01/23/2009 09:21

(Rev. 12/2004)

Image# 29990408932

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00343137 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 25 2008 12 3 1 2008 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 0 1 23 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons D D D 12 25 2008 3 1 2008 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 932940.54 January 1 (b) Cash on Hand at 255726.17 Begining of Reporting Period 75710.15 1200029.49 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 331436.32 2132970.03 6(a) and 6(c) for Column B) 3375.56 1804909.27 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 328060.76 328060.76 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		l
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	66593.34	1067699.06
(ii) Unitemized	7070.00	83665.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	73663.34	1151364.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	73663.34	1151364.74
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1208.79	18121.90
to Federal candidates and Other Political Committees	0.00	5000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	838.02	25542.85
3. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75710.15	1200029.49
). Total Federal Receipts (subtract Line 18(c) from Line 19)	75710.15	1200029.49

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: a) Shared Federal/Non-Federal		
,,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(k	o) Other Federal Operating Expenditures	2875.56	32104.27
(0	c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	2875.56	32104.27
	ransfers to Affiliated/Other Party ommittees	0.00	0.00
3. C	ontributions to		
	ederal Candidates/Committeesnd Other Political Committees	0.00	1094500.00
(ι	dependent Expenditure use Schedule E)	0.00	667805.00
5. C	oordinated Expenditures Made by Party ommittees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
(ι	ıse Schedule F)	0.00	0.00
3. L	oan Repayments Made	0.00	0.00
7. L	pans Made	0.00	0.00
3. R	efunds of Contributions To:		
(0	(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(k	o) Political Party Committees	0.00	0.00
(0	•	0.00	0.00
(0	(such as PACs) I) Total Contribution Refunds		
·	(add Lines 28(a), (b), and (c))	500.00	500.00
9. C	ther Disbursements	0.00	10000.00
0. F	ederal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) Federal Strate		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,	0075 50	1001000 07
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3375.56	1804909.27
2.	Total Federal Disbursements		
,	subtract Line 21(a)(ii) and Line 30(a)(ii)	2275 56	1004000 07
ī	rom Line 31)	3375.56	1804909.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	73663.34	1151364.74
34.	Total Contribution Refunds (from Line 28(d))	500.00	500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	73163.34	1150864.74
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2875.56	32104.27
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1208.79	18121.90
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1666.77	13982.37

