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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 Χ 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) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 06 30 2008 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 07 10 2008 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 (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

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 " D " D 0.4 0 1 2008 0.6 3 0 2008 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 1252185.97 Begining of Reporting Period 205393.78 788798.25 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1457579.75 1721738.79 6(a) and 6(c) for Column B) 226496.12 490655.16 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1231083.63 1231083.63 (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

2008

3^D0

2008

17403.72

0.00

0.00

0.00

788798.25

788798.25

м м 0 6

To:

0 1

Write or Type Committee Name

Report Covering the Period:

Political Action Committee of the American Association of Orthopaedic Surgeons

м м 0 4

From:

COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 705660.02 182175.02 (i) Itemized (use Schedule A) 11340.00 54021.68 (ii) Unitemized (iii) TOTAL (add 193515.02 759681.70 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 193515.02 759681.70 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 4365.81 11712.83 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 7512.95

0.00

0.00

0.00

205393.78

205393.78

(Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds

(from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

(a) Non-Federal Account

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

21. Operating Expenditures:

of Disbursements Page 4 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date

| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | 0.00 | 0.00 |
|---|---|---|
| (i) Federal Share | | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating | 7496.12 | 19655.16 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii) and (b)) | 7496.12 | 19655.16 |
| • | 0.00 | 0.00 |
| Contributions to | | |
| and Other Political Committees | 219000.00 | 471000.00 |
| (use Schedule E) | 0.00 | 0.00 |
| Committees (2 U.S.C. 441a(d)) | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| 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 |
| Other Disbursements | 0.00 | 0.00 |
| (a) Shared Federal Election Activity (from Schedule H6) | 0.00 | 0.00 |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), 22, | 000.400.40 | 100055 10 |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 226496.12 | 490655.16 |
| Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 226496.12 | 490655.16 |
| | Activity (from Schedule H4) (i) Federal Share | Activity (from Schedule H4) (i) Federal Share |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| | Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---------------------------------------|--|-------------------------------|-----------------------------------|
| | tions (other than loans) | 193515.02 | 759681.70 |
| 34. Total Contribution (from Line 28) | tion Refunds | 0.00 | 0.00 |
| | ons (other than loans) 34 from Line 33) | 193515.02 | 759681.70 |
| | Operating Expenditures a)(i) and Line 21(b)) | 7496.12 | 19655.16 |
| · · | erating Expenditures page 3) | 4365.81 | 11712.83 |
| 38. Net Operating (subtract Line | Expenditures 37 from Line 36) | 3130.31 | 7942.33 |

FE6AN026

| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person the name and address of any political committee to serican Association of Orthopaedic Surgeon et 200 | |
|--|---|--|
| Full Name (Last, First, Middle Initial) Dr. Amy Jo Ptaszek, , MD Mailing Address 2401 Ravine Way Sto | | |
| Mailing Address 2401 Ravine Way Ste | e 200 | Date of neceipt |
| - | | 0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Gienview | State Zip Code | Transaction ID: 27610800 |
| FEC ID number of contributing federal political committee. | IL 60025-7645 | Amount of Each Receipt this Period 1250.00 |
| Name of Employer Illinois Bone & Joint | Occupation Orthopaedic Surgeon | 1 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Arnold Abraham Yashar, , MD Mailing Address 5531 Taft Ave | | 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: 27610801 |
| La Jolla | CA 92037-7643 | 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. Brian D Wittenberg, , MD | | Date of Receipt |
| Mailing Address PO Box 430 | | 04 07 2008 |
| City | State Zip Code | Transaction ID: 27610802 |
| Petoskey FEC ID number of contributing federal political committee. | MI 49770-0430 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | 1 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | ····· | 2000.00 |

| or for commercial purpose NAME OF COMMITTI | es, other than using the name and a EE (In Full) | address of any political committee to | on for the purpose of soliciting contributions |
|--|---|---------------------------------------|--|
| / | | ociation of Orthopaedic Surgeo | |
| | | | 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: 27610803 |
| <u>Memphis</u> | TN | 38104-6656 | Amount of Each Receipt this Period |
| FEC ID number of con federal political commi | | | 1000.00 |
| Name of Employer Campbell Clinic | Occupati Orthop | ion aedic Surgeon | |
| Receipt For: Primary Other (specify) | General | ate Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Dr. David W Edelstein, , Mailing Address 272 | MD | | Date of Receipt 0 4 0 7 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27610806 |
| Houston | TX | 77025-1669 | Amount of Each Receipt this Period |
| FEC ID number of con federal political commi | | | 500.00 |
| Name of Employer Kelsey Seyhold Clinic | | aedic Surgeon | |
| Receipt For: Primary Other (specify) | General | ate Year-to-Date ▼ 500.00 |] |
| Full Name (Last, First, Dr. Timothy S Petsche, Mailing Address 252 | , MD | | Date of Receipt 0 4 0 7 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27610807 |
| Geneva | <u>IL</u> | 60134-2578 | Amount of Each Receipt this Period |
| FEC ID number of con federal political commit | | | 250.00 |
| Name of Employer Fox Valley Orthopaedi | ГОппор | aedic Surgeon | |
| Receipt For: Primary Other (specify) | General | ate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts | This Page (optional) | | 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 8 / 149 (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. Kent Jason Lowry, , MD Mailing Address 444 E Timber Dr City Rhinelander FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code WI 54501-2852 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 7 2 0 0 8 Transaction ID: 27610809 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) Dr. James W Scott, , MD Mailing Address PO Box 7630 City Tifton FEC ID number of contributing federal political committee. Name of Employer Georgia Sports Medicine Receipt For: Primary General | State Zip Code GA 31793-7630 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. Brent A Davis, , MD Mailing Address 145 Medical Park L City Murphy FEC ID number of contributing federal political committee. Name of Employer Mountain Valley Orthopedics Receipt For: Primary General Other (specify) Characteristics General Other (specify) | | 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 |) | 1750.00 |

| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from some solicits. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Mailing Address 2351 Clay St Ste 510 City San Francisco CA 94115-1931 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ | PAGE 9 / 149 11c |
|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) Dite of Receipt Mailing Address 2351 Clay St Ste 510 City San Francisco CA 94115-1931 FEC ID number of contributing federal political committee. Name of Employer Other (specify) Primary Other (specify) State CA 92708-4055 FEC ID number of contributing City State CA 92708-4055 Full Name (Last, First, Middle Initial) Dr. Daniel T Stein, MD Mailing Address 11160 Warner Ave Ste 311 City State CA 92708-4055 Amount of Each Receipt Occupation Orthopaedic Castline Orthopaedic Orthopaedic Surgeon Aggregate Year-to-Date FeC ID number of contributing federal political committee. Name of Employer Castline Orthopaedic Orthopaedic Orthopaedic Surgeon Aggregate Year-to-Date Transaction ID: 27/ Amount of Each Receipt For: Aggregate Year-to-Date Transaction ID: 27/ Amount of Each Receipt For: Aggregate Year-to-Date Transaction ID: 27/ Amount of Each Receipt Surgeon Aggregate Year-to-Date Transaction ID: 27/ Amount of Each Receipt Surgeon Aggregate Year-to-Date Date of Receipt Transaction ID: 27/ Amount of Each Receipt Surgeon Aggregate Year-to-Date Transaction ID: 27/ Amount of Each Receipt Surgeon Aggregate Year-to-Date Amount of Each Receipt Surgeon Aggregate Year-to-Date Amount of Each Receipt Surgeon Aggregate Year-to-Date Amount of Each Receipt Surgeon Amount of | ting contributions such committee. |
| City San Francisco CA 94115-1931 FEC ID number of contributing federal political committee. Name of Employer Self Employer Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Daniel T Stein, MD Mailing Address Hospicor Coastline Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code CA 92708-4055 FEC ID number of contributing federal political committee. Name of Employer Coastline Orthopaedic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Eduardo Aguetin Salvati, MD Mailing Address Hosp for Special Surgery S35 E 70th St City State Zip Code Name of Employer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Eduardo Aguetin Salvati, MD Mailing Address Hosp for Special Surgery S35 E 70th St City State Zip Code New York State Zip Code NY 10021-4872 Amount of Each Receipt Aggregate Year-to-Date ▼ Amount of Each Receipt Transaction ID: 27 Amount of Each Receipt Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon | 2008 |
| Sederal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon | 610817 |
| Receipt For: | 250.00 |
| Date of Receipt Mailing Address 11160 Warner Ave Ste 311 City State Zip Code Fountain Valley CA 92708-4055 FEC ID number of contributing federal political committee. Name of Employer Coastline Orthopaedic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eduardo Agustin Salvati, MD Mailing Address Hosp for Special Surgery 535 E 70th St City State Zip Code NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Coastline Orthopaedic Full Name (Last, First, Middle Initial) Dr. Eduardo Agustin Salvati, MD City State Zip Code NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Orthopaedic Surgeon Receipt For: Primary General Aggregate Year-to-Date ▼ Amount of Each Receipt Amount of | |
| City State Zip Code Fountain Valley CA 92708-4055 FEC ID number of contributing federal political committee. Name of Employer Coastline Orthopaedic Receipt For: Primary General Other (specify) ▼ City State Zip Code NY 10021-4872 PEC ID number of contributing federal political committee. Date of Receipt Date of Receipt Transaction ID: 27/ Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 27/ Amount of Each Receipt Transaction ID: 27/ Date of Receipt Transaction ID: 27/ Amount of Each Receipt Name of Employer Hospital for Special Surgery Primary General Transaction ID: 27/ Amount of Each Receipt Aggregate Year-to-Date ▼ | / Y Y Y Y Y 2008 |
| FEC ID number of contributing federal political committee. Name of Employer Coastline Orthopaedic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eduardo Agustin Salvati, , MD Mailing Address Hosp for Special Surgery 535 E 70th St City State Zip Code New York NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery ery Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00 | |
| Receipt For: Primary | ceipt this Period |
| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eduardo Agustin Salvati, , MD Mailing Address Hosp for Special Surgery 535 E 70th St City State Zip Code New York NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 270 Amount of Each Receipt Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ | 1500.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eduardo Agustin Salvati, , MD Mailing Address Hosp for Special Surgery 535 E 70th St City State Zip Code New York NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General | |
| Dr. Eduardo Agustin Salvati, , MD Mailing Address Hosp for Special Surgery 535 E 70th St City State Zip Code New York NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery ery Receipt M M M D D D 0 4 Transaction ID: 270 Amount of Each Receipt C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ | |
| State Zip Code New York FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Receipt For: Primary General Primary Primary State Zip Code Transaction ID: 270 Amount of Each Rec Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00 | |
| New York FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Receipt For: Primary Primary Amount of Each Rec Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00 | 2008 |
| FEC ID number of contributing federal political committee. Name of Employer Hospital for Special Surgery Receipt For: Primary General C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ | |
| ery Receipt For: Primary | 1000.00 |
| Receipt For: Aggregate Year-to-Date ▼ Primary General | |
| | |
| SUBTOTAL of Receipts This Page (optional) | 2750.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 149 (check only one) X |
|------------|---|------------------------|---|--|
| An | y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Am | | | |
| . <u>/</u> | Full Name (Last, First, Middle Initial) Dr. J Wesley Mesko MD | | union of Comoputation Cargo | Date of Receipt |
| • | Mailing Address 2815 S Pennsylvania | Ave Ste 204 | | 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: 27625071 |
| | Lansing | MI | 48910-3496 | 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 ▼ | 1 |
| | Other (specify) | | 1000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Timothy L Keenen, , MD | | | Date of Receipt |
| | Mailing Address Pacific Spine Special 19260 SW 65th Ave S | | | 04 07 2008 |
| | City | State | Zip Code | Transaction ID: 27625073 |
| | Tualatin | OR | 97062-5705 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Pacific Spine Specialists | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Scott Gunnar Quisling, , MD | | | Date of Receipt |
| | Mailing Address 758 Old Norcross Rd | Ste 100 | | 0 4 0 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: 27625074 |
| | Lawrenceville | GA | 30045-3386 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Resurgens Orthopedics | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | |
| | UBTOTAL of Receipts This Page (optional) | 1 | | 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 11 / 149 (check only one) X |
|--|---------------------------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may the name and add | not be sold or used by any persodress of any political committee to | |
| Political Action Committee of the A | merican Associ | ation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. David A Bernstein, , MD | | | Date of Receipt |
| Mailing Address New Mexico Orthop 201 Cedar SE Ste 6 | 6600 | | 04 / 07 / 2008 |
| City | State | Zip Code | Transaction ID: 27625075 |
| Albuquerque | NM | 87106-5411 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer New Mexico Orthopaedic As- | Occupation | | |
| sociates | | edic Surgeon | \dashv |
| Receipt For: | Aggregate | Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Nicholas Blavatsky, , MD | | | Date of Receipt |
| Mailing Address 435 S Crystal Ste 4 | 100 | | 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: 27625076 |
| <u>Butte</u> | MT | 59701-1506 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1500.00 |
| Name of Employer Montana Orthopaedics | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) Dr. John W Noble, Jr, MD | | | Date of Receipt |
| Mailing Address PO Box 1807 | | | 04 07 2008 |
| City | State | Zip Code | Transaction ID: 27625077 |
| Lake Charles | LA | 70602-1807 | 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: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 500.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 3000.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|---|
| or for commercial purposes, other than us NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person ing the name and address of any political committee to e American Association of Orthopaedic Surgeo | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Troy B Watkins, Jr, MD Mailing Address 125 E Idaho Ste City Boise FEC ID number of contributing federal political committee. Name of Employer Mountain States Hand Clinic Receipt For: Primary General Other (specify) | State Zip Code ID 83712-6254 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 |
| Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD Mailing Address Crozer-Chester M Professional Offi City Upland FEC ID number of contributing federal political committee. | Med Ctr Ste 324 | 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 Premier Orthopaedics Receipt For: Primary General Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.02 | |
| Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD Mailing Address 5530 Wisconsin City Chevy Chase FEC ID number of contributing | State Zip Code MD 20815-4322 | Date of Receipt M M M O 7 2008 Transaction ID: 27625080 Amount of Each Receipt this Period 100.00 |
| Receipt For: Primary Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 400.00 | |
| | onal) | 1183.34 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 149 (check only one) X |
|-----------|---|-----------------------|---|--|
| An | y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame | | | |
| \ <u></u> | Full Name (Last, First, Middle Initial) Dr. Thomas John Noonan, , MD | | | Date of Receipt |
| | Mailing Address Steadman Hawkins Cl 8200 Belleview Ave St | | | 04 07 2008 |
| | City | State | Zip Code | Transaction ID: 27625081 |
| | Greenwood Village FEC ID number of contributing federal political committee. | C | 80111-2808 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed | Occupatio 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. Paul T Rud, , MD Mailing Address 15684 Birchwood Ln | L | | Date of Receipt |
| | City | State | Zip Code | 0 4 0 7 2 0 0 8 |
| | Brainerd | MN | 56401-6177 | Transaction ID: 27625082 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| . – | Full Name (Last, First, Middle Initial) Dr. Charles Francis Mess, Jr, MD | | | Date of Receipt |
| | Mailing Address 12470 Petrillo Dr | | | 04 16 2008 |
| | City | State | Zip Code | Transaction ID: 27719562 |
| | Highland FEC ID number of contributing federal political committee. | C | 20777-9567 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 250.00 | |
| s | UBTOTAL of Receipts This Page (optional) | 1 | | 1000.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|-------------------------------|---|---|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may 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. |
| | Political Action Committee of the Ame | rican Assoc | iation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Frank L Barnes, , MD | | | Date of Receipt |
| | Mailing Address 3117 Avalon Pl | | | 04 16 4 2008 |
| | City <u>Houston</u> | State TX | Zip Code 77019-5905 | Transaction ID: 27719563 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 77010 3303 | 500.00 |
| | Name of Employer Self Employed | 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. Bryan Scott Kamps, , MD Mailing Address 1900 Redrock Dr | | | Date of Receipt |
| | | Ctata | 7:- Oada | 04 16 2008 |
| | City Gallup | State NM | Zip Code 87301-5682 | Transaction ID: 27719564 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer RMCHCS | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 250.00 | |
| _ C. | Full Name (Last, First, Middle Initial) Dr. David J Kolessar, , MD | | | Date of Receipt |
| | Mailing Address Geisinger Clinic 1000 E Mountain Blvd | | | 04 16 2008 |
| | City Wilkes Barre | State PA | Zip Code 18711-0027 | Transaction ID: 27719566 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Γ, | SUBTOTAL of Receipts This Page (optional) | | | 1250.00 |
| F | FOTAL This Period (last page this line number | | | |

