		Transaction ID: 18624470 Date of Disbursement 06 / 22 / 2004	
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Sherrad Brown			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of Rosa DeLauro		Transaction ID: 18624429 Date of Disbursement 06 / 22 / 2004	
Mailing Address 49 Huntington Street		Amount of Each Disbursement this Period 2000.00	
City New Haven State CT Zip Code 06511	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Rosa L. DeLauro			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 3	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends Of Rosa DeLauro		Transaction ID: 18624430 Date of Disbursement 06 / 22 / 2004	
Mailing Address 49 Huntington Street		Amount of Each Disbursement this Period 500.00	
City New Haven State CT Zip Code 06511	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Rosa L. DeLauro			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Friends Of Rahm Emanuel

Mailing Address 1059 West Belmont Avenue

City Chicago State IL Zip Code 60657

Purpose of Disbursement

Candidate Name
Rahm Emanuel

Office Sought: House Senate President
State: IL District 5

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624484
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Rep. Anna G. Eshoo

Office Sought: House Senate President
State: CA District 14

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624471
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Barney Frank For Congress Committee

Mailing Address P O Box 280

City Newtonville State MA Zip Code 02460

Purpose of Disbursement

Candidate Name
Rep. Barney Frank

Office Sought: House Senate President
State: MA District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624463
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Friends Of Patrick J Kennedy Inc

Mailing Address P.O. Box 321

City Pawtucket State RI Zip Code 02862

Purpose of Disbursement

Candidate Name
Rep. Patrick J. Kennedy

Office Sought: House
Senate
President

State: RI District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624466

Date of Disbursement

06 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement

Candidate Name
Rep. Nita M. Lowey

Office Sought: House
Senate
President

State: NY District 18

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624467

Date of Disbursement

06 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Murtha For Congress Committee

Mailing Address Suite 220 551 Main Street
Bt Financial Plaza Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Candidate Name
Rep. John P. Murtha

Office Sought: House
Senate
President

State: PA District 12

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18624468

Date of Disbursement

06 / 22 / 2004

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Rangel For Congress		Transaction ID: 18624462 Date of Disbursement 06 / 22 / 2004	
Mailing Address PO Box 5577 Manhattanville Sta City New York State NY Zip Code 10027		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Charles B. Rangel		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15			

Full Name (Last, First, Middle Initial) B. Lucille Roybal-Allard For Congress		Transaction ID: 18624469 Date of Disbursement 06 / 22 / 2004	
Mailing Address 601 S. Glencaks Bl #211 City Burbank State CA Zip Code 01502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Lucille Roybal-Allard		Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34			

Full Name (Last, First, Middle Initial) C. Esser For Congress		Transaction ID: 18624491 Date of Disbursement 06 / 22 / 2004	
Mailing Address PO Box 6401 City Bellevue State WA Zip Code 98008		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Luke Esser		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8			

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Bill McCollum For US Senate

Mailing Address PO Box 532015

City Orlando State FL Zip Code 32853

Purpose of Disbursement

Candidate Name Mr. Bill McCollum

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: FL District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 18624458
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Bobby Jindal Inc

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement

Candidate Name Mr. Bobby Jindal

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: LA District: D Other (specify) ▼

011
Category/
Type

Transaction ID: 18624459
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Friends Of Congressman George Miller

Mailing Address P.O. Box 5864

City Concord State CA Zip Code 94524

Purpose of Disbursement

Candidate Name Rep. George Miller

Office Sought: House Disbursement For: 2004
 Senate Primary X General
 President
 State: CA District: 7 Other (specify) ▼

011
Category/
Type

Transaction ID: 18624431
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Larson For Congress		Transaction ID: 18624464 Date of Disbursement 06 / 22 / 2004	
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 1000.00	
City Glastonbury State CT Zip Code 06033	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. John Larson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: 1			

Full Name (Last, First, Middle Initial) B. Costello For Congress Committee		Transaction ID: 18624472 Date of Disbursement 06 / 22 / 2004	
Mailing Address P. O. Box 8250		Amount of Each Disbursement this Period 1000.00	
City Belleville State IL Zip Code 62222	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Jerry Costello			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL District: 12			

Full Name (Last, First, Middle Initial) C. Nadler For Congress Inc.		Transaction ID: 18624473 Date of Disbursement 06 / 22 / 2004	
Mailing Address Village Station PO Box 40		Amount of Each Disbursement this Period 1000.00	
City New York State NY Zip Code 10014	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Jerrold Nadler			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District: 8			