FE6AN026

I	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	he name and add	dress of any political committee t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Edward A Toriello, , MD Mailing Address 7815 Eliot Ave			Date of Receipt
	City Middle Village	State NY	Zip Code 11379-1300	1 1 2 5 2 0 0 8 Transaction ID: 28925189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date 600.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael J Ford, , MD Mailing Address 251 S Green Valley F #2913	Pkwy		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Henderson	State NV	Zip Code 89012-2312	Transaction ID: 28925201 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer VA Medical Center Receipt For: Primary General		n edic Surgeon Year-to-Date ▼	
	Other (specify) ▼	0 0	1000.00	
).	Full Name (Last, First, Middle Initial) Dr. H Chester Boston, Jr, MD Mailing Address PO Box 2447			Date of Receipt 1 1 2 5 2 0 0 8
	City Tuscaloosa	State AL	Zip Code 35403-2447	Transaction ID: 28925202
	FEC ID number of contributing federal political committee.	C	33403-2447	Amount of Each Receipt this Period 1000.00
	Name of Employer University Orthopaedic Cl- inic PC	 · _ · _ · _ · _ 	edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. George W Wharton, , MD Mailing Address 1341 W Mockingbird	l a	Date of Receipt
#710E		11 25 2008
City Dallas	State Zip Code TX 75247-4939	Transaction ID: 28925203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan William Surdam, , MD Mailing Address 583 Clarizz Blvd		Date of Receipt
City	State Zip Code	11 25 2008
Bloomington	IN 47401-5515	Transaction ID: 28925204 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopedics of Southern Indiana	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	,
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Dr. Don A Lowry, , MD		Date of Receipt
Mailing Address 2 Celeste Dr		11 25 2008
City	State Zip Code	Transaction ID: 28925207
Johnstown 550 ID and the state of the state	PA 15905-2832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Western PA Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line numbe	er only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any persion of the name and address of any political committee to the American Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Alexis P Shelokov, , MD Mailing Address 4708 Alliance B City	lvd Ste 810 State Zip Code	Date of Receipt M
Plano FEC ID number of contributing federal political committee.	TX 75093-5338	Amount of Each Receipt this Period 1000.00
Name of Employer Consulting Orthopaedists Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Larry Michael Carroll, , MD Mailing Address 500 Campus Dr		Date of Receipt
City Hancock FEC ID number of contributing federal political committee.	State Zip Code MI 49930-1569 C	Transaction ID: 28925226 Amount of Each Receipt this Period 535.00
Name of Employer Portage Hospital Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	535.00	
Ste 700	Dunwoody Rd NE	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta FEC ID number of contributing federal political committee.	State Zip Code GA 30342-5047	Transaction ID: 28925227 Amount of Each Receipt this Period 1000.00
Name of Employer Resurgens PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	ional)	2535.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per g the name and address of any political committee American Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Matthew J Landfried, , MD Mailing Address 33 Chandler Ave City	State Zip Code	Date of Receipt M M
Batavia FEC ID number of contributing federal political committee.	NY 14020-1684	Amount of Each Receipt this Period 1000.00
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) Dr. Jeffrey A Bash, , MD Mailing Address 410 Saybrook Rd S	Ste 100	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28925230
Middletown	CT 06457-4780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Middlesex Orthopaedic Sur- geons Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Stephen S Hurst, , MD		Date of Receipt
Mailing Address 77 N San Mateo D	r	11 25 2008
City	State Zip Code	Transaction ID: 28925231
San Mateo FEC ID number of contributing federal political committee.	CA 94401-2889	Amount of Each Receipt this Period 500.00
Name of Employer San Mateo Orthopaedic Gro- up Receipt For:	Occupation Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (antion	al)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person g the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Kim Marie Clabbers, , MD Mailing Address 120 W Maple Ave	Out 7's Out	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Langhorne</u> FEC ID number of contributing federal political committee.	State Zip Code PA 19047-2820 C	Transaction ID: 28925232 Amount of Each Receipt this Period 125.00
Name of Employer Lower Bucks Hospital Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. David Sheng Huang, , MD Mailing Address Texoma Med Ctr 1518 10th St		Date of Receipt 1 1 2 5 2 0 0 8
City Wichita Falls FEC ID number of contributing	State Zip Code TX 76301-4405	Transaction ID: 28925233 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) Dr. Christopher P Meyer, , MD Mailing Address 6465 Wayzata Blv	d Ste 900	Date of Receipt 1 1 2 5 2 0 0 8
City Saint Louis Park	State Zip Code MN 55426-1734	Transaction ID: 28925234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to a merican Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Brian Jeffrey Bear, , MD Mailing Address 324 Roxbury Rd City Rockford FEC ID number of contributing federal political committee. Name of Employer Rockford Orthopedic Associates Receipt For: Primary Other (specify)	State Zip Code IL 61107-5090 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert H Haralson, III, MD, M Mailing Address 6300 N River Rd S City Rosemont FEC ID number of contributing federal political committee. Name of Employer American Academy of Orthopaedic Surgeo Receipt For: Primary General Other (specify)	State Zip Code IL 60018-4238 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y 1 1 2 5 2 2 0 0 8 Transaction ID: 28925549 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Raleigh Mixon Robinson, , MD Mailing Address 1765 Old West Broger Bldg # 2 Ste 200 City Athens FEC ID number of contributing federal political committee. Name of Employer Athens Orthopaedic Clinic Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	1250.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 52 (check only one) X
or for	commercial purposes, other than using the AME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	blitical Action Committee of the Ame	HICAH ASSOC	iation of Orthopaedic Surgeo	פות
. <u>Dr</u>	ll Name (Last, First, Middle Initial) . Bryan Bomberg, , MD ailing Address 940 Central Park Dr S	W- 100		Date of Receipt
			7in Code	11 25 2008
Cit St	eamboat Springs	State CO	Zip Code 80487-8816	Transaction ID: 28925552 Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	C	00407-0010	250.00
<u>oc</u>	ume of Employer eamboat Orthopaedic Ass- iates	Occupation Orthopae	n edic Surgeon	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
. Dr	Il Name (Last, First, Middle Initial) Robert John Bischoff, , MD			Date of Receipt
IVIa	ailing Address 207 Blooming Grove I	11 25 2008		
Cit	у	State	Zip Code	Transaction ID: 28925555
<u>H</u>	anover	PA	17331-7917	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		500.00
Na Ha iat	ame of Employer anover Orthopaedic Assoc- es	Occupation Orthopa	n edic Surgeon	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Il Name (Last, First, Middle Initial) . James H Ellison, , MD	<u> </u>		Date of Receipt
Ma	ailing Address 207 Blooming Grove I	Rd		11 25 2008
Cit	ry	State	Zip Code	Transaction ID: 28925556
<u>Ha</u>	anover	PA	17331-7917	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		500.00
Ha <u>iat</u>			edic Surgeon	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUR	TOTAL of Receipts This Page (optional)	1		1250.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 52 (check only one) X
_	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
P	olitical Action Committee of the Am	erican Associ	ation of Orthopaedic Surgeo	ons
. <u>D</u> r	Ill Name (Last, First, Middle Initial) Fred G Corley, , MD	10.7774		Date of Receipt
Ci	ailing Address 7703 Floyd Curl Dr, N	/IC-7774 State	Zip Code	1 1 2 5 2 0 0 8 Transaction ID: 28925558
	an Antonio	TX	78229-3901	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		250.00
Na Ui <u>no</u>	ame of Employer niv of Texas Health Scie- ce Center	Occupation Orthopae	n edic Surgeon	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00]
. <u>D</u> r	ull Name (Last, First, Middle Initial) . William B Smith, , MD ailing Address Blount Orthopaedic C	linic		Date of Receipt
	625 E St Paul Ave			11 25 2008
Ci		State	Zip Code	Transaction ID: 28925560
<u>M</u>	ilwaukee	WI	53202-5907	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		1000.00
	ame of Employer ount Orthopaedic Clinic		edic Surgeon	
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
Dr	ıll Name (Last, First, Middle Initial) . David Matthew Beard, , MD	•		Date of Receipt
_	ailing Address 3270 20 St South			11 25 7 2008
Ci		State	Zip Code	Transaction ID: 28925562
	argo	ND	58104-5917	Amount of Each Receipt this Period
FE fed	EC ID number of contributing deral political committee.	С		500.00
Se —	ame of Employer elf Employed	- '	edic Surgeon	
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	
SUB	TOTAL of Receipts This Page (optional) .	1		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 52 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Richard D Goldner, , MD			Date of Receipt
Mailing Address Box 3480 Orthopaedic Division			1 1 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: 28925564
Durham	NC	27710-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	n dic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33. 394.0	250.00	
Full Name (Last, First, Middle Initial) Dr. Matthew John Weresh, , MD			Date of Receipt
Mailing Address Des Moines Orthpaedic 6001 Westown Pkwy	Surgeons		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28925703
West Des Moines	IA	50266-7702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Des Moines Orthopedic Sur- geons	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David L Wiest, , MD			Date of Receipt
Mailing Address 2301 25th St S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28925708
Fargo	ND	58103-6104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopaedic Associates of Fargo	Occupation Orthopae	n dic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