| ITEMIZED RECEIPTS | for each cat Detailed Sur | e schedule(s) egory of the mmary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--------------------------------|---------------------------------------|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A | | | |
| Full Name (Last, First, Middle Initial) Dr. Garry S Kitay, , MD Mailing Address Jacksonville Ortho | nstitute | | Date of Receipt |
| 1325 San Marco Bl | | | 04 16 2008 |
| City | State Zip Code | | Transaction ID: 27719567 |
| <u>Jacksonville</u> | FL 32207-85 | 66 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 300.00 |
| Name of Employer Jacksonville Ortho Instit- ute | Occupation Orthopaedic Surgeon | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 300.00 | |
| Full Name (Last, First, Middle Initial) Dr. Charles Kelly Safley, , MD | | | Date of Receipt |
| Mailing Address 4466 W Bristol Rd | | | 04 16 2008 |
| City | State Zip Code | | Transaction ID: 27719568 |
| Flint | MI 48507-31 | 70 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| 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) Dr. Robert Allen Sellards, , MD | | | Date of Receipt |
| Mailing Address 101 S Seas Dr Apt | 502 | | 04 16 YYYYY 2008 |
| City | State Zip Code | | Transaction ID: 27719617 |
| <u>Jupiter</u> | FL 33477-11 | 40 | 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 (optiona |) | | 1050.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | V) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 149 (check only one) X 11a |
|---|---------------------------------------|---|---|
| Any information copied from such Reports are or for commercial purposes, other than using | nd Statements may the 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. |
| NAME OF COMMITTEE (In Full) Political Action Committee of the A | merican Assoc | iation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Philip Schrank, , MD | | | Date of Receipt |
| Mailing Address 5 Schooners Cove | | | 04 16 2008 |
| City Setauket | State NY | Zip Code 11733-3951 | Transaction ID: 27719618 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Jimmy H Conway, , MD | | | Date of Receipt |
| Mailing Address 6205 N Santa Fe A | ve | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State OK | Zip Code | Transaction ID: 27719619 |
| Oklahoma City FEC ID number of contributing federal political committee. | C | 73118-7537 | Amount of Each Receipt this Period |
| Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| Receipt For: | | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Mark C Senese, , MD | | | Date of Receipt |
| Mailing Address 6352 N Pinnacle Ri | dge Dr | | 0 4 1 6 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27719620 |
| Tucson | AZ | 85718-3535 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| Other (specify) | | 375.00 | |
| SUBTOTAL of Receipts This Page (optional | J) | | 1500.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|------------------------------|--|---|
| 0 | ny information copied from such Reports and sort for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements mage name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Political Action Committee of the Ame | erican Assoc | iation of Orthopaedic Surge | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Joseph A Suarez, , MD | | | Date of Receipt |
| | Mailing Address 3311 Hylan Blvd | | 7: 0 ! | 04 16 2008 |
| | City Staten Island | State NY | Zip Code 10306-3688 | Transaction ID: 27719621 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1500.00 | |
| — В. | Full Name (Last, First, Middle Initial) Dr. Richard D Schmidt, , MD Mailing Address 4010 Sunnyside Rd | | | Date of Receipt |
| | Mailing Address 4010 Suffryside nd | | | 04 16 2008 |
| | City Edina | State MN | Zip Code 55424-1212 | Transaction ID: 27719624 |
| | FEC ID number of contributing federal political committee. | C | 33424-1212 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| _ C. | Full Name (Last, First, Middle Initial) Dr. Daniel R Ripa, , MD | | | Date of Receipt |
| | Mailing Address 4000 S 98th St | | | 0 4 |
| | City | State | Zip Code | Transaction ID: 27719626 |
| | Lincoln FEC ID number of contributing federal political committee. | C | 68520-9317 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 1500.00 |
| Γ. | TOTAL This Period (last page this line number | r onlv) | | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 149 (check only one) X |
|--|------------------|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Air | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Keith M Rezin, , MD Mailing Address 1051 W Rt 6 Ste 10 | 00 | | Date of Receipt |
| City Morris | State IL | Zip Code 60450-3370 | Transaction ID: 27719627 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed | Occupation | | 250.00 |
| Receipt For: Primary General Other (specify) | | edic Surgeon Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. J Gregory Kinnett, , MD Mailing Address 5534 Saint Charles | Ave | | 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: 27719628 |
| New Orleans | LA | 70115-5048 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 200.00 |
| Name of Employer McLeod Physicians Assoc | | edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 450.00 | |
| Full Name (Last, First, Middle Initial) Dr. William L Hennrikus, Jr, MD | • | | Date of Receipt |
| Mailing Address 534 E Mariners Circ | cle | | 04 16 2008 |
| City | State | Zip Code | Transaction ID: 27719629 |
| Fresno | CA | 93730-0847 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Sequoia Pediatric Orthopa- edics Receipt For: | | n edic Surgeon • Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | Aggregate | 250.00 | |
| SUBTOTAL of Receipts This Page (optiona | 1) | | 700.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|--------------------------------|--|---|
| A | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | 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. |
| | Political Action Committee of the Ame | erican Assoc | iation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD | | | Date of Receipt |
| | Mailing Address 400 Silver Cedar Ct | Ctoto | 7:n Code | 04 16 2008 |
| | City Chapel Hill | State NC | Zip Code 27514-1585 | Transaction ID: 27719631 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer ABOS | Occupatio | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) | - ' | e Year-to-Date ▼ 850.00 | |
| — В. | Full Name (Last, First, Middle Initial) Dr. James Vincent Bruno, , MD Mailing Address 37832 Atkins Knoll | | | Date of Receipt |
| | City | Ctata | 7in Code | 04 16 2008 |
| | City Oconomowoc | State WI | Zip Code 53066-4702 | Transaction ID: 27719633 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 200.00 |
| | Name of Employer Aurora Medical Group | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 400.00 | |
| C. | Full Name (Last, First, Middle Initial) Dr. Jacob F Patterson, , MD | | | Date of Receipt |
| | Mailing Address 933 Sell Ave Ste A PO Box 310 | | | 04 16 2008 |
| | City Canon City | State CO | Zip Code 81212-4900 | Transaction ID: 27719637 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 01212-4300 | 1000.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1450.00 |
| T, | FOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEO | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 149 (check only one) X 11a |
|--|---|---|--|
| Any information copied from s or for commercial purposes, c | uch Reports and Statements ma other than using the name and ad | y not be sold or used by any pers dress of any political committee to | con for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (Political Action Comm | In Full) ittee of the American Assoc | iation of Orthopaedic Surge | ons |
| Full Name (Last, First, Mic Dr. H Randal Woodward, , N | | | Date of Receipt |
| | Miracle Hills Dr Ste 102 | | 04 / 15 / Y Y Y Y Y Y 2008 |
| City | State | Zip Code | Transaction ID: 27719743 |
| Omaha FEC ID number of contributed federal political committee. | | 68154-4428 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Nebraska Spine Center, L | Occupatio | n edic Surgeon | |
| Receipt For: Primary Ge Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Mic Dr. Joseph W Clark, , MD | dle Initial) | | Date of Receipt |
| | rthopaedic Center anklin St SE Ste 3 | | 04 15 2008 |
| City | State | Zip Code | Transaction ID: 27719744 |
| Huntsville FEC ID number of contributed rederal political committee. | AL C | 35801-4305 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Mic Dr. Eeric Truumees, , MD | ldle Initial) | | Date of Receipt |
| Mailing Address 615 S | Troy | | 04 15 2008 |
| City | State | Zip Code | Transaction ID: 27719746 |
| Royal Oak | MI | 48067-2722 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | | | 500.00 |
| Name of Employer Self Employed | | edic Surgeon | |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This | s Page (optional) | | 1750.00 |
| | ge this line number only) | <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 21 / 149 (check only one) X |
|---|--|---|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persite name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| / | erican Association of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Bradley C Edgerton, , MD | | Date of Receipt |
| Mailing Address 4888 Adrian Ln | State Zip Code | 04 15 2008 |
| City Hermantown | MN 55811-3904 | Transaction ID: 27719747 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer St. Mary's Duluth Clinic | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |
| Full Name (Last, First, Middle Initial) Dr. David W Romness, , MD | procedice | Date of Receipt |
| Mailing Address Commonwealth Ortho 1635 N George Maso | n Dr Ste 310 | 04 15 2008 |
| City | State Zip Code | Transaction ID: 27719749 |
| Arlington FEC ID number of contributing federal political committee. | VA 22205-3616 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Commonwealth Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Dr. David A Carrier, , MD Mailing Address 20 Hagen Dr Ste 110 | | 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: 27719750 |
| Rochester FEC ID number of contributing federal political committee. | NY 14625-2657 | Amount of Each Receipt this Period 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 (optional) | | 1750.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 149 (check only one) X |
|--|--|--|
| NAME OF COMMITTEE (In Full) | nd 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 | |
| Full Name (Last, First, Middle Initial) Dr. Cary T Tanamachi, , MD Mailing Address 1010 N Beltline Ste | e 101 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Mesquite | State Zip Code TX 75149-1770 | Transaction ID: 27719751 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 75145-1770 | 250.00 |
| 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) Dr. Knute C Buehler, , MD Mailing Address 2200 NE Neff Rd S | Ste 200 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Bend | State Zip Code OR 97701-4281 | Transaction ID: 27719752 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer The Center Oregon | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. John W Gainor, , MD | | Date of Receipt |
| Mailing Address PO Box 1200 | | 04 / 15 / 2008 |
| City <u>Santa Barbara</u> | State Zip Code CA 93102-1200 | Transaction ID: 27719753 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Santa Barbara Medical Cli- nic | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (options | al) | 1750.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 149 (check only one) X |
|---|------------------------|---|--|
| Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A | the name and add | ress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Richard W Garner, , MD | 0. 000 | | Date of Receipt |
| Mailing Address 3260 Providence D AFOC City | r Ste 200 State | Zip Code | 0 4 1 5 2 0 0 8 Transaction ID: 27719754 |
| Anchorage | AK | 99508-4603 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Anchorage Fracture & Orth- opaedic Clini | Occupation Orthopae | dic Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Robert A Sciortino, , MD Mailing Address 2821 N Ballas Rd S | Ste C-15 | | Date of Receipt |
| | 510 0 10 | | 04 15 2008 |
| City | State | Zip Code | Transaction ID: 27719755 |
| Saint Louis | MO | 63131-2300 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer St Louis Orthopaedic Surg- eons | Occupation Orthopae | dic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Terrence M O'Donovan, , MD | | | Date of Receipt |
| Mailing Address 200 Hospital Dr 2nd | d Fl | | 0 4 1 5 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27719757 |
| Glen Burnie | MD | 21061-5884 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Chesapeake Orthopaedics | | dic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| | | | 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 24 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|------------|---|---|--|
| or fo | information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any ne name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
|) i | Political Action Committee of the Am | erican Association of Orthopaedic Su | irgeons |
| . <u> </u> | Full Name (Last, First, Middle Initial) Dr. Jeffrey Chase, , MD | | Date of Receipt |
| _ | Mailing Address PO Box 8179 | | 04 / 15 / 4 2008 |
| | City St Thomas | State Zip Code VI 00801-1179 | Transaction ID: 27719758 Amount of Each Receipt this Period |
| | FEC ID number of contributing ederal political committee. | C | 500.00 |
| <u> </u> | Name of Employer Virgin Islands Orthopaedi- ss & Sports M | Occupation Orthopaedic Surgeon | |
| F | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Rudolf Hoellrich, , MD | | Date of Receipt |
| N | Mailing Address Slocum Orthopedics 55 Coburg Rd | | 04 15 2008 |
| | Dity | State Zip Code | Transaction ID: 27719759 |
| <u> </u> | Eugene | OR 97401-2433 | Amount of Each Receipt this Period |
| | FEC ID number of contributing ederal political committee. | C | 250.00 |
| <u> </u> | Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| F | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 250.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Michael S Petersen, , MD | | Date of Receipt |
| | Mailing Address Valley Oak Orthopae 2031 Anderson Rd S | dics te A | 04 15 2008 |
| | City Davis | State Zip Code CA 95616-0621 | Transaction ID: 27719760 |
| F | FEC ID number of contributing ederal political committee. | CA 93010-0021 | Amount of Each Receipt this Period 500.00 |
| <u>,</u> | Name of Employer Valley Oak Orthopaedics | Occupation Orthopaedic Surgeon | |
| F | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| | | | 1250.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | for each | arate schedule(s) category of the Summary Page | FOR LINE NUMBER: PAGE 25 / 149 (check only one) X 11a |
|---|--|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Political Action Committee of the Ame | rican Association of O | thopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Troy D Pierce, , MD | | | Date of Receipt |
| Mailing Address 4012 Edgewater PI SE | | | 0 4 1 5 2 0 0 8 |
| City | State Zip Coo | de | Transaction ID: 27719761 |
| <u>Mandan</u> | ND 58554- | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Bone & Joint Clinic | Occupation Orthopodio Surger | | |
| Receipt For: | Orthopaedic Surgeon Aggregate Year-to-Date | | |
| Primary General Other (specify) ▼ | Aggregate rear-to-Dat | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. William B Wiley, , MD | | | Date of Receipt |
| Mailing Address 30 Willow Lake Dr | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Coo | de | Transaction ID: 27719762 |
| Warner Robins | GA 31093- | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Houston Ortho Surgery & Sports Med | Occupation Orthopaedic Surgeo | on | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Dat | e ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Richard K Muir, , MD | | | Date of Receipt |
| Mailing Address 3905 Waring Rd | | | 0 4 1 5 2 0 0 8 |
| City | State Zip Coo | de | Transaction ID: 27719763 |
| Oceanside | CA 92056- | 4405 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Ortho Specialists of North County | Occupation Orthopaedic Surgeo | on | |
| Receipt For: | Aggregate Year-to-Dat | e ▼ | |
| Primary General Other (specify) ▼ | 0 0 0 0 | 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 1000.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 149 (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 | g the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Peter C C Rink, , DO Mailing Address 1414 W Lombard Orthopaedic and F | Rheumatology As | SSOC | 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: 27719764 |
| Davenport FEC ID number of contributing federal political committee. | C | 52804-2148 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Ortho & Rheumatology Associates Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | edic Surgeon Year-to-Date 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Raymond J Stefanich, , MD Mailing Address 2410 Ridgeway Av | /e | | Date of Receipt 0 4 1 5 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27719765 |
| Rochester | NY | 14626-4114 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Burrel C Gaddy, , MD | | | Date of Receipt |
| Mailing Address Midwest Orthopae 8800 W 75th St St | e 350 | | 04 16 2008 |
| City Shawnee Mission | State KS | Zip Code | Transaction ID: 27721260 |
| FEC ID number of contributing federal political committee. | C | 66204-4029 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Midwest Orthopaedics, P.A. | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (option | al) | | 1750.00 |