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Mike Honda For Congress		Transaction ID: 18624486 Date of Disbursement 06 / 22 / 2004	
Mailing Address 50 W. San Fernando St. Ste. 350		Amount of Each Disbursement this Period 1000.00	
City San Jose State CA Zip Code 95113	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Michael Honda			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. McCollum For Congress		Transaction ID: 18624486 Date of Disbursement 06 / 22 / 2004	
Mailing Address P.O. Box 14131		Amount of Each Disbursement this Period 1000.00	
City St. Paul State MN Zip Code 55114	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Betty McCollum			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mike Thompson For Congress		Transaction ID: 18624487 Date of Disbursement 06 / 22 / 2004	
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95841	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Mike Thompson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Charles Boustany Jr For Congress		Transaction ID: 18624428 Date of Disbursement 06 / 22 / 2004	
Mailing Address 331 Beverly Drive		Amount of Each Disbursement this Period 1000.00	
City Lafayette State LA Zip Code 70503	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Charles Boustany			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District 7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Calder Clay For US Congress		Transaction ID: 18636880 Date of Disbursement 06 / 23 / 2004	
Mailing Address Post Office Box 7646		Amount of Each Disbursement this Period 1000.00	
City Macon State GA Zip Code 31208	Purpose of Disbursement	011 Category/ Type	
Candidate Name Calder Clay			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District 3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Lewis For Congress		Transaction ID: 18637270 Date of Disbursement 06 / 23 / 2004	
Mailing Address 1520 Pinehurst Drive Sw		Amount of Each Disbursement this Period 3000.00	
City Atlanta State GA Zip Code 30311	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. John Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District 5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

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

Office Sought: House Senate President
State: VA District 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18637271
Date of Disbursement
06 / 23 / 2004

Amount of Each Disbursement this Period
2500.00

B. Full Name (Last, First, Middle Initial)
KPAC

Mailing Address PO BOX 820365

City Dallas State TX Zip Code 75382

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District D

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18637269
Date of Disbursement
06 / 23 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Texas Freedom Fund

Mailing Address PO Box 6136

City Alexandria State VA Zip Code 22306

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District D

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18654576
Date of Disbursement
06 / 25 / 2004

Amount of Each Disbursement this Period
4000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7500.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Citizens For Bunning

Mailing Address 1717 Dixie Highway Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement

Candidate Name
Sen. Jim Bunning

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President Other (specify) ▼

State: KY District 1

Transaction ID: 18854578
Date of Disbursement
06 / 25 / 2004

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Michael Burgess For Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name
Mr. Michael C. Burgess

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President Other (specify) ▼

State: TX District 26

Transaction ID: 18854582
Date of Disbursement
06 / 25 / 2004

Amount of Each Disbursement this Period
3000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. John D. Dingell For Congress Committee

Mailing Address 807 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. John D. Dingell

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President Other (specify) ▼

State: MI District 15

Transaction ID: 18854583
Date of Disbursement
06 / 25 / 2004

Amount of Each Disbursement this Period
4000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **9500.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Judd Gregg Committee		Transaction ID: 18854579 Date of Disbursement 06 / 25 / 2004	
Mailing Address PO Box 1812		Amount of Each Disbursement this Period 2000.00	
City Concord State NH Zip Code 03302	Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Judd Gregg			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH District 1			

Full Name (Last, First, Middle Initial) B. Judd Gregg Committee		Transaction ID: 18854580 Date of Disbursement 06 / 25 / 2004	
Mailing Address PO Box 1812		Amount of Each Disbursement this Period 3000.00	
City Concord State NH Zip Code 03302	Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Judd Gregg			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NH District 1			

Full Name (Last, First, Middle Initial) C. Whitfield For Congress Committee		Transaction ID: 18854585 Date of Disbursement 06 / 25 / 2004	
Mailing Address P.O. Box 381		Amount of Each Disbursement this Period 2000.00	
City Hopkinsville State KY Zip Code 42241	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Ed Whitfield			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY District 1			

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Missourians For Kit Bond

Mailing Address 147 N Meramec Suite 100

City Clayton State MO Zip Code 83105

Purpose of Disbursement

Candidate Name
Sen. Christopher S. Bond

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: MO District 1 Other (specify) ▼

Transaction ID: 18854574
Date of Disbursement
06 / 25 / 2004

Amount of Each Disbursement this Period
3000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

Candidate Name
Rep. Bart Gordon

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: TN District B Other (specify) ▼

Transaction ID: 18854577
Date of Disbursement
06 / 25 / 2004

Amount of Each Disbursement this Period
3000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Battle Born Leadership PAC

Mailing Address 1155 21ST STREET NW SUITE 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President
 State: District D Other (specify) ▼

Transaction ID: 18854584
Date of Disbursement
06 / 25 / 2004

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **8500.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Grassley Committee		Transaction ID: 18854581 Date of Disbursement 06 / 25 / 2004	
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 5000.00	
City Des Moines State IA Zip Code 50304	Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Charles Grassley			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IA District: 1			

Full Name (Last, First, Middle Initial) B. Calder Clay For US Congress		Transaction ID: 18883374 Date of Disbursement 06 / 28 / 2004	
Mailing Address Post Office Box 7646		Amount of Each Disbursement this Period 1000.00	
City Macon State GA Zip Code 31208	Purpose of Disbursement	011 Category/ Type	
Candidate Name Calder Clay			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 3			

Full Name (Last, First, Middle Initial) C. Jim Gerlach For Congress Committee		Transaction ID: 18884055 Date of Disbursement 06 / 30 / 2004	
Mailing Address B11 Welsh Ayres Way		Amount of Each Disbursement this Period 1000.00	
City Downingtown State PA Zip Code 19335	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Jim Gerlach			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 6			

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	188780.12