ITEMI	EDULE A (FEC Form 3X) ZED RECEIPTS	atomente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAM	mmercial purposes, other than using the E OF COMMITTEE (In Full) tical Action Committee of the Amer			on for the purpose of soliciting contributions solicit contributions from such committee.
A. <u>Dr. A</u>	Name (Last, First, Middle Initial) nthony R Marino, , MD ng Address 12 Misty Ln			Date of Receipt 1 1 2 5 2 0 0 8
City		State	Zip Code	Transaction ID: 28925709
Lond	donderry	NH	03053-2675	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		250.00
Name Ortho	e of Employer opaedic Center	Occupatio Orthopae	n edic Surgeon	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
B. Dr. G	Name (Last, First, Middle Initial) ordon Henry Hsieh, , DO ng Address 875 Swift Blvd Ste A			Date of Receipt 1 1 2 5 2 0 0 8
City	ıland	State WA	Zip Code 99352-3592	Transaction ID: 28925711 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	3303E 033E	500.00
Name North	e of Employer nwest Orthopaedics	Occupatio Orthopae	n edic Surgeon	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) ohn T Rich, , MD			Date of Receipt
Mailir	ng Address 334 Main St			12 03 YYYY 2008
City		State	Zip Code	Transaction ID: 29033448
<u>Dick</u>	son City	PA	18519-1668	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		500.00
Scra <u>ialist</u> s		-	edic Surgeon	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTO	TAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 52 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen Gryzlo, , MD Mailing Address 676 N Saint Clair 13t	th FI		Date of Receipt
City Chicago FEC ID number of contributing	State IL	Zip Code 60611-3060	Transaction ID: 29033452 Amount of Each Receipt this Period
federal political committee. Name of Employer NMFF Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼	750.00
Full Name (Last, First, Middle Initial) Dr. Jou Rong Lee, , MD Mailing Address 945 N Gem St			Date of Receipt 1 2 0 3 2 0 0 8
City Tulare FEC ID number of contributing	State CA	Zip Code 93274-2127	Transaction ID: 29033454 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)		n edic Surgeon e Year-to-Date ▼	300.00
Full Name (Last, First, Middle Initial) Dr. Kevin F Walsh, , MD Mailing Address 1637 Imperial Circle			Date of Receipt 1 2 0 3 2 0 0 8
City Naperville FEC ID number of contributing federal political committee.	State IL C	Zip Code 60563-0132	Transaction ID: 29033458 Amount of Each Receipt this Period 500.00
Name of Employer DuPage Medical Group Receipt For:		n edic Surgeon e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00]
SUBTOTAL of Receipts This Page (optional)			1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 17 / 52 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David A Hanscom, , MD		Date of Receipt
Mailing Address Swedish Neuroscie 550 17th Ave #500		12 03 2008
City	State Zip Code	Transaction ID: 29033461
<u>Seattle</u>	WA 98122-5789	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Swedish Neuroscience Spec- ialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David J Flesher, , MD Mailing Address 3301 NW 50th St		Date of Receipt
City	State Zip Code	1 2 0 3 2 0 0 8 Transaction ID: 29033466
Oklahoma City	OK 73112-5627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopedic Associates, In- c.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Walther Hartmuth Bohne, , MD		Date of Receipt
Mailing Address Hosp for Special S 535 E 70th St	Surgery	12 03 2008
City	State Zip Code	Transaction ID: 29033467
New York	NY 10021-4823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
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 (option	nal)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 52 (check only one) X
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
∠ A .	Full Name (Last, First, Middle Initial) Dr. Stephen L Brenneke, , MD Mailing Address 3510 NE 122nd Ste 10	03		Date of Receipt 1 2 0 3 2 0 0 8
	City	State OR	Zip Code	Transaction ID: 29033470
	Portland FEC ID number of contributing federal political committee.	C	97230-1500	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	, '	edic Surgeon e Year-to-Date 500.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Andrew Rocca, , MD Mailing Address 4225 SW 96th Dr			Date of Receipt 1 2 0 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 29033472
	Gainesville	FL	32608-7152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer The Orthopaedic Institute	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Russell F Warren, , MD			Date of Receipt
	Mailing Address Hosp for Special Surg 535 E 70th St	ery		12 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 29033473
	New York FEC ID number of contributing federal political committee.	C	10021-4823	Amount of Each Receipt this Period 250.00
	Name of Employer Hospital for Special Surg- ery	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey T Adams, , MD			Date of Receipt
	Mailing Address Mid Tennessee Bone 4 1050 N James Campb		C	12 03 2008
	City	State	Zip Code	Transaction ID: 29033491
	Columbia	TN	38401-2754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Middle Tenn Ortho	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Gary Mark McClain, , MD	ı		Date of Receipt
	Mailing Address 2055 N Military Tr Ste	1 2 0 3 Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 29033492
	<u>Jupiter</u>	FL	33458-7830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Richard D Lackman, , MD			Date of Receipt
	Mailing Address Dept of Orthopaedic S 2 Silverstein, 3400 Sp	ruce Śt	7in Oada	12 03 2008
	City Philadelphia	State PA	Zip Code 19104-4283	Transaction ID: 29033493 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10104 4200	500.00
	Name of Employer Univ of Penn	Occupation Orthopa	on edic Surgeon	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
	SUBTOTAL of Receipts This Page (optional)	1		2000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 52 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Michael P Muldoon, , MD			Date of Receipt
Mailing Address 7910 Frost St Ste 200)		12 03 2008
City San Diego	State CA	Zip Code 92123-2776	Transaction ID: 29033494 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92125-2770	250.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Victor Tseng., MD			Date of Receipt
Mailing Address 9225 N 3rd St Ste 203	3		12 03 2008
City Phoenix	State AZ	Zip Code 85020-2464	Transaction ID: 29033496
FEC ID number of contributing federal political committee.	C	05020-2404	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupatio	n edic Surgeon	
Receipt For:	1 '	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert Michael Meneghini, , MD			Date of Receipt
Mailing Address 263 Farmington Ave,	MARB 4th F		1 2 0 3 2 0 0 8
City	State	Zip Code	Transaction ID: 29033519
Farmington FEC ID number of contributing federal political committee.	CT	06034-4037	Amount of Each Receipt this Period 250.00
Name of Employer UCONN	Occupatio	n edic Surgeon	_
Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 250.00	1
Caller (opposity) \	0 0	0 0 0 0 0 0 0	1
SUBTOTAL of Receipts This Page (optional) .			1500.00
TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	solicit contributions from such committee.
Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Bruce Wolock, , MD Mailing Address 8564 Leisure Hill Dr		Date of Receipt
City	State 7in Code	12 03 2008
City Baltimore	State Zip Code MD 21208-1740	Transaction ID: 29033521 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen A Cord, , MD	•	Date of Receipt
Mailing Address 4110 22nd Pl		12 03 2008
City	State Zip Code	Transaction ID: 29033523
Lubbock	TX 79410-1122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Timothy A Garvey, , MD	1	Date of Receipt
Mailing Address Twin Cities Spine Cen 913 E 26th St Ste 600		12 03 YYYYY 12 03 2008
City	State Zip Code	Transaction ID: 29033525
Minneapolis	MN 55404-4515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Twin Cities Spine Center	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional) .		1000.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pag	e Concectionly one)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any the name and address of any political commercian Association of Orthopaedic	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. Surgeons
Full Name (Last, First, Middle Initial) Dr. Horace R Petersen, , DO Mailing Address 4040 Laquesta		Date of Receipt
City Neosho	State Zip Code MO 64850-2849	1 2 0 3 2 0 0 8 Transaction ID: 29033526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
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) Dr. Kent R Biddinger, , MD Mailing Address The Ortho Center 420 W Wackerly St		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29033527
Midland FEC ID number of contributing federal political committee.	MI 48642	Amount of Each Receipt this Period 250.00
Name of Employer The Ortho Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
Full Name (Last, First, Middle Initial) Dr. Ronald K Robinson, , MD		Date of Receipt
Mailing Address 1901 N California S	t	1 2 0 3 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29033528
Stockton FEC ID number of contributing federal political committee.	CA 95204-6005	Amount of Each Receipt this Period 500.00
Name of Employer Stockton Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (optiona)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 52 (check only one) X			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Dr. William R Lee, , MD Mailing Address 1304 Ridge Rd		Date of Receipt			
City	State Zip Code	1 2 0 3 2 0 0 8 Transaction ID: 29033529			
<u>Chelsea</u>	MI 48118-9792	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
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) Dr. Thomas M Matelic, , MD Mailing Address 1111 Leffingwell NE	Ste 100	Date of Receipt			
	Maining Address 1111 Lenningweit NL Ste 100				
City	State Zip Code	Transaction ID: 29033530			
Grand Rapids FEC ID number of contributing federal political committee.	MI 49525-6406	Amount of Each Receipt this Period 500.00			
Name of Employer Orthopaedic Associates of Michigan	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Michael J Schutte, , MD		Date of Receipt			
Mailing Address 2831 Ft Missoula R	d Ste 232	12 03 YYYY 2008			
City	State Zip Code	Transaction ID: 29033532			
Missoula	MT 59804-7479	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Northern Rockies Orthopae- dics	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional) >	2000.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
` '	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Steven R Myers, , MD		Date of Receipt
Mailing Address 3010 N Circle Dr S City	State Zip Code	1 2 0 3 2 0 0 8 Transaction ID: 29033536
Colorado Spgs	CO 80909-1174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
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) Dr. Walter F Krengel, III, MD Mailing Address Orthopedic Dept		Date of Receipt
Seattle Children's I	Hosp PO Box 53	12 16 2008
City	State Zip Code	Transaction ID: 29067714
<u>Seattle</u>	WA 98105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Seattle Children's Hospit- al	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Dr. James R Dyreby, , MD		Date of Receipt
Mailing Address Northland Orthopa 444 E Timber Dr		12 12 2008
City Rhinelander	State Zip Code WI 54501-2852	Transaction ID: 29067796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northland Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
CURTOTAL of Descints This Page (1917)	al)	1250.00