| 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) Dr. Roper A Mann, MD Mailing Address SO Grand Ave Sth F1 City State Zip Code OAA 94612-3725 FEC ID number of contributing federal political committee. Name of Employer Sils For: Port of Supplementation of Contributing federal political committee. Name of Employer Sils For: Port of Supplementation of Contributing federal political committee. City State Zip Code Ashiand Orthopaedic Special Special Surgeon Mailing Address 934 Center St City State Zip Code Ashiand Orthopaedic Special Special Surgeon Mailing Address 934 Center St City State Zip Code Ashiand Orthopaedic Surgeon Mailing Address 934 Center St City State Zip Code Ashiand Orthopaedic Surgeon FEC ID number of contributing federal political committee. City State Zip Code Ashiand Orthopaedic Surgeon Fec City Dr. Address 934 Center St City State Zip Code Ashiand Orthopaedic Surgeon Fec City Dr. Address 934 Center St City State Zip Code Ashiand Orthopaedic Surgeon Orthopa | I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S | tatements ma | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|---|----------------|---|--------------|---|--|
| A. D. Roger A Mann, MD Mailing Address 80 Grand Ave 5th FI City State Zip Code CA 94612-3725 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ | | NAME OF COMMITTEE (In Full) | | | |
| City | ∠ 4. | Dr. Roger A Mann, , MD Mailing Address 80 Grand Ave | | | M M / D D / Y Y Y Y |
| Oakland CA 94612-3725 FEC ID number of contributing federal political committee. Name of Employer Oakland Orthopaedic Specialisis. Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. Stephen A Yoder, MD Mailing Address 934 Center St City State Zip Code Ashland OH 44805-4063 FEC ID number of contributing federal political committee. Name of Employer Occupation Orthopaedic Surgeon Orthopaedic Surgeon Primary General Other (specify) ▼ 500.00 Date of Receipt Tore Primary General Other (specify) ▼ 500.00 Date of Receipt Tore State Zip Code Orthopaedic Surgeon Orthopa | | | State | Zin Code | |
| FEC ID number of contributing federal political committee. Name of Employer C | | | | · | |
| Aggregate Year-to-Date ▼ Primary | | | C | | |
| Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. Stephen A Yoder., MD Mailing Address 934 Center St City State Zip Code Ashland OH 44805-4063 FEC ID number of contributing federal political committee. Name of Employer Self Employer General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. James L Griffin, MD Mailing Address 4802 S 109th E Ave City State Zip Code Aggregate Year-to-Date ▼ 500.00 Date of Receipt Dr. James L Griffin, MD Mailing Address 4802 S 109th E Ave City State Zip Code Trulsa OK 74146-5822 FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ 500.00 | | alists | | | |
| Date of Receipt Mailing Address 934 Center St City State Zip Code Ashland OH 44805-4063 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code OH 44805-4063 FEUIl Name (Last, First, Middle Initial) Dr. James L Griffin, MD Mailing Address 4802 S 109th E Ave City State Zip Code OK 74146-5822 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 27721262 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27721263 Amount of Each Receipt this Period Transaction ID: 27721263 Transaction ID: 27721263 Transaction ID: 27721263 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Tansaction ID: 27721263 Transaction ID: 27721263 Transaction ID: 27721263 Amount of Each Receipt this Period 500.00 | | Primary General | Aggregate | 1000.00 | |
| City Ashland FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Other (specify) ▼ State Zip Code OH 44805-4063 C C Coccupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. James L Griffin, MD Mailing Address 4802 S 109th E Ave City Tulsa OK 74146-5822 FEC ID number of contributing federal political committee. C State Zip Code Tulsa OK 74146-5822 FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ State Sip Code Transaction ID: 27721263 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Sould State Sip Code Transaction ID: 27721263 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Sould State Sip Code Transaction ID: 27721263 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Sould State Sip Code Transaction ID: 27721263 Amount of Each Receipt Sign Sign Sign Sign Sign Sign Sign Sign | - 3. | | | | Date of Receipt |
| Ashland OH 44805-4063 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Receipt For: Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Transaction ID: 27721263 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27721263 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27721263 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27721263 Amount of Each Receipt this Period Transaction ID: 27721263 Amount of Each Receipt this Period Transaction ID: 27721263 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Soon.00 | | Mailing Address 934 Center St | | | |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James L Griffin, MD Mailing Address 4802 S 109th E Ave City State Zip Code OK 74146-5822 FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Receipt For: Primary Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 27721263 Amount of Each Receipt this Period FEC ID number of Contributing federal political committee. Aggregate Year-to-Date ▼ State Zip Code OK 74146-5822 Transaction ID: 27721263 Amount of Each Receipt this Period Feceipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 27721263 Amount of Each Receipt this Period State Sign Code Transaction ID: 27721263 Amount of Each Receipt this Period For Indian ID: 27721263 Amount of Each Receipt This Period State Sign Code Transaction ID: 27721263 Amount of Each Receipt This Period For Indian ID: 27721263 Amount of Each Receipt This Period State Sign Code Transaction ID: 27721263 Amount of Each Receipt This Period For Indian ID: 27721263 Amount of Each Receipt This Period State Sign Code Transaction ID: 27721263 Amount of Each Receipt This Period State Sign Code Transaction ID: 27721263 Amount of Each Receipt This Period State Sign Code Transaction ID: 27721263 Amount of Each Receipt This Period State Sign Code Transaction ID: 27721263 Amount of Each Receipt This Period For Indian ID: 27721263 For Indian ID: 2 | | • | | • | |
| Self Employed Corthopaedic Surgeon | | FEC ID number of contributing | | 44805-4063 | |
| Primary Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. James L Griffin, , MD Mailing Address 4802 S 109th E Ave City State Zip Code Tulsa OK 74146-5822 FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | Name of Employer Self Employed | | | |
| Dr. James L Griffin, , MD Mailing Address 4802 S 109th E Ave City State Zip Code Tulsa OK 74146-5822 FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | Primary General | Aggregate | | |
| City Tulsa OK 74146-5822 FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Receipt For: Primary Other (specify) ▼ Primary Other (specify) ▼ Other (specify) ▼ Primary Other (specify) ▼ | -). | | | | Date of Receipt |
| Tulsa Tulsa OK 74146-5822 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Receipt For: Primary General Other (specify) ▼ State Zip Code 74146-5822 Amount of Each Receipt this Period 500.00 | | Mailing Address 4802 S 109th E Ave | | | |
| FEC ID number of contributing federal political committee. Name of Employer Tulsa Bone and Joint Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | City | State | Zip Code | |
| Name of Employer Tulsa Bone and Joint Receipt For: Primary Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | | Tulsa | OK | 74146-5822 | Amount of Each Receipt this Period |
| Tulsa Bone and Joint Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | | C | | 500.00 |
| Primary General Other (specify) ▼ 500.00 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | Primary General | Aggregate | | |
| | | 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 28 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|---|
| Any information copied from such Reports or for commercial purposes, other than usin 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 | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | American Association of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Darin T Leetun, , MD | | Date of Receipt |
| Mailing Address Portage Health 500 Campus Dr | | 04 16 2008 |
| City | State Zip Code | Transaction ID: 27721264 |
| Hancock | MI 49930-1569 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Portage Health | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Matthew Zmurko, , MD | | Date of Receipt |
| Mailing Address 3 Albert Cree Dr | | 0 4 1 6 2 0 0 8 |
| City | State Zip Code | Transaction ID: 27721265 |
| Rutland | VT 05701-4601 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Vermont Orthopaedic Clinic | Occupation Orthopaedic Surgeons | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Steven E Fisher, , MD | | Date of Receipt |
| Mailing Address Ft Wayne Orthop PO Box 2526 | | 04 16 2008 |
| City Fort Wayne | State Zip Code IN 46801-2526 | Transaction ID: 27721266 |
| FEC ID number of contributing federal political committee. | IN 46801-2526 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Fort Wayne Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | 1000.00 | |
| SUBTOTAL of Receipts This Page (optio | nal) | 1750.00 |
| | mber only) | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | FOR LINE NUMBER: PAGE 29 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 1 | |
|--|---|---|
| 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 | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Paul A Sauer, , MD | merican Association of Orthopaedic Surgeo | Date of Receipt |
| Mailing Address 2656 Sarah Ln City | State Zip Code | 0 4 1 6 2 0 0 8 Transaction ID: 27721267 |
| Beloit FEC ID number of contributing federal political committee. | WI 53511-9559 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Beloit Clinic Receipt For: Primary General Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Matthew J Kraay, , MD Mailing Address University Hosp of (11100 Euclid Ave | Cleveland | 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: 27721268 |
| Cleveland | OH 44106-1716 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer University Hospitals of Cleveland | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Mark Allen Rosen, , MD | | Date of Receipt |
| Mailing Address 5911 Fashion Blvd | Ste 100 | 0 4 1 6 2 0 0 8 |
| City Salt Lake City | State Zip Code UT 84107-7385 | Transaction ID: 27721269 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 (optiona |) | 1500.00 |

| CHEDULE A (FEC Form 3X) EMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: PAGE 30 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 | |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may not be the name and address | e sold or used by any person of any political committee to | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the A | merican Association | of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Lawrence Berson, , MD | | | Date of Receipt |
| Mailing Address 410 Saybrook Rd S | | | 04 24 2008 |
| City | | Zip Code | Transaction ID: 27798264 |
| Middletown | CT (| 06457-4780 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer MOS, PC | Occupation Orthopaedic S | Surgeon | 7 |
| Receipt For: | Aggregate Year- | | 7 |
| Primary General Other (specify) ▼ | | 750.00 | |
| Full Name (Last, First, Middle Initial) Dr. Howard R Epps, , MD | l | | Date of Receipt |
| Mailing Address 7401 S Main | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Z | Zip Code | Transaction ID: 27798265 |
| <u>Houston</u> | TX | 77030-4509 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 750.00 |
| Name of Employer Self Employed | Occupation Orthopaedic S | Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year- | to-Date ▼ 1250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Steven R Garfin, , MD | | | Date of Receipt |
| Mailing Address UCSD Dept of Orth 350 Dickinson St S | | | 04 24 2008 |
| City | | Zip Code | Transaction ID: 27798267 |
| San Diego | CA S | 92103-1913 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer UCSD | Occupation Orthopaedic S | Surgeon | 7 |
| Receipt For: | Aggregate Year- | | |
| Primary General Other (specify) ▼ | | 750.00 | |
| SUBTOTAL of Receipts This Page (optional | <u> </u> | | 1500.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Applies or a content of the state of the | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 149 (check only one) X |
|--|---|--|
| 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 | |
| Full Name (Last, First, Middle Initial) Dr. Kenneth Sabbag, , MD | | Date of Receipt |
| Mailing Address 39 Congress St St | e 201 | M M / D D / Y Y Y Y O N N N N N N N N N N N N N N N |
| City | State Zip Code | Transaction ID: 27798268 |
| Pasadena | CA 91105-3021 | 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. James M Loddengaard, , MD Mailing Address 23456 Hawthorne | Blvd Ste 300 | 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: 27798269 |
| Torrance | CA 90505-4716 | 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. Douglas Bentley Freedberg, , MD | | Date of Receipt |
| Mailing Address 6818 E Valley Vist | a Ln | 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: 27798270 |
| Paradise Valley | AZ 85253-5349 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer ASMC | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| CUPTOTAL of Descripto This Days (setting | al) | 750.00 |

| ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 149 (check only one) X 11a 11b 11c 12 |
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| | | , , | 13 14 15 16 |
| Any information copied from such Reports and Sor for commercial purposes, other than using the | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| Political Action Committee of the Ame | erican Associ | iation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. William Lamont Bargar, , MD | | | Date of Receipt |
| Mailing Address 1020 29th St Ste 450 | | | 04 24 2008 |
| City | State | Zip Code | Transaction ID: 27798271 |
| Sacramento | CA | 95816-5173 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer | Occupation | n | \dashv |
| Self Employed | | edic Surgeon | |
| Receipt For: | - ' | e Year-to-Date ▼ | |
| Primary General | 35 5 | | 1 |
| Other (specify) ▼ | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, , MD | • | | Date of Receipt |
| Mailing Address 91 Parker Hill Ave | | | 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: 27798273 |
| Roxbury Crossing | MA | 02120-3215 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Longwood Orthopaedics | Occupation Orthopae | n edic Surgeon | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 3000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Thomas A Mann, , MD | | | Date of Receipt |
| Mailing Address 4176 W 116th Way | | | 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: 27798274 |
| Westminster | CO | 80031-5172 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Cornerstone Orthopaedics | Occupation Orthopae | n edic Surgeon | |
| Receipt For: | , ' | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 00 20 | 250.00 | |
| | | | 1750.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 1/50.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 149 (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 american Association of Orthopaedic Surgeo | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Julius Stephen Brecht, , MD Mailing Address 5815 Prominence I | Pte Dr | Date of Receipt |
| City Anchorage | State Zip Code AK 99516-5415 | Transaction ID: 27798275 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Alaska Orthopaedic Surgeons Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Robert L Cameto, , MD Mailing Address 6403 Coyle Ave St | e 170 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Carmichael FEC ID number of contributing federal political committee. | State Zip Code CA 95608-0363 C | Transaction ID: 27798276 Amount of Each Receipt this Period 150.00 |
| Name of Employer Northern California Ortho Center Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 275.00 | |
| Full Name (Last, First, Middle Initial) Dr. Mark J Conklin, , MD | | Date of Receipt |
| Mailing Address 660 Golden Ridge Panorama Ortho & | Spine Ctr | 04 24 2008 |
| City <u>Golden</u> | State Zip Code CO 80401-9541 | Transaction ID: 27798277 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Panorama Orthopedic and Spine Center Receipt For: Primary General | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 350.00 | 1 |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (options | al) | 650.00 |

| CHEDULE A (FEC Form 3X) EMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: PAGE 34 / 149 (check only one) X | |
|---|---|---|---|
| Any information copied from such Reports aror for commercial purposes, other than using | d Statements may not be the name and address of | sold or used by any perso any political committee to | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the A | | | |
| Full Name (Last, First, Middle Initial) Dr. William C McMaster, , MD | | | Date of Receipt |
| Mailing Address 1310 W Stewart Dr | Ste 508 | | 0 4 2 4 2 0 0 8 |
| City | State Zip | Code | Transaction ID: 27798278 |
| Orange | CA 92 | 368-3856 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Adult & Pediatric Orthopa- | Occupation | | |
| edic Speciali | Orthopaedic Su | - | \dashv |
| Receipt For: Primary General | Aggregate Year-to | -Date ▼ | _ |
| Primary General Other (specify) ▼ | | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Bruce J Sangeorzan, , MD | | | Date of Receipt |
| Mailing Address Harborview Med Ct 325 Ninth Ave Box | | | 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: 27798279 |
| Seattle | WA 98 | 104-2420 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer University of Washington | Occupation Orthopaedic Su | rgeon | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | Date ▼ 450.00 | |
| Full Name (Last, First, Middle Initial) Dr. Clay M Wertheimer, , MD | | | Date of Receipt |
| Mailing Address 1100 Pacific Ave S Everett Bone and J | | | 04 24 2008 |
| City | • | Code | Transaction ID: 27798280 |
| Everett | WA 983 | 201-4261 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Proliance Surgeons | Occupation Orthopaedic Su | rgeon | 7 |
| Receipt For: | Aggregate Year-to | -Date ▼ | |
| Primary General Other (specify) ▼ | 1 1 1 1 | 2000.00 | |
| | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 149 (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 | | | |
| Full Name (Last, First, Middle Initial) Dr. Peter G Noordsij, , MD | | | Date of Receipt |
| Mailing Address Concord Orthopaedic 264 Pleasant St | cs PA | | 04 24 2008 |
| City | State | Zip Code | Transaction ID: 27798281 |
| Concord | NH | 03301-2551 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Concord Orthopaedics PA | Occupation Orthopaedic | Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | ar-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Edward W Younger, III, MD | | | Date of Receipt |
| Mailing Address 6555 Coyle Ave Ste 2 | 235 | | 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: 27798282 |
| Carmichael | CA | 95608-0370 | 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 Yea | ar-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Joseph E Mumford, , MD | | | Date of Receipt |
| Mailing Address 909 SW Mulvane St | | | 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: 27798284 |
| Topeka | KS | 66606-1677 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Kansas Orthopaedic & Spor- ts Medicine | Occupation Orthopaedic | Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | ar-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 750.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | FOR LINE NUMBER: PAGE 36 / 149 (check only one) X | |
|--|---|--|
| NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person g the name and address of any political committee to a | |
| Full Name (Last, First, Middle Initial) Dr. Bruce Andrew Monaghan, , MD Mailing Address 414 Tatum St City Woodbury FEC ID number of contributing federal political committee. Name of Employer Orthopaedics at Woodbury Receipt For: Primary General Other (specify) | State Zip Code NJ 08096-3499 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Dr. James W Gallentine, , MD Mailing Address 3121 Sheridan Blv City Lincoln | vd State Zip Code NE 68502-5232 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Nebraska Ortho & Sports Med Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00 | 500.00 |
| Full Name (Last, First, Middle Initial) Dr. Mary Johanna Albert, , MD Mailing Address 758 Old Norcross City Lawrenceville | State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. | GA 30045-3386 C Occupation | Amount of Each Receipt this Period 2000.00 |
| Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼ | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 3000.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 149 (check only one) X 11a |
|---------|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | ly 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. |
| | Political Action Committee of the Ame | erican Assoc | iation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Fredrick Huang, , MD Mailing Address 4011 Talbot Rd S Ste | 200 | | Date of Receipt |
| | | | | 04 18 2008 |
| | City Renton | State WA | Zip Code 98055-5791 | Transaction ID: 27798292 |
| | FEC ID number of contributing federal political committee. | C | 90035-5791 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Valley Orthopaedic Associ- ates | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| – В. | Full Name (Last, First, Middle Initial) Dr. Mark C Pinto, , MD | | | Date of Receipt |
| | Mailing Address 775 S Main St | | | 04 18 2008 |
| | City | State | Zip Code | Transaction ID: 27798293 |
| | Chelsea FEC ID number of contributing federal political committee. | C | 48118-1383 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Chelsea Community Hospital | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | e Year-to-Date ▼ 500.00 |] |
| _ С. | Full Name (Last, First, Middle Initial) Dr. Angelo DiFelice, Jr, MD | | | Date of Receipt |
| | Mailing Address Resurgens Orthopaed 1285 Hembree Rd Ste | 200A | 7.0.1 | 04 / 18 / 2008 |
| | City Roswell | State GA | Zip Code 30076-4995 | Transaction ID: 27798294 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Resurgens Orthopaedics | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 2000.00 |
| | TOTAL This Period (last page this line number | only) | · | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perso e name and address of any political committee to erican Association of Orthopaedic Surgeo | |
| Full Name (Last, First, Middle Initial) Dr. Lloyd E Witham, , MD Mailing Address 1107 Ironwood Dr 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 83814-2604 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | Date of Receipt M M / D D / Y Y Y Y Y Q 4 2 0 0 8 Transaction ID: 27798296 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Dr. Karen Jane McRae, , MD Mailing Address Watauga Ortho 2410 Susannah St City Johnson City FEC ID number of contributing federal political committee. Name of Employer Watauga Orthopaedics Receipt For: Primary General Other (specify) | State Zip Code TN 37601-1765 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 Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Dr. Paul Strawn Sherbondy, , MD Mailing Address Ste 112, MC-UP02 1850 E Park Ave City State College FEC ID number of contributing federal political committee. Name of Employer Milton S Hershey Medical Center Receipt For: Primary General Other (specify) | State Zip Code PA 16803-6706 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00 | Date of Receipt M M Z Z Z D D Z Z D D Z Z D D D Z D Z D |
| 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 39 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person the name and address of any political committee to the name and address of Orthopaedic Surgeomerican Association of Orthopaedic Surgeomerican Association | |
| Full Name (Last, First, Middle Initial) Theron Jameson, , DO Mailing Address 12 Cascade Ter City Burlington FEC ID number of contributing federal political committee. Name of Employer Jameson Orthopedic Clinic Receipt For: Primary General Other (specify) | State Zip Code IA 52601-6516 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 |
| Full Name (Last, First, Middle Initial) Dr. Matthew C Reckmeyer, , MD Mailing Address Lincoln Ortho Ctr PO Box 6939 City Lincoln FEC ID number of contributing federal political committee. Name of Employer Lincoln Orthopaedic Center Receipt For: Primary General Other (specify) | State Zip Code NE 68506-0939 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 |
| Full Name (Last, First, Middle Initial) Dr. Robert Clio Robertson, , MD Mailing Address 6585 S Yale Ste 200 City Tulsa FEC ID number of contributing federal political committee. Name of Employer Central States Orthopaedics Receipt For: Primary General Other (specify) | State Zip Code OK 74136-8315 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 550.00 | 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) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 40 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|-------------------------|---|---|
| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements maname and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Political Action Committee of the Amer | ican Assoc | iation of Orthopaedic Surge | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Jeffrey R Kuhlman, , MD Mailing Address Piedmont Healthcare | | | Date of Receipt |
| | 774 Hartness Rd | | | 04 24 2008 |
| | City Statesville | State NC | Zip Code | Transaction ID: 27798304 |
| | FEC ID number of contributing federal political committee. | C | 28677-3376 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Piedmont Healthcare, PA | Occupatio | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | <u> </u> | e Year-to-Date ▼ 250.00 | |
| - В. | Full Name (Last, First, Middle Initial) Dr. Leland R Mayer, , MD Mailing Address S 5841 County Rd B | | | Date of Receipt |
| | Walling Address 3 3841 County No B | | | 04 24 2008 |
| | City | State | Zip Code | Transaction ID: 27798305 |
| | Eau Claire | WI | 54701 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Luther-Midelfort | | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| с. | Full Name (Last, First, Middle Initial) Dr. Robert Mueller, , MD | | | Date of Receipt |
| | Mailing Address 4632 Stonehaven Dr | | | 0 4 2 4 2 0 0 8 |
| | City | State | Zip Code | Transaction ID: 27798306 |
| | Columbus | OH | 43220-2856 | 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: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| f | TOTAL This Period (last page this line number of | nnlv) | | |

| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Action Committee of Committ | Statements may not be sold or used by any persone name and address of any political committee to erican Association of Orthopaedic Surgeon State Zip Code IA 51301-4342 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 State Zip Code MI 49684-8965 C | o solicit contributions from such committee. |
|---|---|--|
| Political Action Committee of the Am Full Name (Last, First, Middle Initial) Ricky Wilkerson, , DO Mailing Address 1200 1st Ave E Ste Committees City Spencer FEC ID number of contributing federal political committee. Name of Employer NW Iowa Bone, Joint, and Sports Surgeo Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | State Zip Code IA 51301-4342 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00 State Zip Code MI 49684-8965 C | Date of Receipt M M 24 2008 Transaction ID: 27798307 Amount of Each Receipt this Period 1000.00 Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| A. Ricky Wilkerson, DO Mailing Address 1200 1st Ave E Ste (City Spencer FEC ID number of contributing federal political committee. Name of Employer NW Iowa Bone, Joint, and Sports Surgeo Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. W John Bruder, MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, MD | State Zip Code IA 51301-4342 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 State Zip Code MI 49684-8965 C | Transaction ID: 27798307 Amount of Each Receipt this Period Date of Receipt M M M D D D D D D D D D D D D D D D D |
| City Spencer FEC ID number of contributing federal political committee. Name of Employer NW Iowa Bone, Joint, and Sports Surgeo Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | State Zip Code IA 51301-4342 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 State Zip Code MI 49684-8965 C | Date of Receipt M M M C D D C D O S Transaction ID: 27798307 Amount of Each Receipt this Period Date of Receipt M M C D D C C D O S Transaction ID: 27798309 Amount of Each Receipt this Period |
| Spencer FEC ID number of contributing federal political committee. Name of Employer NW Iowa Bone, Joint, and Sports Surgeo Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | IA 51301-4342 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 State Zip Code MI 49684-8965 C | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer NW Iowa Bone, Joint, and Sports Surgeo Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 State Zip Code MI 49684-8965 C | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Sports Surgeo Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 State Zip Code MI 49684-8965 C | M M M 24 2008 Transaction ID: 27798309 Amount of Each Receipt this Period |
| Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | 1000.00 State Zip Code MI 49684-8965 C | Transaction ID: 27798309 Amount of Each Receipt this Period |
| Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | State Zip Code MI 49684-8965 | Transaction ID: 27798309 Amount of Each Receipt this Period |
| Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | MI 49684-8965 | M M M 24 2008 Transaction ID: 27798309 Amount of Each Receipt this Period |
| City Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | MI 49684-8965 | Transaction ID: 27798309 Amount of Each Receipt this Period |
| Traverse City FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | MI 49684-8965 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Great Lakes Orthopaedic Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | C | |
| Great Lakes Orthopaedic Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | Occupation | |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | Orthopaedic Surgeon | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | Aggregate Year-to-Date ▼ | |
| Dr. James A Hill, , MD | 400.00 | |
| | | Date of Receipt |
| Mailing Address 676 N Saint Clair 13 | h Fl | 0 4 |
| City | State Zip Code | Transaction ID: 27798310 |
| Chicago FEC ID number of contributing federal political committee. | IL 60611-3060 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Northwestern Medical Facu- Ity Foundatio | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | .1 | 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 42 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|--|---|
| NAME OF COMMITTEE (In Full) | I Statements may not be sold or used by any phe name and address of any political committed and address of any political committed and address of Orthopaedic Su | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Michael Marks, , MD, MBA Mailing Address Coastal Orthopaedic 40 Cross St Ste 300 City | ss, PC State Zip Code | Date of Receipt M M D D D Y Y Y Y Y Y Y |
| Norwalk FEC ID number of contributing federal political committee. | CT 06851-4661 | 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 | |
| Full Name (Last, First, Middle Initial) Dr. Michael F Schafer, , MD Mailing Address Dept of Orthopaedic Northwestern Univ - | | 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: 27798312 |
| Chicago FEC ID number of contributing federal political committee. | IL 60611 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Northwestern Univ Medical School Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Denny Carter, , MD | | Date of Receipt |
| Mailing Address 102 Cumberland Isla | and Circle | 04 24 2008 |
| City | State Zip Code | Transaction ID: 27798313 |
| Brunswick FEC ID number of contributing federal political committee. | GA 31520-4427 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Southeast Georgia Health System Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | 1500.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 149 (check only one) X 11a |
|---------|--|--------------------------------|---|---|
| A | 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 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 Ame | erican Assoc | iation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Michael David Miller, , MD | | | Date of Receipt |
| | Mailing Address 1555 E River Rd | | | 04 24 2008 |
| | City Tucson | State AZ | Zip Code 85718-5831 | Transaction ID: 27798314 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 00710 0001 | 250.00 |
| | Name of Employer Self Employed | Occupation Orthopae | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| — В. | Full Name (Last, First, Middle Initial) Dr. Mary Haus, , MD Mailing Address | | | Date of Receipt |
| | Mailing Address 4050 Briarwood Dr | | | |
| | City | State | Zip Code | Transaction ID: 27798318 |
| | Jeannette FEC ID number of contributing federal political committee. | PA C | 15644-4054 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Ohio Valley Medical Center | Occupation Orthopas | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| _ С. | Full Name (Last, First, Middle Initial) Dr. Andrew M Casden, , MD | | | Date of Receipt |
| | Mailing Address Beth Israel Med Ctr/S 10 Union Square East | | | 04 24 2008 |
| | City New York | State NY | Zip Code 10003-3314 | Transaction ID: 27798319 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 10000 0014 | 250.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 1000.00 |
| | TOTAL This Period (last page this line number | 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 44 / 149 (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 personal he name and address of any political committee to the name and address of any political committee to the nerican Association of Orthopaedic Surgeo | |
| Full Name (Last, First, Middle Initial) Dr. James Cornelius Thriffiley, IV, MD Mailing Address 2010 Lantana Cove City Biloxi FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code MS 39532-4125 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | Date of Receipt M M M / D D / Y Y Y Y Y Q 4 |
| Full Name (Last, First, Middle Initial) Dr. Herbert I Hermele, , MD Mailing Address Orthopaedic Special 75 Kings Hwy Cutoff City Fairfield FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Specialty Gro- up Receipt For: Primary General Other (specify) | | 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. David G Scott, ,MD Mailing Address 9330 Bluffwind Chase City Roswell FEC ID number of contributing federal political committee. Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) | State Zip Code GA 30076-3281 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 4 2 0 0 8 Transaction ID: 27798325 Amount of Each Receipt this Period 1000.00 |
| 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 45 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|----------------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame | | | |
| Full Name (Last, First, Middle Initial) Dr. David Alan Goertzen, , MD Mailing Address Orthopaedics Northea: 5050 N Clinton City Fort Wayne FEC ID number of contributing federal political committee. Name of Employer Orthopedics North East Receipt For: Primary General Other (specify) | State IN C Occupation Orthopaed | Zip Code 46825-5822 ic Surgeon ear-to-Date ▼ 500.00 | Date of Receipt M M M / D D D / Y Y Y Y Y 2 4 2 0 0 8 Transaction ID: 27798326 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) Dr. Christopher M Wong, , MD Mailing Address 609 Matlock Centre Ci City Arlington FEC ID number of contributing federal political committee. Name of Employer Family Orthopaedics and Rehabilitation Receipt For: Primary General Other (specify) | State TX C Occupation Orthopaed | Zip Code 76015-2535 | Date of Receipt M M / D D / Y Y Y Y Y O 4 2 4 2 0 0 8 Transaction ID: 27798327 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Dr. M Bradford Henley, , MD, MBA Mailing Address Harborview Orthopaec Box 359798 City Seattle FEC ID number of contributing federal political committee. Name of Employer University of Washington Receipt For: Primary General | State WA C Occupation Orthopaed | Zip Code 98195-9798 ic Surgeon ′ear-to-Date ▼ | Date of Receipt M M M / D D V 24 / 2008 Transaction ID: 27798328 Amount of Each Receipt this Period 750.00 |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | | 0 0 0 0 0 0 | 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 46 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | rican Association of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Rodolfo E Lawson, , MD Mailing Address 7150W 20th Ave Ste 2 | 15 | Date of Receipt |
| City | State Zip Code | 0 4 2 4 2 0 0 8 Transaction ID: 27798329 |
| <u>Hialeah</u> | FL 33016-1849 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| 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. James C Vailas, , MD | | Date of Receipt |
| Mailing Address Orthopaedic Center 35 Kosciuszko St | | 04 24 2008 |
| City Manchester | State Zip Code NH 03101-1608 | Transaction ID: 27798330 |
| FEC ID number of contributing federal political committee. | NH 03101-1608 | Amount of Each Receipt this Period 500.00 |
| Name of Employer The Orthopaedic Center | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield, , MD | | Date of Receipt |
| Mailing Address 201 E Wendover Ave | | 04 24 2008 |
| City | State Zip Code | Transaction ID: 27798331 |
| Greensboro FEC ID number of contributing federal political committee. | NC 27401-1205 | Amount of Each Receipt this Period 250.00 |
| 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 | · | |

| SCHEDULE A (FEC ITEMIZED RECEIPT | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 47 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|---|
| NAME OF COMMITTEE (In | Full) | ay not be sold or used by any pers ddress of any political committee to ciation of Orthopaedic Surge | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Dr. Joseph Assenmacher, , ME Mailing Address 7024 WI City Toledo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State OH Occupation Orthopa Aggregat | Zip Code 43617-1391 on aedic Surgeon te 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 |
| Full Name (Last, First, Middle Dr. Steven Andrew Stuchin, , M. | Joint Disease Zth St State NY Occupation Orthopa Aggregat | aedic Surgeon te 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 |
| A01 S Baccity Flint FEC ID number of contributing federal political committee. Name of Employer Family Orthopaedics Receipt For: Primary General Contribution of Contribution federal political committee. | Regional Med Ctr allenger Hwy State MI Occupati Orthopa Aggregat | Zip Code 48532-3638 on aedic Surgeon te Year-to-Date 250.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Other (specify) ▼ SUBTOTAL of Receipts This F | Page (optional) | 0 0 0 0 0 0 0 | 1000.00 |

| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes. other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons A. Dr. John G Kloss, MD Malling Address 1075 N Curtis Ste 300 City State Zip Code ID 83706-1348 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 2778 Sebring FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code Find Aggregate Year-to-Date ▼ Transaction ID: 2778 Sebring FEC ID number of contributing federal political committee. C State Zip Code Find Aggregate Year-to-Date ▼ Transaction ID: 2779 Amount of Each Receipt For: Primary General Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 2779 Amount of Each Receipt For: Primary General Primary Gener | PAGE 48 / 149 11c |
|---|----------------------------------|
| Full Name (Last, First, Middle Initial) Dr. John G Kloss, MD Mailing Address 1075 N Curtis Ste 300 City Boise ID Boise ID Bord-1348 FEC ID number of contributing federal political committee. Name of Employer Boise Orthopedic Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen Beissinger, MD Mailing Address 6325 US Hwy 27 N Ste 201 City Sebring FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Transaction ID: 2779 Amount of Each Receipt Transaction ID: 2779 Transacti | g contributions ch committee. |
| A. Dr. John G kloss, MD Mailling Address 1075 N Curtis Ste 300 City State Zip Code ID 83706-1348 FEC ID number of contributing federal political committee. Name of Employer Sebrial Committee. Primary General City State Zip Code Other (specify) ▼ Amount of Each Receipt For: Primary General City State Zip Code Transaction ID: 2779 Amount of Each Receipt For: Primary General Coccupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 2779 Amount of Each Receipt Transaction | |
| City Boise ID 83706-1348 FEC ID number of contributing federal political committee. Name of Employer Boise Orthopedic Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen Beissinger, MD Mailing Address 6325 US Hwy 27 N Ste 201 City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Florida Joint & Spine Institute Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen Beissinger, MD Mailing Address 6325 US Hwy 27 N Ste 201 City State Zip Code FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, MD Mailing Address 535 East 70 St 6th FI City State Zip Code NY 10021-4872 FEC ID number of contributing federal political committee. C Primary General Orthopaedic Surgeon Receipt For: Name of Employer Lenox Hill Höspital C C Aggregate Year-to-Date ▼ Amount of Each Receipt Tor: Amount of Each Receipt Tor: Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Amount of Each Receipt Tor: Aggregate Year-to-Date ▼ | 2008 |
| FEC ID number of contributing federal political committee. Name of Employer Boise Orthopedic Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen Beissinger, MD Mailing Address 6325 US Hwy 27 N Ste 201 City State Zip Code FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen Beissinger, MD Mailing Address 6325 US Hwy 27 N Ste 201 City State Zip Code Transaction ID: 2779 Sebring FL 33870-8226 FEC ID number of contributing federal political committee. C Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, MD Mailing Address 535 East 70 St 6th FI City State Zip Code Transaction ID: 2779 New York Ny 10021-4872 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Transaction | |
| Same of Employer Boise Orthopedic Clinic Occupation Orthopaedic Surgeon | pt this Period |
| Receipt For: | 200.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen Beissinger, MD Mailing Address 6325 US Hwy 27 N Ste 201 City Sebring FEC ID number of contributing federal political committee. Name of Employer Florida Joint & Spine Institute Receipt For: Primary Other (specify) ▼ FUII Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, MD Mailing Address 535 East 70 St 6th FI City State Zip Code Aggregate Year-to-Date FUII Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, MD Mailing Address 535 East 70 St 6th FI City State Zip Code NY 10021-4872 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt C Cathering Aggregate Year-to-Date Transaction ID: 2779 Amount of Each Receipt Other (specify) ▼ Amount of Each Receipt Other (specify) ▼ C City State City New York NY 10021-4872 Amount of Each Receipt Occupation Orthopaedic Surgeon Aggregate Year-to-Date Transaction ID: 2779 Amount of Each Receipt Other (specify) Occupation Orthopaedic Surgeon Receipt For: Primary General | |
| Date of Receipt Date of Receipt | |
| City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Floria Joint & Spine Institute Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, , MD Mailing Address 535 East 70 St 6th Fl City State Zip Code NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Primary General City State Zip Code NY 10021-4872 Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt C C Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Amount of Each Receipt Transaction ID: 2779 Amount of Each Receipt Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ | YYYY |
| Sebring FL 33870-8226 FEC ID number of contributing federal political committee. Name of Employer Florida Joint & Spine Institute Receipt For: Primary General Other (specify) ▼ City New York FEC ID number of contributing federal political committee. State Zip Code NY 10021-4872 FEC ID number of contributing federal political committee. City New York Receipt For: Occupation Orthopaedic Surgeon Date of Receipt Transaction ID: 2779 Amount of Each Receipt C City State Zip Code NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Lenox Hill Hospital Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ | 2008 |
| FEC ID number of contributing federal political committee. Name of Employer Florida Joint & Spine Institute Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, , MD Mailing Address 535 East 70 St 6th FI City State Zip Code NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Lenox Hill Hospital Receipt For: Receipt For: Aggregate Year-to-Date ▼ Cuthorized Transaction ID: 2779 Amount of Each Receipt Aggregate Year-to-Date ▼ | |
| Florida Joint'& Spine Institute Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, , MD Mailing Address 535 East 70 St 6th FI City New York FEC ID number of contributing federal political committee. Name of Employer Lenox Hill Hospital Receipt For: Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 2779 Amount of Each Recei C Primary General | 500.00 |
| Dr. Chitranjan S Ranawat, MD Mailing Address 535 East 70 St 6th FI City State Zip Code New York NY 10021-4872 FEC ID number of contributing federal political committee. Name of Employer Lenox Hill Hospital Receipt Transaction ID: 2779 C Occupation Orthopaedic Surgeon Receipt M M M O D D O D O D O D O D O D O D O D | |
| City State Zip Code New York NY 10021-4872 Amount of Each Receipt FeC ID number of contributing federal political committee. Name of Employer Lenox Hill Hospital Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ | YYYY |
| New York FEC ID number of contributing federal political committee. Name of Employer Lenox Hill Hospital Receipt For: Primary Amount of Each Recei C Occupation Orthopaedic Surgeon Aggregate Year-to-Date Aggregate Year-to-Date | 2008 |
| FEC ID number of contributing federal political committee. Name of Employer Lenox Hill Hospital Occupation Orthopaedic Surgeon Receipt For: Primary General | |
| Receipt For: Aggregate Year-to-Date ▼ Primary General | 1000.00 |
| Primary General | |
| Other (specify) ▼ 2000.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1700.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|--|
| 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 merican Association of Orthopaedic Surgeo | |
| Full Name (Last, First, Middle Initial) Dr. Thomas John Haverbush, , MD Mailing Address 315 E Warwick Rd City Alma | Ste A State Zip Code MI 48801-1083 | Date of Receipt 0 4 2 4 2 0 0 8 Transaction ID: 27798339 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00 | 250.00 |
| Full Name (Last, First, Middle Initial) Dr. Lesley J Anderson, , MD Mailing Address 2100 Webster St S City | te 309 State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Employed | CA 94115-2376 C Occupation | Amount of Each Receipt this Period 500.00 |
| Receipt For: Primary General Other (specify) | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Joseph B White, , MD Mailing Address 1499 Chain Bridge | Rd Ste 100 | Date of Receipt 0 4 2 4 2 0 0 8 |
| City | State Zip Code | Transaction ID: 27798341 |
| McLean FEC ID number of contributing federal political committee. | VA 22101-5704 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUPTOTAL of Possints This Page (entions | J) | 1250.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | for | e separate schedule(s) each category of the tailed Summary Page | FOR LINE NUMBER: PAGE 50 / 149 (check only one) X |
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| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A | the name and address o | of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Henry Relton McCarroll, Jr, MD Mailing Address 2351 Clay St Ste 51 | 10 | | Date of Receipt |
| City San Francisco | | ip Code 4115-1931 | Transaction ID: 27798342 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed | Occupation | | 250.00 |
| Self Employed Receipt For: Primary General Other (specify) ▼ | Orthopaedic Si Aggregate Year-t | | |
| Full Name (Last, First, Middle Initial) Dr. Anthony J DiStasio, II, MD Mailing Address Sentara Division of 600 Gresham Dr | Ortho Trauma | | 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 Zi | ip Code | Transaction ID: 27798346 |
| Norfolk | VA 2 | 3507-1904 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Sentara Medical Group | Occupation Orthopaedic Si | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-t | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Edward S Homan, Jr, MD | | | Date of Receipt |
| Mailing Address 329 St Augustine A | ve | | 04 25 2008 |
| City | | ip Code | Transaction ID: 27798348 |
| Tampa | FL 3 | 3617-7229 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer USF Medical School | Occupation Orthopaedic S | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-t | 350.00 3 | |
| SUBTOTAL of Receipts This Page (optiona | | | 750.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 149 (check only one) X |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. C Thomas Hopkins, , MD Mailing Address 717 S 8th St City Griffin FEC ID number of contributing federal political committee. Name of Employer Orthopaedic and Sports Injury Center Receipt For: Primary General Other (specify) | State Zip Code GA 30224-4818 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | Date of Receipt M M M / 25 / 2008 Transaction ID: 27798350 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Dr. David F Bindelglass, , MD Mailing Address Orthopaedic Speci- 75 Kings Hwy Cuto City Fairfield FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Specialty Group Receipt For: Primary General Other (specify) | | Date of Receipt M M / 29 / 2008 Transaction ID: 27827916 Amount of Each Receipt this Period 1000.00 |
| Full Name (Last, First, Middle Initial) Dr. Joseph G Martin, , MD Mailing Address 2300 53rd Ave Ste City Bettendorf FEC ID number of contributing federal political committee. Name of Employer ORA Receipt For: Primary General Other (specify) | State Zip Code IA 52722-7565 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 9 2 0 0 8 Transaction ID: 27827920 Amount of Each Receipt this Period 500.00 |
| SUBTOTAL of Receipts This Page (options | al) | 1750.00 |

| ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 149 (check only one) X 11a |
|---|--|---|
| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any pers ng the name and address of any political committee t | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| | American Association of Orthopaedic Surge | eons |
| Full Name (Last, First, Middle Initial) Dr. Douglas M Goumas, , MD | | Date of Receipt |
| Mailing Address 35 Kosciuszko St | | 04 29 2008 |
| City <u>Manchester</u> | State Zip Code NH 03101-1608 | Transaction ID: 27827931 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer TOC | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Daniel T Kuesis, , MD | | Date of Receipt |
| Mailing Address 555 Biesterfield F Core Orthopaedic | S . | 04 29 2008 |
| City Elk Grove Village | State Zip Code IL 60007-3306 | Transaction ID: 27827932 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Core Orthopaedics and Spo- rts Medicine | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Gerald J Ortiz, , MD | | Date of Receipt |
| Mailing Address 5010 St Hwy 30 S | Ste 205 | 0 4 2 9 2 0 0 8 |
| City | State Zip Code | Transaction ID: 27827933 |
| Amsterdam FEC ID number of contributing federal political committee. | NY 12010-7532 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Mohawk Valley Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optic | nal) | 1750.00 |

| | OULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 149 (check only one) X |
|--------------------------|---|-----------------------|---|---|
| NAME | OF COMMITTEE (In Full) | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Politic | cal Action Committee of the Amer | rican Assoc | iation of Orthopaedic Surgeo | ons |
| Dr. Edv | ame (Last, First, Middle Initial) ward J Atler, , MD | | | Date of Receipt |
| Mailing | Address 1518 Plaza Encantada | NW | | 04 29 2008 |
| City | | State | Zip Code | Transaction ID: 27827934 |
| <u>Albuc</u> | uerque | NM | 87107-3255 | Amount of Each Receipt this Period |
| | number of contributing political committee. | C | | 500.00 |
| Name New M sociate | of Employer lexico Orthopaedic As- es | Occupatio Orthopae | n edic Surgeon | |
| Receip | | Aggregate | e Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 500.00 | |
| | ame (Last, First, Middle Initial) anda Maxey, , MD | | | Date of Receipt |
| Mailing | Address 4500 W Newberry Rd | | | 04 29 YYYY 2008 |
| City | | State | Zip Code | Transaction ID: 27827935 |
| <u>Gaine</u> | esville | FL | 32607-2245 | Amount of Each Receipt this Period |
| | number of contributing political committee. | C | | 500.00 |
| Name The O | of Employer rthopaedic Institute | Occupatio Orthopae | n edic Surgeon | |
| | ot For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| | ame (Last, First, Middle Initial) eph F Curtis, Jr, MD | | | Date of Receipt |
| Mailing | Address PO Box 250450 | | | 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: 27827936 |
| Monto | gomery | AL | 36125-0450 | Amount of Each Receipt this Period |
| | O number of contributing political committee. | C | | 1500.00 |
| Southe <u>eons</u> | of Employer ern Orthopaedic Surg- | Occupatio Orthopae | n edic Surgeon | |
| Receip F | ot For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2500.00 | |
| | | | | 2500.00 |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | 24-4 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 149 (check only one) X 11a |
|----------------|--|----------------------------------|---|--|
| 7 | 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 American | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| ∠ A. | Full Name (Last, First, Middle Initial) Dr. Jonathan L Grantham, , MD Mailing Address Freeman Ortho & Sport 1111 McIntosh Cir Ste | | | Date of Receipt 0 4 2 9 2 0 0 8 |
| | City | State | Zip Code | Transaction ID: 27827937 |
| | <u>Joplin</u> | MO | 64804-3693 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Four States Orthopaedics | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. David L Cohen, , MD Mailing Address 1855 Powder Mill Rd | Date of Receipt 0 4 2 9 2 0 0 8 | | |
| | City | State | Zip Code | Transaction ID: 27827938 |
| | <u>York</u> | PA | 17402-4723 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Orthopaedic & Spine Speci- alists Receipt For: Primary General Other (specify) ▼ | | edic Surgeon e Year-to-Date ▼ 1000.00 | |
| _ C. | Full Name (Last, First, Middle Initial) Dr. William S Johnson, III, MD Mailing Address 502 Rue de Sante Ste 106 | | | 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: 27827939 |
| | <u>La Place</u> | LA | 70068-5424 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer River Region Orthopaedics | 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 | | 3000.00 |
| | TOTAL This Period (last page this line number | r only) | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a |
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| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | g the name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Political Action Committee of the A | American Associ | ation of Orthopaedic Surged | ons |
| Full Name (Last, First, Middle Initial) Dr. Henry G Chambers, , MD | | | Date of Receipt |
| Mailing Address 3030 Children's W | ay Ste 410 | | 04 29 2008 |
| City <u>San Diego</u> | State CA | Zip Code 92123-4228 | Transaction ID: 27827940 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Children's Specialists of San Diego Receipt For: Primary General Other (specify) Other (specify) | | n edic Surgeon Year-to-Date ▼ |] |
| Full Name (Last, First, Middle Initial) Dr. Matthew T Kneidel, , MD Mailing Address 10777 Nall Ave Ste | e 300 | | Date of Receipt |
| City | State | Zip Code | 0 4 2 9 2 0 0 8 Transaction ID: 27827942 |
| Overland Park | KS | 66211-1312 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Carondelet 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. Jack B Perlmutter, , MD | | | Date of Receipt |
| Mailing Address Lake Cook Ortho 27401 W Hwy 22 S | Ste 125 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Barrington | State IL | Zip Code 60010-5934 | Transaction ID: 27827943 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 2000.00 |
| Name of Employer Lake Cook Orthopaedics | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 2000.00 | |
| SUBTOTAL of Receipts This Page (options | al) | | 3500.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 149 (check only one) X |
|---|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the such as a commercial purpose. | Statements may he name and add | 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 Am | nerican Associ | ation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. John T Quigley, , MD | | | Date of Receipt |
| Mailing Address West Coast Orthoc N 301 W Huntington D | | | 04 29 2008 |
| City | State | Zip Code | Transaction ID: 27827944 |
| <u>Arcadia</u> | CA | 91007-1502 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer West Coast Orthopaedic Me- dical Group | Occupation Orthopae | n edic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Gary Drillings, , MD | - | | Date of Receipt |
| Mailing Address 1777 Hamburg Tpke | Mailing Address 1777 Hamburg Tpke Ste 305 | | |
| City | State | Zip Code | Transaction ID: 27827945 |
| Wayne | NJ | 07470-5243 | 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: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Benjamin C Tam, , MD | I | | Date of Receipt |
| Mailing Address 707 S Garfield Ave S | Ste 201 | | 0 4 2 9 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27827947 |
| Alhambra | CA | 91801-5861 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 350.00 |
| Name of Employer Pacific Orthopaedic Medic- al Group | | edic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | | 350.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 1850.00 |
| TOTAL This Period (last page this line numb | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 149 (check only one) X |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any pers ee name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the Am | erican Association of Orthopaedic Surge | ons |
| Full Name (Last, First, Middle Initial) Dr. Jeffrey Albert, , MD | | Date of Receipt |
| Mailing Address 1285 Hembree Rd St | | 04 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Roswell | State Zip Code GA 30076-4995 | Transaction ID: 27827948 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Resurgens | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Luis H Urrea, II, MD | | Date of Receipt |
| Mailing Address 5009 Vista Del Monte | | $\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 4 & & 2 & 9 & & 2 & 0 & 0 & 8 \end{bmatrix}$ |
| City | State Zip Code | Transaction ID: 27827949 |
| El Paso | TX 79922-2034 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer El Paso Orthopaedic Group | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. James M Morgan, , MD | | Date of Receipt |
| Mailing Address 5848 S 300 E #120 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Salt Lake City | State Zip Code UT 84107-6121 | Transaction ID: 27827955 |
| FEC ID number of contributing federal political committee. | UT 84107-6121 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Intermountain Healthcare | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 149 (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 the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Political Action Committee of the Am | erican Association of Orthopaedic Surgeo | ns |
| Full Name (Last, First, Middle Initial) Dr. R Bryan Griffith, Jr, MD Mailing Address 8080 Bluebonnet Blve | d Sto 1000 | Date of Receipt |
| City | State Zip Code | 04 29 2008 |
| Baton Rouge | LA 70810-7827 | Transaction ID: 27827956 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer Baton Rouge Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Jacob Samuel Heydemann, , MD | | Date of Receipt |
| Mailing Address 858 River Oaks | | 04 29 42008 |
| City El Paso | State Zip Code TX 79912-3420 | Transaction ID: 27827960 |
| FEC ID number of contributing federal political committee. | TX 79912-3420 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Michelle D Ward, , MD | | Date of Receipt |
| Mailing Address 8409 Wilson Ct | | 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: 27827963 |
| Alta Loma | CA 91701-1950 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Garey Orthopedic Medical Group | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 2250.00 |
| TOTAL This Period (last page this line number | er only) | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 59 / 149 (check only one) X 11a |
|-----------------|--|--|---|---|
| | 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 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 Ame | erican Assoc | iation of Orthopaedic Surgeo | ons |
| ∠ A . | Full Name (Last, First, Middle Initial) Dr. Arnold M Schwartz, , MD | | | Date of Receipt |
| | Mailing Address 1895 Walt Whitman F | Rd Ste 3 | | 04 29 7 2008 |
| | City Melville | State NY | Zip Code 11747-3031 | Transaction ID: 27827964 |
| | FEC ID number of contributing federal political committee. | C | 11747-3031 | Amount of Each Receipt this Period 2000.00 |
| | Name of Employer Orthopaedic Spine Care of Long Island | - ' | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2000.00 | |
| Б. | Full Name (Last, First, Middle Initial) Dr. Purcell Smith, III, MD | <u> </u> | | Date of Receipt |
| | Mailing Address 5228 W Plano Pkwy | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | |
| | City | State | Zip Code | Transaction ID: 27827965 |
| | Plano | TX | 75093-5005 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date V | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| с. С. | Full Name (Last, First, Middle Initial) Dr. James N Nutt, III, MD | | | Date of Receipt |
| | Mailing Address 1308 DeKalb St | | | 0 4 2 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 27827966 |
| | Norristown | PA | 19401-3404 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Norristown Orthopaedics | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) . | 1 | | 3250.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 60 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| An or | y information copied from such Reports and story commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | 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. |
| | Political Action Committee of the Ame | erican Assoc | iation of Orthopaedic Surgeo | ons |
| ٩. | Full Name (Last, First, Middle Initial) Dr. Frederick M Azar, , MD Mailing Address 1211 Union Ave Ste 5 | 10 | | Date of Receipt |
| | | | | 04 29 2008 |
| | City Memphis | State TN | Zip Code 38104-6656 | Transaction ID: 27827968 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Campbell Clinic | Occupation Orthopa | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Christopher D Harner, , MD | | | Date of Receipt |
| | Mailing Address Center for Sports Medicine 3200 S Water St | | | 04 29 2008 |
| | City Pittsburgh | State PA | Zip Code | Transaction ID: 27827969 |
| | FEC ID number of contributing federal political committee. | C | 15203-2307 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer University of Pittsburgh | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 |] |
| | Full Name (Last, First, Middle Initial) Dr. Kenneth A Egol, , MD | | | Date of Receipt |
| | Mailing Address 301 E 17th St Ste 140 |)2 | | 04 29 2008 |
| | City Nov. Vork | State NY | Zip Code | Transaction ID: 27827970 |
| | New York FEC ID number of contributing federal political committee. | C | 10003-3804 | Amount of Each Receipt this Period 400.00 |
| | Name of Employer NYU Hospital for Joint Di- seases | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 400.00 | |
| s | UBTOTAL of Receipts This Page (optional) . | | | 2400.00 |
| | UBTOTAL of Receipts This Page (optional) . OTAL This Period (last page this line number | | <u> </u> | 2400.00 |