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В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 52 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Kevin W Lanighan, , MD			Date of Receipt
Mailing Address 5527 Pine Loch Ln			12 12 2008
City	State	Zip Code	Transaction ID: 29067797
Buffalo	NY	14221-2851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Northtowns Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Martin Boublik, , MD			Date of Receipt
Mailing Address 8200 E Belleview Ave S	Ste 615E		12 12 2008
City	State	Zip Code	Transaction ID: 29067799
Greenwood Village	CO	80111-2898	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) Dr. John S Woodward, Jr, MD			Date of Receipt
Mailing Address 4975 E Preserve Ct			12 12 2008
City	State	Zip Code	Transaction ID: 29067801
Greenwood Village	CO	80121-2108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Chalana anda na	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 52 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Suppose	e name and ad	ldress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Rena Stewart, , MD Mailing Address Faculty Office Tower	950		Date of Receipt
	510 20th St South			12 12 2008
	City	State	Zip Code	Transaction ID: 29067802
	Birmingham	AL	35294-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Alabama	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jean Benoit Houle, , MD Mailing Address 16504 N Hawthorne I	Dr .		Date of Receipt 1 2 1 2 2 0 0 8
	City	State	Zip Code	Transaction ID: 29067803
	Mount Vernon	IL	62864-1927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02004 1027	1000.00
	Name of Employer Orthopaedic Center of Southern Illinoi Receipt For: ☐ Primary ☐ General Other (specify) ▼	, '	on edic Surgeon e Year-to-Date ▼	
С.	Full Name (Last, First, Middle Initial) Dr. John C Richmond, , MD Mailing Address 125 Parker Hill Ave			Date of Receipt 1 2 1 2 2 0 0 8
	City	State	Zip Code	Transaction ID: 29067806
	Roxbury Crossing	MA	02120-2847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer New England Baptist Hospi- tal	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		2000.00
H	TOTAL This Period (last page this line numbe		•	

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 52 (check only one) X 11a
Any inform or for com	nation copied from such Reports and St imercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) cal Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
	ame (Last, First, Middle Initial) Iiam J Robb, III, MD			Date of Receipt
Mailing	Address Walgreen Bldg, Dept of 2650 Ridge Ave, Ste 25			12 12 2008
City		State	Zip Code	Transaction ID: 29067807
Evans		IL	60201-1718	Amount of Each Receipt this Period
	O number of contributing political committee.	C		1000.00
Name (Illinois titute	of Employer Bone & Joint Ins-	Occupatio Orthopae	n edic Surgeon	
Receip		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	ame (Last, First, Middle Initial) er O Newton, , MD			Date of Receipt
Mailing	Address 3030 Children's Way S	te 410		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 29073537
San D	•	CA	92123-4228	Amount of Each Receipt this Period
	O number of contributing political committee.	C		500.00
Name CSSD	of Employer	Occupatio Orthopae	n edic Surgeon	
Receip		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	ame (Last, First, Middle Initial) vid J Kuester, , MD			Date of Receipt
	Address 501 N 10th St PO Box 907			1 2 1 6 2 0 0 8
City	owe.	State WI	Zip Code	Transaction ID: 29073538
<u>Manit</u>			54220-4039	Amount of Each Receipt this Period
	O number of contributing political committee.	С		500.00
Orthop	of Employer paedic Associates	Occupatio Orthopae	n edic Surgeon	
Receip		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
SURTOT	AL of Receipts This Page (optional)			2000.00
	This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 52 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Goodman, , MD Mailing Address 1336 W Hwy 54 BI	dg 500		Date of Receipt
City Fayetteville FEC ID number of contributing	State GA	Zip Code 30214-4535	1 2 1 6 2 0 0 8 Transaction ID: 29073540 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) ▼	Occupation Orthopae	n edic Surgeon e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Constantine Charoglu, , MD Mailing Address 3688 Veterans Mer	morial Dr Ste 20	00	Date of Receipt 1 2 1 6 2 0 0 8
City	State	Zip Code	Transaction ID: 29073557
Hattiesburg FEC ID number of contributing federal political committee.	MS C	39401-8246	Amount of Each Receipt this Period 200.00
Name of Employer Southern Bone & Joint	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00]
Full Name (Last, First, Middle Initial) Dr. Jeffrey L Harris, , MD			Date of Receipt
Mailing Address 10909 Monte Vista	Ct		12 16 YYYY 12 16 2008
City	State	Zip Code	Transaction ID: 29073559
Fort Wayne FEC ID number of contributing federal political committee.	C	46814-9066	Amount of Each Receipt this Period 500.00
Name of Employer Ortho Northeast	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1700.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 52 (check only one) X
NAM	rmation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) ical Action Committee of the Amer			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>Dr. Jo</u>	Jame (Last, First, Middle Initial) ohn L Todd, , MD ng Address Baldwin Bone & Joint 1505 Daphne Ave	State	Zip Code	Date of Receipt 1 2 1 6 2 0 0 8 Transaction ID: 29073560
	hne ID number of contributing al political committee.	AL C	36526-4298	Amount of Each Receipt this Period 1000.00
	e of Employer win Bone & Joint ipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼ 1000.00	
B. Dr. Le	Name (Last, First, Middle Initial) PRoy Scott Atkins, Jr, MD ng Address PO Box 2447			Date of Receipt 1 2 1 6 2 0 0 8
FEC	caloosa ID number of contributing al political committee.	State AL	Zip Code 35403-2447	Transaction ID: 29073562 Amount of Each Receipt this Period 1000.00
Unive	e of Employer ersity Orthopaedics ipt For: Primary General		n edic Surgeon e Year-to-Date ▼	1
Dr. Pa	Other (specify) ▼ Jame (Last, First, Middle Initial) aul Plattner, , MD ng Address 2300 N Vermilion St	0 0	1000.00	Date of Receipt
	ville ID number of contributing al political committee.	State IL	Zip Code 61832-1735	Transaction ID: 29073563 Amount of Each Receipt this Period 1000.00
	e of Employer c Clinic	Occupatio Orthopae	n edic Surgeon	
Rece	ipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTO	TAL of Receipts This Page (optional))	3000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 52 (check only one) X
0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	Political Action Committee of the Am	ierican Assoc	lation of Orthopaedic Surged	ons
۸.	Full Name (Last, First, Middle Initial) Dr. J Patrick Kessler, , MD			Date of Receipt
	Mailing Address Center for Orthopaed 56 Medical Park Dr S		M	1 2 1 6 2 0 0 8
	City	State	Zip Code	Transaction ID: 29073565
	<u>Franklin</u>	NC	28734-2634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Center for Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. John I Williams, , MD			Date of Receipt
	Mailing Address 3104 Eggeman Rd			1 2 1 6 2 0 0 8
	City	State	Zip Code	Transaction ID: 29073566
	Fort Wayne	IN	46814-9722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedics Northeast	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Daniel I Singer, , MD			Date of Receipt
	Mailing Address 1380 Lusitana St Ste	615		12 16 2008
	City	State	Zip Code	Transaction ID: 29073568
	Honolulu	HI	96813-2442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	_,	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Г				750.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 52 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Alfredo L Axtmayer, , MD			Date of Receipt
Mailing Address 8 Research Pkwy			12 16 2008
City Wallingford	State CT	Zip Code 06492-1930	Transaction ID: 29073569 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00402 1000	500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Anthony M Sestero, , MD			Date of Receipt
Mailing Address 5215 Hogan Ct			12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State WA	Zip Code	Transaction ID: 29141067
Spokane FEC ID number of contributing federal political committee.	C	99223-8105	Amount of Each Receipt this Period 500.00
Name of Employer Northwest Orthopaedic Gro-	Occupation	n edic Surgeon	
up Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. John Drkulec, , MD			Date of Receipt
Mailing Address 2800 E Broad St #	124		12 30 7 2008
City	State	Zip Code	Transaction ID: 29141069
Mansfield FEC ID number of contributing	TX	76063-6410	Amount of Each Receipt this Period
federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (options	al)		2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 52 (check only one) X
An	y information copied from such Reports and stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
∠_ A .	Full Name (Last, First, Middle Initial) Dr. Thomas A Hoffeld, , MD Mailing Address PO Box 707			Date of Receipt 1 2 3 0 2 0 0 8
	9685 Shortcut Rd	State	Zip Code	Transaction ID: 29141070
	Rye	CO	81069-0707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 B.	Full Name (Last, First, Middle Initial) Dr. William P Rix, , MD Mailing Address 55 Audubon Way	<u> </u>		Date of Receipt
				12 30 2008
	City	State	Zip Code	Transaction ID: 29141071
	Auburn FEC ID number of contributing federal political committee.	NH C	03032-3109	Amount of Each Receipt this Period 150.00
	Name of Employer NH Orthopaedic Surgery	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Jeff Alan Traub, , MD			Date of Receipt
	Mailing Address 215 Bright Water Cov	е		12 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 29141072
	Alpharetta FEC ID number of contributing federal political committee.	GA	30022-8021	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional) .	<u> </u>)	1150.00

Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Fu	Reports and Statements ma		13 14 15 16 17
Political Action Committee	II)	y not be sold or used by any persidress of any political committee to station of Orthopaedic Surger	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle I Dr. Mark C Remington, , MD	nitial)		Date of Receipt
Mailing Address 4011 Talbo		7in Oada	12 30 20141079
City Renton	State WA	Zip Code 98055-5791	Transaction ID: 29141073 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	500.00
Name of Employer Valley Orthopaedic Associ- ates	<u>-</u>	edic Surgeon	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle I Dr. Matthew Yuan-Ching Lin, , MI Mailing Address 1050 Oak)		Date of Receipt
			12 30 2008
City San Marino	State CA	Zip Code 91108-1026	Transaction ID: 29141076
FEC ID number of contributing federal political committee.	C	31100-1020	Amount of Each Receipt this Period 500.00
Name of Employer Pacific Orthopaedics	Occupation Orthopa	on edic Surgeon	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle I Dr. Edward G Law, , MD	,		Date of Receipt
Mailing Address 2751 North	igate Dr		12 30 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29141077
lowa City	IA	52245-9509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page	ge (optional)		2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 52 (check only one) X
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and add	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Clayton T Gibson, MD Mailing Address 311 S 15th St City Coshocton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 43812-1873 n edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
— В.	Full Name (Last, First, Middle Initial) Dr. Richard Chang, , MD Mailing Address Somerset Orthopaedic 1081 Route 22 W City Bridgewater FEC ID number of contributing federal political committee.	Associates State NJ	Zip Code 08807-2921	Date of Receipt M M
	Name of Employer Somerset Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	<u> </u>	n edic Surgeon e Year-to-Date ▼ 250.00]
 C.	Full Name (Last, First, Middle Initial) Dr. Michael J Star, , MD Mailing Address Santa Rosa Ortho Med 1405 Montgomery Dr City Santa Rosa FEC ID number of contributing federal political committee.	State CA	Zip Code 95405-4557	Date of Receipt 1 2 3 0 2 0 0 8 Transaction ID: 29141080 Amount of Each Receipt this Period 200.00
	Name of Employer Santa Rosa Orthopaedic Medical Group Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 400.00	
s	SUBTOTAL of Receipts This Page (optional)			950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 52 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee merican Association of Orthopaedic Surge	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Animesh Agarwal, , MD		Date of Receipt
Mailing Address 7703 Floyd Curl Dr. Dept of Orthopaedic		1 2 3 0 2 0 0 8 Transaction ID: 29141082
San Antonio	TX 78229-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University of Texas	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael Evan Margolis, , MD Mailing Address 2552 Lexington St		Date of Receipt
011	7' 0 1	12 30 2008
City	State Zip Code CO 80026-3414	Transaction ID: 29141083
Lafayette FEC ID number of contributing federal political committee.	CO 80026-3414	Amount of Each Receipt this Period 250.00
Name of Employer Colorado Permanente	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bernard G Kirol, , MD		Date of Receipt
Mailing Address 710 Rabon Rd Ste	202	12 30 7 2008
City	State Zip Code	Transaction ID: 29141084
<u>Columbia</u>	SC 29203-8903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carolina Orthopaedic Clin- ic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	n	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 52 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to erican Association of Orthopaedic Surgeon	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Roy Bruce Hall, , MD Mailing Address PO Box 729 City Dothan FEC ID number of contributing federal political committee. Name of Employer Southern Bone and Joint Specialists Receipt For: Primary General Other (specify)	State Zip Code AL 36302-0729 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 1 2 3 0 2 0 0 8 Transaction ID: 29141085 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Ray Payne, , MD Mailing Address Vann Virginia Center 230 Clearfield Ave St City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Atlantic Orthopedic Specialists Receipt For: Primary General Other (specify)		Date of Receipt 1 2 3 0 2 0 0 8 Transaction ID: 29141094 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Giles R Scuderi, , MD Mailing Address Insall Scott Kelly Inst 210 East 64th St 4th City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 52 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Fredrick Huang, , MD Mailing Address 4011 Talbot Rd S Si City Renton FEC ID number of contributing federal political committee. Name of Employer Proliance Surgeons	State Zip Code WA 98055-5791 C Occupation	Date of Receipt 12 30 2008 Transaction ID: 29141164 Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD Mailing Address Crozer-Chester Med Professional Office I City Upland FEC ID number of contributing federal political committee.		Date of Receipt 1 2 2 3 2 0 0 8 Transaction ID: 29141389 Amount of Each Receipt this Period 83.34
Name of Employer Premier Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 916.74	
Full Name (Last, First, Middle Initial) Dr. Thomas F Varecka, , MD Mailing Address Dept of Ortho Surge 701 Park Ave S City Minneapolis FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MN 55415-1623 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)	1333.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Robert J MacArthur, , MD Mailing Address PO Box 11768 City Santa Ana FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92711-1768 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Ken Mason Korthauer, , MD Mailing Address 601 Rockmead Dr City Kingwood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 77339-2107 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Douglas P McInnis, , MD Mailing Address 850 Ironwood Dr Ste City Coeur D Alene FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code ID 83814-4903 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	2250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committee	Statements may not be sold or used by any per e name and address of any political committee erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Salil Rajmaira, , MD Mailing Address 801 Gardner Drive City Marion FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code IN 46952-1819 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt 1 2
Full Name (Last, First, Middle Initial) Dr. Thomas D Meade, , MD Mailing Address OAA Orthopaedic Spe 250 Cetronia Rd Ste 3 City Allentown FEC ID number of contributing federal political committee. Name of Employer OAA Orthopaedic Specialists Receipt For: Primary General Other (specify)		Date of Receipt 12 / 23 / 2008 Transaction ID: 29141402 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Dr. Laurel A Beverley, , MD/MPH Mailing Address 701 W Lakeside Ave City Cleveland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	#1104 State Zip Code OH 44113-5518 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		3500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ira Bennett Kornblatt, , MD Mailing Address 1660 Sylvester PI City Highland Park FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Receipt For: Primary General	State Zip Code IL 60035-3335 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jorge E Tijmes, , MD Mailing Address PO Box 6209 City McAllen FEC ID number of contributing federal political committee. Name of Employer Southern Bone & Joint Cen-	State Zip Code TX 78502-6209 C Occupation	Date of Receipt 12 29 2008 Transaction ID: 29141904 Amount of Each Receipt this Period 300.00
ter Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Felipe Fontanez Sullivan Mailing Address Bayamon Medical 1845 Can #2 Ste 7		Date of Receipt 1 2 2 9 2 0 0 8
City Bayamon FEC ID number of contributing federal political committee.	State Zip Code PR 00959-7206	Transaction ID: 29141910 Amount of Each Receipt this Period 250.00
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 (option	lal)	1550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 52 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. William A Tyndall, , MD			Date of Receipt
	Mailing Address 1505 9th Ave		7: 0 !	12 29 2008
	City Altoona	State PA	Zip Code 16602-2416	Transaction ID: 29141911 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer University Orthopaedics Center	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Steven L Buckley, , MD	1		Date of Receipt
	Mailing Address 6007 Macon Ct			12 29 2008
	City	State	Zip Code	Transaction ID: 29141914
	Huntsville FEC ID number of contributing federal political committee.	C	35802-1931	Amount of Each Receipt this Period 250.00
	Name of Employer TOC	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Steven Arthur Herbst, , MD	l		Date of Receipt
	Mailing Address 3600 W Bethel Ave 200 Hawkins Dr			12 29 2008
	City Muncie	State IN	Zip Code 47304-5407	Transaction ID: 29141915 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	47004 0407	250.00
	Name of Employer Central Indiana Orthopaed- ics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

ITEMIZED RECE	EC Form 3X) PTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from	n such Reports and Statements ma s, other than using the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE Political Action Con	E (In Full) Imittee of the American Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, I Dr. Matthew J Bueche, , I			Date of Receipt
Mailing Address 125			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naperville	State IL	Zip Code 60540-8904	Transaction ID: 29141916
FEC ID number of cont federal political committed	ributing	60540-6904	Amount of Each Receipt this Period 250.00
Name of Employer M & M Orthopaedics	Occupation Orthopa	on edic Surgeon	
Receipt For: Primary Other (specify)	General Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, I			Date of Receipt
Mailing Address 111	00 Euclid Ave		12 / 31 / Y Y Y Y Y Y
Claveland	State OH	Zip Code	Transaction ID: 29144948
Cleveland FEC ID number of cont federal political committed	ributing	44106-1716	Amount of Each Receipt this Period 250.00
Name of Employer Case Western Reserve ersity	Univ- Occupation Orthopa	on edic Surgeon	
Receipt For:		e Year-to-Date V	
Other (specify)	General	500.00	
Full Name (Last, First, I	Middle Initial)		Date of Receipt
Mailing Address N 84	W 16889 Menomonee Ave		1 2 3 1 2 0 0 8
City	State	Zip Code	Transaction ID: 29144949
Menomonee Falls FEC ID number of cont federal political committed		53051	Amount of Each Receipt this Period 1000.00
Name of Employer Aurora Advanced Healt	hcare Occupation Orthopa	edic Surgeon	
Receipt For:	00 0	e Year-to-Date ▼	
Other (specify)	General	2000.00	
SUBTOTAL of Receipts	This Page (optional)	_	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David S Weisman, , MD		Date of Receipt
Mailing Address 585 Cranbury Rd	7'- 0-4	12 31 2008
City <u>East Brunswick</u>	State Zip Code NJ 08816-4092	Transaction ID: 29144950
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Pediatric Orthopedic Asso- ciates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Evan K Bash, , MD		Date of Receipt
Mailing Address Premier Ortho & Spo One Med Ctr Blvd P	OB II Ste 324	12 31 7 2008
City	State Zip Code	Transaction ID: 29144951
Upland FEC ID number of contributing federal political committee.	PA 19013	Amount of Each Receipt this Period 250.00
Name of Employer Premier Ortho & Sports Med Assoc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. William L Hennrikus, Jr, MD	l	Date of Receipt
Mailing Address 75 Laurel Ridge Rd		1 2
City	State Zip Code	Transaction ID: 29144952
Hershey	PA 17033-2514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Sequoia Pediatric Orthopa- edics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional))	1350.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC FO	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 52 (check only one) X 11a
Any information copied from such R or for commercial purposes, other the NAME OF COMMITTEE (In Full Political Action Committee	an using the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ini Dr. William A Grana, , MD, MPH Mailing Address 1609 N. Ca	,		Date of Receipt 1 2 3 1 2 0 0 8
Box 245064 City	State	Zip Code	Transaction ID: 29144953
Tucson	AZ	85724-1001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer University Physicians Hea- Ithcare		dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Ini	<i>,</i>		Date of Receipt
Mailing Address 1005 S Hen	lock St		12 31 2008
City	State	Zip Code	Transaction ID: 29144954
Iron Mountain	MI	49801-3854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Ini Dr. Langdon A Hartsock, , MD	ial)		Date of Receipt
Mailing Address 96 Jonathan	Lucas St Ste 708 CSE	3	12 31 YYYYY 12008
City	State	Zip Code	Transaction ID: 29144955
Charleston	SC	29425-8900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Medical University of Sou- th Carolina		dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	(optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 52 (check only one) X
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associa	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. David Alan Labosky, , MD			Date of Receipt
Mailing Address 3010 N Circle Dr Ste 10	0		12 13 2008
City	State	Zip Code	Transaction ID: 29227252
Colorado Springs	CO	80909-1174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer Colorado Springs Orthopae- dic Group	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0

SUBTOTAL of Receipts This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	•	66593.34

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 46 / 52 (check only one) 11a 11b 11c 12 13 14 15 16 2
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be solone name and address of any	d or used by any persor political committee to	
NAME OF COMMITTEE (In Full)	<u>-</u>		
Political Action Committee of the Am	erican Association of C	orthopaedic Surgeor	ns
Full Name (Last, First, Middle Initial) Northern Trust Company			Date of Receipt
Mailing Address 50 S. LaSalle St.			11 30 7 2008
City	State Zip Co	ode	Transaction ID: 29073735
Chicago	IL 60675	j	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		8.22
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Da	ate V	1
Primary General	riggiogale Teal-to-Da	1 1 1 1 1	Interest earned on bank
Other (specify) ▼		24713.05	account
Full Name (Last, First, Middle Initial) Northern Trust Company			Date of Receipt
Mailing Address 50 S. LaSalle St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co	ode	Transaction ID: 29073736
Chicago	IL 60675	j	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		726.42
Name of Employer	Occupation		1
Receipt For:	Aggregate Year-to-Da	ato V	_
Primary General	Aggregate rear-to-Da	1 1 1 1 1	Interest earned on bank
Other (specify) ▼		25439.47	account
Full Name (Last, First, Middle Initial) Northern Trust Company			Date of Receipt
Mailing Address 50 S. LaSalle St.			12 31 YYYYY 12 31 2008
City	State Zip Co	ode	Transaction ID: 29210667
Chicago	IL 60675	j	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		8.39
Name of Employer	Occupation		1
Receipt For:	Aggregate Year-to-Da	ate ▼	-
Primary General	7.99.594.6 164.16 16	1 1 1 1 1	Interest earned on bank
Other (specify) ▼		25542.85	account
SUBTOTAL of Receipts This Page (optional)	•		743.03

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 52 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St. City	State Zip Code	Date of Receipt M
Chicago FEC ID number of contributing federal political committee.	IL 60675	Amount of Each Receipt this Period 94.99
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 25534.46	Inerest earned on bank account

SUBTOTAL of Receipts This Page (optional)	>	94.99
TOTAL This Period (last page this line number only)	•	838.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 52 (check only one) 11a 11b 11c 12 12 13 14 X 15 16 17
	tatements may not be sold or used by any person name and address of any political committee to s	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Association of Orthopaedic Surgeor	ns
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		12 / 22 / 2008
City	State Zip Code	Transaction ID: 29114998
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1208.79
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 18121.90	Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional)	•	1208.79
TOTAL This Period (last page this line number only)	<u> </u>	1208.79

В.

go// 2000 100000			
SCHEDULE B (FEC Form 3X) Use separate si			NUMBER: PAGE 49/52
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopae	edic Surgeons	S
Full Name (Last, First, Middle Initial) Udall For Colorado			Transaction ID: 28988990 Date of Disbursement
Mailing Address PO Box 40158			12 M / D D / Y 2 0 0 8 Y
City Denver	State Zip Code CO 80204		Amount of Each Disbursement this Period
Purpose of Disbursement DEBT RETIREMENT		011	5000.00
Candidate Name Rep. Mark Udall		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify) al Debt 2008		DEBT RETIREMENT
Full Name (Last, First, Middle Initial)	ai Debi 2000		Transaction ID: 29058279
Ruben Hinojosa For Congress			Date of Disbursement
Mailing Address 502 North 11th Street			12 M / 15 / Y 2008 Y
City Mcallen	State Zip Code TX 78501		Amount of Each Disbursement this Period
Purpose of Disbursement Void - received after general election		011	-5000.00
Candidate Name Rep. Ruben Hinojosa		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify) Congressional G		Void - received after gen- eral election
State: 1A DISTRICT: 15 2008 (Jongressional G		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	_	0.00
TOTAL THIS Fellou (last page this line number only)		0.00

В.

C.

CHEDULE B (FEC Form 3X) Use separate schedule(s)		FOR LINE NUMBER: (check only one)					PAGE 50 / 52			
ITEMIZED DISBURSEMENTS	D DISBURSEMENTS for each category of the Detailed Summary Page		<u> </u>	22 28a	23 28b	24 28c	\vdash	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				ny person	for the pu	rpose of so	oliciting co	ontribu	itions	
NAME OF COMMITTEE (In Full)										
Political Action Committee of the American	n Associatio	on of Orthopa	edic	Surgeor	าร					
Full Name (Last, First, Middle Initial) Northern Trust Company						action ID: of Disburse		:620		
Mailing Address 50 S. LaSalle St.						M / D2	5 /	ž	8 Ó C	Y
City Chicago	State IL	Zip Code 60675			Amou	nt of Each	Disburse	ment t	this P	eriod
Purpose of Disbursement		1			- '			72	26.58	
Bank fees deducted from account				001						
Candidate Name				tegory/ ype						
Senate President	ement For: Primary Other (spec	General Fify) ▼			Bank accou	fees ded int	ucted fro	om		
State: District:										
Full Name (Last, First, Middle Initial) Northern Trust Company					Date o	action ID: of Disburse	ement	738		
Mailing Address 50 S. LaSalle St.					1 ^M 2	M / D O	^D 4	ž	8 Ó C	Y
City Chicago	State IL	Zip Code 60675			Amou	nt of Each	Disburse	ment t	this P	eriod
Purpose of Disbursement Bank fees deducted from account				001] L.			48	32.21	
Candidate Name				tegory/ ype						
Senate President	ment For: Primary Other (spec	General sify) ▼			Bank accou	fees ded int	ucted fro	om		
State: District:										
Full Name (Last, First, Middle Initial) Northern Trust Company					Date o	action ID: of Disburse				
Mailing Address 50 S. LaSalle St.					1 ^M 2	M / 2	9 /	ž	8 Ó C	Y
,	State IL	Zip Code 60675			Amou	nt of Each	Disburse	ment t	this P	eriod
Purpose of Disbursement Bank fees deducted from account				001	T L.			31	4.07	
Candidate Name			Ca	tegory/ Type						
Senate President	ement For: Primary Other (spec	General ify) ▼			Bank accou	fees ded int	ucted fro	om		
State: District:										
SUBTOTAL of Disbursements This Page (optional)				•				152	2.86	

TOTAL This Period (last page this line number only)

В.

President District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 51 / 52
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Political Action Committee of the Americal	n Association of Orthopae	edic Surgeons	5
Full Name (Last, First, Middle Initial) Northern Trust Company			Transaction ID: 29210664 Date of Disbursement
Mailing Address 50 S. LaSalle St.			12 M / 31 / Y 2008 Y
City Chicago	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement Bank fees deducted from account		001	484.70
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Bank fees deducted from account
Full Name (Last, First, Middle Initial) United States Treasury			Transaction ID: 29210666 Date of Disbursement
Mailing Address			12 M / D 3 1 / Y 2 0 0 8 Y
City	State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Federal income tax on interest income 4th quarter Candidate Name	2008	001 Category/	868.00
Senate	ement For: Primary General	Туре	Federal income tax on interest income 4th quarter
President	Other (specify)		2008

SUBTOTAL of Disbursements This Page (optional)	•	1352.70
TOTAL This Period (last page this line number only)	•	2875.56

State:

Image# 29990408983

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statement	for each category of the Detailed Summary Page (check onl 21b 27)	22 23 24 25 26 X 28a 28b 28c 29 30b
or for commercial purposes, other than using the name	, , , ,	· ·
NAME OF COMMITTEE (In Full) Political Action Committee of the American	Association of Orthopaedic Surgeons	5
Full Name (Last, First, Middle Initial) Dr. David Alan Labosky, , MD Mailing Address 3010 N Circle Dr Ste 100		Transaction ID: 29210751 Date of Disbursement 12
	tate Zip Code CO 80909-1174 010 Category/ Type	Amount of Each Disbursement this Period 500.00
	71	Refund erroneous contribution

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	500.00