| SCHEDULE A (FEC FOITEMIZED RECEIPTS | orm 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 61 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|---------------------|---|---|
| Any information copied from such F or for commercial purposes, other to NAME OF COMMITTEE (In Ful Political Action Committee | - II) | | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle In Dr. Scott M Levere, , MD | | | Date of Receipt |
| Mailing Address 2041 Mesa | Valley Way Ste 100 | | 0 4 2 9 2 0 0 8 |
| City Austell | State GA | Zip Code | Transaction ID: 27827971 |
| FEC ID number of contributing federal political committee. | C | 30106-6828 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Resurgens | | edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle In Dr. Mark James Albritton, , MD Mailing Address 105 Regence | , | | Date of Receipt |
| City McDonough | State GA | Zip Code 30253-6649 | Transaction ID: 27827972 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Resurgens Orthopaedics | | edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle In Dr. Thomas Peatman, , MD | itial) | | Date of Receipt |
| Mailing Address 708 Longrid | dge Rd | | 04 29 2008 |
| City Oakland | State CA | Zip Code 94610-2325 | Transaction ID: 27827973 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Webster Orthopaedics | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Pag | e (optional) | | 2500.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 149 (check only one) X |
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| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may not be sold or used by any pers he name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the An | nerican Association of Orthopaedic Surge | ons |
| Full Name (Last, First, Middle Initial) Dr. Michael Shay Womack, , MD | | Date of Receipt |
| Mailing Address 270 Chastain Rd | | 04 29 2008 |
| City | State Zip Code | Transaction ID: 27827974 |
| Kennesaw | GA 30144-3012 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Resurgens Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Robert Horace Wilson, , MD | | Date of Receipt |
| Mailing Address Rankin Orthopaedic 1160 Varnum St NE | Ste 312 | 04 30 2008 |
| City | State Zip Code | Transaction ID: 27827985 |
| Washington | DC 20017-2103 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Rankin Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Thomas E Baumgarten, , MD | | Date of Receipt |
| Mailing Address Piedmont Ortho Ass 35 International Dr | ос | 04 30 4 2008 |
| City | State Zip Code | Transaction ID: 27827986 |
| Greenville | SC 29615-4816 | 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) ▼ | 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1000.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 149 (check only one) X |
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| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to nerican Association of Orthopaedic Surgeo | |
| Full Name (Last, First, Middle Initial) Dr. Anthony Andres Sanchez, , MD Mailing Address 869 Inverness Circle City Spartanburg | State Zip Code SC 29306-6680 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. | Occupation | 500.00 |
| Name of Employer Orthopedic Specialties Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) Dr. Kyle James Jeray, , MD Mailing Address Greenville Hospital S Dept of Orthopaedic | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Greenville FEC ID number of contributing federal political committee. | State Zip Code SC 29605 | Transaction ID: 27827988 Amount of Each Receipt this Period 250.00 |
| Name of Employer Greenville Hospital System | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Robert N Hensinger, , MD Mailing Address Univ of Michigan Ho 2912 Taubman Ctr E | sp Roy 0328 | Date of Receipt 0 4 3 0 2 0 0 8 |
| City | State Zip Code | Transaction ID: 27827989 |
| Ann Arbor FEC ID number of contributing federal political committee. | MI 48109-0328 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Univ of Michigan Medical Center | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |] |
| OURTOTAL (D Ti. D / . i I | · · · · · · · · · · · · · · · · · · · | 1000.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate sched for each category of Detailed Summary F | the (check only one) |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may not be sold or used by name and address of any political cor | any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee. |
| Political Action Committee of the Amer | ican Association of Orthopaedic | c Surgeons |
| Full Name (Last, First, Middle Initial) Peter Tomasello, , DO Mailing Address 1724 E Hallandale Bea | ala Dhud | Date of Receipt |
| | | 04 30 2008 |
| City Hallandale Beach | State Zip Code FL 33009-4611 | Transaction ID: 27827990 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 ▼ | 0.00 |
| Full Name (Last, First, Middle Initial) Dr. Michael P Grant, , MD | | Date of Receipt |
| Mailing Address 706 Rider Ridge Dr | | 04 30 2008 |
| City | State Zip Code | Transaction ID: 27827991 |
| Longmont FEC ID number of contributing federal political committee. | CO 80501-4695 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Longmont Clinic | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50 | 0.00 |
| Full Name (Last, First, Middle Initial) Dr. Frederick T Lohr, , MD | | Date of Receipt |
| Mailing Address 100 Brown St | | 04 30 2008 |
| City | State Zip Code | Transaction ID: 27827992 |
| Chestertown FEC ID number of contributing federal political committee. | MD 21620-1435 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | 0.00 |
| SUBTOTAL of Receipts This Page (optional) | | 1000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
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| Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and address of any political committee to | solicit contributions from such committee. |
| Political Action Committee of the Amel | rican Association of Orthopaedic Surgeo | ns |
| Full Name (Last, First, Middle Initial) Dr. Edward L Westerheide, , MD Mailing Address C/O Chris Westbrook 1980 Tamarack Rd | | 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: 27827993 |
| Newark | OH 43055-1363 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Orthopaedic Specialists and Sports Med Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Edward W Gutteling, , MD Mailing Address 45 Mohouli St | | Date of Receipt |
| Mailing Address 45 Monouli St | | 04 30 2008 |
| City | State Zip Code | Transaction ID: 27827994 |
| <u>Hilo</u> | HI 96720-4145 | 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. Steven I Grindel, , MD | | Date of Receipt |
| Mailing Address Medical College of Wis Dept of Ortho Surg | | 04 30 7 2008 |
| City | State Zip Code | Transaction ID: 27827995 |
| Milwaukee FEC ID number of contributing federal political committee. | WI 53226 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Medical College of Wiscon- sin | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 625.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | · | 750.00 |

| Any information copied from such Report or for commercial purposes, other than unlike the NAME OF COMMITTEE (In Full) | s and Statements may not be sold or used by any person | |
|---|---|---|
| NAME OF COMMITTEE (In Full) | sing the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | e American Association of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Keith D Osborn, , MD | | Date of Receipt |
| Mailing Address 5671 Peachtree Ste 700 | Dunwoody Rd | 04 030 7 2008 |
| City Atlanta | State Zip Code GA 30342-5000 | Transaction ID: 27827996 |
| FEC ID number of contributing federal political committee. | C 30342-3000 | 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 | |
| Full Name (Last, First, Middle Initial) Dr. Gerald Q Greenfield, Jr, MD Mailing Address 2829 Babcock F | Rd Ste 700 | Date of Receipt |
| | | 04 30 2008 |
| City San Antonio | State Zip Code TX 78229-6015 | Transaction ID: 27827997 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 ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Joseph E Alhadeff MD | | Date of Receipt |
| Mailing Address 1555 Strawberry | / Mountain Dr | 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: 27827998 |
| Roanoke FEC ID number of contributing federal political committee. | VA 24018-7686 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Roanoke Orthopaedic Center | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (op: | ional) | 1500.00 |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--------------|---|--|
| N | information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) Political Action Committee of the Amer | | | |
| A. DM M | ull Name (Last, First, Middle Initial) r. Mathias A Masem, , MD lailing Address 80 Grand Ave #600 ity Dakland EC ID number of contributing ederal political committee. lame of Employer elif Employed ecceipt For: Primary General Other (specify) | | Zip Code 94612-3744 on edic Surgeon e Year-to-Date ▼ 250.00 | Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| B. <u>D</u> M C <u>M</u> FI | ull Name (Last, First, Middle Initial) r. Scott K McClelland, , MD lailing Address 312 Grammont St Ste 2 ity Monroe EC ID number of contributing addreal political committee. | 200 State LA | Zip Code 71201-7403 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| L | ame of Employer orthopaedic Clinic of NE A eceipt For: Primary General Other (specify) ▼ | | edic Surgeon e Year-to-Date ▼ 1000.00 | |
|). <u>D</u> M | ull Name (Last, First, Middle Initial) or. Thomas O Clanton, , MD lailing Address | | ust Zip Code 77030 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| <u>S</u> | ame of Employer he Univ of Texas Medical ichool Houst eccipt For: Primary General Other (specify) ▼ | | edic Surgeon e Year-to-Date ▼ 400.00 | |
| SUE | BTOTAL of Receipts This Page (optional) | | | 950.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 149 (check only one) X |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pe the name and address of any political committee | |
| ` ' | merican Association of Orthopaedic Surg | eons |
| Full Name (Last, First, Middle Initial) Dr. Steven M Sanders, , MD | | Date of Receipt |
| Mailing Address 2020 Palomino Ln S | | 04 30 2008 |
| City Las Vegas | State Zip Code NV 89106-4891 | Transaction ID: 27828013 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| 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) Dr. Peter D Pizzutillo, , MD | | Date of Receipt |
| Mailing Address St Christopher's Hos Section of Orthopae | dics | 04 30 2008 |
| City Philadelphia | State Zip Code PA 19134-1095 | Transaction ID: 27828014 |
| FEC ID number of contributing federal political committee. | PA 19134-1095 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Tenet Healthcare | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Brian C Aamlid, , MD | | Date of Receipt |
| Mailing Address 1210 W 18th Ste GO | 01 | 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: 27828015 |
| Sioux Falls | SD 57104-4651 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Sanford Orthopaedics and Sports Medici | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional | | 1250.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 149 (check only one) X |
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| | r information copied from such Reports and or commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Am | | | |
| ٠. | Full Name (Last, First, Middle Initial) Dr. Paul C Matson, , MD Mailing Address 1431 Premier Dr PO Box 4369 | | | Date of Receipt M |
| | City | State | Zip Code | Transaction ID: 27828016 |
| • | Mankato | MN | 56001-6076 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Orthopedic & Fracture Cli- nic | Occupation | n edic Surgeon | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Richard J Mason, , MD | | | Date of Receipt |
| | Mailing Address 510 Idlewild Ave | | | 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: 27828017 |
| • | Easton | MD | 21601-3881 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| • | Name of Employer The Orthopaedic Center | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date V | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Thomas A Marberry, , MD | | | Date of Receipt |
| | Mailing Address 4802 S 109th East Av | /e | | 0 4 3 0 2 0 0 8 |
| • | City | State | Zip Code | Transaction ID: 27828018 |
| | Tulsa | OK | 74146-5822 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Tulsa Bone & Joint Associ- ates | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 500.00 | |
| | IBTOTAL of Receipts This Page (optional) | 1 | | 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 70 / 149 (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 the | Statements ma e name and ad | y not be sold or used by any pers 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. Kenneth A Martin, , MD | | | Date of Receipt |
| | Mailing Address 8907 Kanis Rd Ste 33 | 30 | | 04 30 4 2008 |
| | City | State AR | Zip Code | Transaction ID: 27828019 |
| | Little Rock FEC ID number of contributing federal political committee. | C | 72205-6451 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Martin Bowen Hefley Ortho- paedics | 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. Steven Aaron Shapiro, , MD | 101 | | Date of Receipt |
| | Mailing Address 1712 W Anklam Ste | 101 | | 04 30 2008 |
| | City | State | Zip Code | Transaction ID: 27828020 |
| | Tucson FEC ID number of contributing federal political committee. | C | 85745-2660 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Tucson Orthopaedic Instit- ute | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| _ С. | Full Name (Last, First, Middle Initial) Dr. Christopher S Mow, , MD | | | Date of Receipt |
| | Mailing Address 500 Arguello St Ste 1 | 00 | | 05 08 7 2008 |
| | City Redwood City | State CA | Zip Code 94063-1567 | Transaction ID: 27905005 |
| | FEC ID number of contributing federal political committee. | C | 94063-1367 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 1750.00 |
| ı | TOTAL This Period (last page this line numbe | | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 71 / 149 (check only one) X |
|---------|--|-----------------------|---|--|
| 7 | 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 | erican Assoc | iation of Orthopaedic Surgeo | ons |
| ۷. | Full Name (Last, First, Middle Initial) Dr. Robert H Anschuetz, , MD | | | Date of Receipt |
| | Mailing Address 6770 Mayfield Rd Ste | 441 | | 05 08 2008 |
| | City | State | Zip Code | Transaction ID: 27905006 |
| | Mayfield Heights | OH | 44124-2299 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1100.00 | |
| - 3. | Full Name (Last, First, Middle Initial) Dr. Michael T Stowell, , MD | | | Date of Receipt |
| | Mailing Address 19254 Jamestown Dr | | | 05 08 7 9 9 9 |
| | City | State | Zip Code | Transaction ID: 27905007 |
| | Hagerstown | MD | 21742-1718 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Mid Atlantic Orthopaedic Specialists | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) | | 500.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Jos Adrianus Cove, , MD | | | Date of Receipt |
| | Mailing Address 808 N Yakima Ave | | | 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: 27905009 |
| | Tacoma | WA | 98403-2422 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 600.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 72 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using t | d Statements may not be sold or used by any pers the name and address 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 An | nerican Association of Orthopaedic Surge | ons |
| Full Name (Last, First, Middle Initial) Dr. H Ryan Bicknell, Jr, MD | | Date of Receipt |
| Mailing Address 7925 Youree Dr Ste | 200 | 05 08 7 2008 |
| City | State Zip Code | Transaction ID: 27905010 |
| Shreveport | LA 71105-5134 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Roger B Collins, , MD | | Date of Receipt |
| Mailing Address 105 N Greenleaf St | | 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: 27905011 |
| Gurnee | IL 60031-3326 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Greenleaf Orthopaedic Ass- ociates | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Jeffrey C Davis, , MD | | Date of Receipt |
| Mailing Address 1208 Perthshire Ct | | 05 08 YYYYY 2008 |
| City | State Zip Code | Transaction ID: 27905012 |
| Vestavia HIs | AL 35242-6076 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer OSA | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | 450.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | 1250.00 |
| | er only) | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 149 (check only one) X |
|---------|---|--------------------------------|---|---|
| A oı | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may ne name and add | not be sold or used by any pers ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Political Action Committee of the Am | erican Associa | ation of Orthopaedic Surgeo | ons |
| | Full Name (Last, First, Middle Initial) Dr. Vincent Iacono, , MD | | | Date of Receipt |
| | Mailing Address PO Box 30 | | | 05 08 2008 |
| | City Stoughton | State MA | Zip Code 02072-0030 | Transaction ID: 27905015 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Orthopedic Care Consultan- ts | Occupation Orthopae | dic Surgeon | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Regina O Hillsman, , MD | | | Date of Receipt |
| | Mailing Address 1771 Post Rd E | | | 05 08 7 2008 |
| | City | State | Zip Code | Transaction ID: 27905016 |
| | Westport | CT | 06880-5606 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Orthopaed | dic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 350.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Kenneth G Gati, , MD | | | Date of Receipt |
| | Mailing Address 2700 Vine St | | | 05 08 YYYY 05 08 2008 |
| | City | State | Zip Code | Transaction ID: 27905017 |
| | El Dorado FEC ID number of contributing | AR C | 71730 | Amount of Each Receipt this Period 250.00 |
| | federal political committee. | | | |
| | Name of Employer South Arkansas Orthopedics | | dic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 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 74 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add | lress of any political committee to | solicit contributions from such committee. |
| Political Action Committee of the Ame | erican Associ | ation of Orthopaedic Surged | ons |
| Full Name (Last, First, Middle Initial) Dr. Jeffrey W Cook, , MD Mailing Address Franklin Ortho & Spor | 1 - M - I | | Date of Receipt |
| Mailing Address Franklin Ortho & Spor 3310 Aspen Grove Dr | 05 08 2008 | | |
| City | State | Zip Code | Transaction ID: 27905019 |
| <u>Franklin</u> | TN | 37067-2841 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Franklin Ortho & Sports | Occupation | 1 | |
| Medicine | , ' | dic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Robert John D'Agostini, , MD | | | Date of Receipt |
| Mailing Address 1590 Rt 206 N Ste 10 | 1 | | 05 08 YYYY 2008 |
| City | State | Zip Code | Transaction ID: 27905020 |
| <u>Bedminster</u> | NJ | 07921 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation Orthopae | n dic Surgeon | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Bert G Tardieu, , MD | | | Date of Receipt |
| Mailing Address 240 San Jose St | | | 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: 27905026 |
| Salinas | CA | 93901-3901 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Precision Orthopaedics | Occupation Orthopae | n dic 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 | | <u> </u> | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 149 (check only one) X 11a | | | |
|--|---------------------------------------|---|---|--|--|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the 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. | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the A | merican Associ | iation of Orthopaedic Surgeo | ons | | | |
| Full Name (Last, First, Middle Initial) Dr. Scott A Meyer, , MD | | | Date of Receipt | | | |
| Mailing Address Iowa Orthopaedic C | | | | | | |
| City Des Moines | State IA | Zip Code 50314-3027 | Transaction ID: 27905027 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 30014-3027 | 500.00 | | | |
| Name of Employer Iowa Orthopaedic Center | Occupation Orthopae | n edic Surgeon | | | | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 500.00 | | | | |
| Full Name (Last, First, Middle Initial) Dr. Stephen G Morris, , MD | | | Date of Receipt | | | |
| Mailing Address 1600 Esplande Ste | С | | 05 08 YYYYY 2008 | | | |
| City Chico | State CA | Zip Code 95926-3369 | Transaction ID: 27905028 | | | |
| FEC ID number of contributing federal political committee. | C | 93920-3309 | Amount of Each Receipt this Period 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. William G Sale, , MD | | | Date of Receipt | | | |
| Mailing Address 100 Tracy Way | | | 05 08 2008 | | | |
| City Charleston | State WV | Zip Code | Transaction ID: 27905030 | | | |
| FEC ID number of contributing federal political committee. | C | 25311-1257 | Amount of Each Receipt this Period 1000.00 | | | |
| Name of Employer Bone & Joint Surgeons, In- c. | Occupation Orthopae | n edic Surgeon | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | | | | |
| SUBTOTAL of Receipts This Page (optional | ı) | | 2000.00 | | | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 76 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| A 0 | ny information copied from such Reports and a for commercial purposes, other than using the | Statements ma e name and ad | 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 Amo | erican Assoc | iation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Jerald L Cooper, , MD Mailing Address 7601 W Jefferson Blv | _1 | | Date of Receipt |
| | | | | 05 08 2008 |
| | City Fort Wayne | State IN | Zip Code 46804-4133 | Transaction ID: 27905031 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. J Kenneth Burkus, , MD Mailing Address 6262 Veterans Pkwy | | | Date of Receipt |
| | | | | 05 08 2008 |
| | City Columbus | State GA | Zip Code 31909-3540 | Transaction ID: 27905032 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 01000 00-10 | 250.00 |
| | Name of Employer Hughston Clinic | Occupation Orthopa | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| _ c. | Full Name (Last, First, Middle Initial) Dr. Robert L Barrack, , MD | | | Date of Receipt |
| | Mailing Address Washington Univ Sch 660 S Euclid Ave-Car | npus Box 82 | | 05 08 7 2008 |
| | City Saint Louis | State MO | Zip Code 63110 | Transaction ID: 27905034 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Name of Employer Washington University | Occupation Orthopa | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 1500.00 |
| - | FOTAL This Period (last page this line numbe | r only) | | |

| | DULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 77 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------|---|-----------------------|---|---|
| or for com | mercial purposes, other than using the OF COMMITTEE (In Full) | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Politic | al Action Committee of the Amer | ican Assoc | lation of Orthopaedic Surged | ons |
| A. Dr. Rich | me (Last, First, Middle Initial) nard S Idler, , MD | | | Date of Receipt |
| Mailing | Address 8501 Harcourt Rd PO Box 80434 | | | 05 08 2008 |
| City | | State | Zip Code | Transaction ID: 27905035 |
| <u>Indian</u> | apolis | IN | 46260-2046 | Amount of Each Receipt this Period |
| | number of contributing political committee. | C | | 500.00 |
| Name o Self En | of Employer nployed | Occupatio Orthopae | n edic Surgeon | |
| | t For: rrimary ☐ General Other (specify) ♥ | Aggregate | e Year-to-Date ▼ 500.00 | |
| B. Dr. Stev | me (Last, First, Middle Initial) ven Berkowitz, , MD | | | Date of Receipt |
| Mailing | Address 1200 Eagle Ave | | | 05 08 7 Y Y Y Y Y Y |
| City | | State | Zip Code | Transaction ID: 27905038 |
| <u>Ocear</u> | 1 | NJ | 07712-7631 | Amount of Each Receipt this Period |
| | number of contributing political committee. | C | | 250.00 |
| Name o Seavie | of Employer w Orthopaedics | Occupatio Orthopae | n edic Surgeon | |
| Receipt P | t For: rimary General | Aggregate | e Year-to-Date ▼ 750.00 | 1 |
| C | Other (specify) | 0 0 | 750.00 | 1 |
| | me (Last, First, Middle Initial) ert Q Lewis, , MD | | | Date of Receipt |
| Mailing | Address Orthopaedic Surgery at 6118 Parkway Dr | nd Sports M | /led | 05 08 7 2008 |
| City | . Ol. tar | State | Zip Code | Transaction ID: 27905039 |
| | s Christi | TX | 78414-2455 | Amount of Each Receipt this Period |
| | number of contributing political committee. | C | | 500.00 |
| Self En | of Employer nployed | | edic Surgeon | |
| Receipt | t For: rimary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 750.00 | |
| SUBTOTA | AL of Receipts This Page (optional) | | | 1250.00 |
| | his 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 78 / 149 (check only one) X 11a |
|---|--|---|
| or for commercial purposes, other than using 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 Surgeon | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. James C Wittig, , MD Mailing Address 79 Ashburn Rd City Wayne FEC ID number of contributing federal political committee. Name of Employer Mount Sinai Medical Center Receipt For: Primary General Other (specify) | State Zip Code NJ 07470-2640 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Dr. Donald R Bohay, , MD Mailing Address 1111 Leffingwell NE City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates Receipt For: Primary General Other (specify) | State Zip Code MI 49525-6406 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y 0 5 0 8 2 0 0 8 Transaction ID: 27905041 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Dr. Albert Johnson, , MD Mailing Address 1081 Route 22 W City Bridgewater FEC ID number of contributing federal political committee. Name of Employer Somerset Orthopaedic Assoc. PA Receipt For: Primary General Other (specify) | State Zip Code NJ 08807-2921 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00 | 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 (optional |) | 1500.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 79 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Ar | ny information copied from such Reports and for commercial purposes, other than using the | Statements may | y not be sold or used by any perso dress of any political committee to | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the Am | nerican Associ | ation of Orthopaedic Surgeo | ons |
| _ | Full Name (Last, First, Middle Initial) Dr. Hervey S Sicherman, , MD | | | Date of Receipt |
| | Mailing Address 1777 Hamburg Tpke | Ste 301 | | 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: 27905043 |
| | Wayne | NJ | 07470-5243 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Creg Carpenter, , MD | | | Date of Receipt |
| | Mailing Address 3490 Oak Hollow Dr | | | 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: 27905044 |
| | Ann Arbor | MI | 48103-8801 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Chelsea Orthopaedics | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Elliot L Coles, , MD | l | | Date of Receipt |
| | Mailing Address 2929 E Harford Ave | | | 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: 27906288 |
| | Milwaukee | WI | 53211-3120 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Rockford Orthopaedic Asso- ciates | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| | | | | 2250.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 80 / 149 (check only one) X 11a |
|---|------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Political Action Committee of the Ame | rican Associ | ation of Orthopaedic Surged | ons |
| Full Name (Last, First, Middle Initial) Dr. Steven A Barrington, , MD | | | Date of Receipt |
| Mailing Address PO Box 235003 | | | 05 08 2008 |
| City | State | Zip Code | Transaction ID: 27906290 |
| Montgomery | AL | 36123-5003 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer AOS | Occupation | 1 | |
| AUS | Orthopae | dic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Sergio D Ilic, , MD | - | | Date of Receipt |
| Mailing Address 7446 N Chestnut | | | 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: 27906291 |
| Clovis | CA | 93611-9169 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation Orthopae | n dic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) Dr. John English Feighan, , MD | I | | Date of Receipt |
| Mailing Address 2260 Harcourt Dr | | | 05 08 2008 |
| City | State | Zip Code | Transaction ID: 27906292 |
| Cleveland Heights | OH | 44106-4610 | 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) ▼ | | Year-to-Date ▼ 650.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 1000.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | fo | lse separate schedule(s) or each category of the oetailed Summary Page | FOR LINE NUMBER: PAGE 81 / 149 (check only one) X |
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| 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 | g the name and address | s of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. John Grady-Benson, , MD Mailing Address 85 Seymour St Ste | 2.607 | | Date of Receipt |
| City | State | Zip Code | 0 5 0 8 2 0 0 8 Transaction ID: 27906293 |
| Hartford FEC ID number of contributing federal political committee. | CT | 06106-5525 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Orthopaedic Associates of Hartford Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Aggregate Yea | | |
| Full Name (Last, First, Middle Initial) Dr. Henry J Blum, , MD Mailing Address 5420 W Loop Sout | h Ste 4100 | | Date of Receipt 0 5 0 8 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27906294 |
| Bellaire | TX | 77401-2121 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self Employed | Occupation Orthopaedic | Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | r-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD | 1 | | Date of Receipt |
| Mailing Address Crozer-Chester Me Professional Office | Bldg 2 | | 05 08 2008 |
| City <u>U</u> pland | State PA | Zip Code 19013 | Transaction ID: 27906295 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 13013 | 83.34 |
| Name of Employer Premier Orthopaedics | Occupation Orthopaedic | Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | r-to-Date ▼ 333.36 | |
| SUBTOTAL of Receipts This Page (options | al) | | 1083.34 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 82 / 149 (check only one) X | | | |
|---|---|---|--|--|--|
| or for commercial purposes, other than using | nd Statements may not be sold or used by any person the name and address 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 | merican Association of Orthopaedic Surgeo | ons | | | |
| Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD | | Date of Receipt | | | |
| Mailing Address 5530 Wisconsin Av | e Ste 1660 | 05 08 7 2008 | | | |
| City | State Zip Code | Transaction ID: 27906296 | | | |
| Chevy Chase | MD 20815-4322 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 100.00 | | | |
| Name of Employer Summit Ortho | Occupation Orthopaedic Surgeon | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 500.00 | | | | |
| Full Name (Last, First, Middle Initial) Dr. Jeffrey Albert, , MD | | Date of Receipt | | | |
| Mailing Address 1285 Hembree Rd | Mailing Address 1285 Hembree Rd Ste 200A | | | | |
| City | State Zip Code | Transaction ID: 27906298 | | | |
| Roswell | GA 30076-4995 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 250.00 | | | |
| Name of Employer Resurgens | Occupation Orthopaedic Surgeon | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 500.00 |] | | | |
| Full Name (Last, First, Middle Initial) Dr. Leslie H Kim, , MD | | Date of Receipt | | | |
| Mailing Address 901 Campus Dr Ste | 9 111 | 05 08 7 2008 | | | |
| City | State Zip Code | Transaction ID: 27906299 | | | |
| Daly City | CA 94015-4930 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 250.00 | | | |
| Name of Employer West Bay Orthopaedic Medi- cal Group | Occupation Orthopaedic Surgeon | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 250.00 | | | | |
| SUBTOTAL of Receipts This Page (optional | l) | 600.00 | | | |
| TOTAL This Period (last page this line num | ber only) | | | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 83 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|-------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may 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 Ame | rican Assoc | iation of Orthopaedic Surged | ons |
| ۷ A. | Full Name (Last, First, Middle Initial) Dr. Stephen R Davenport, , MD | | | Date of Receipt |
| | Mailing Address 3301 NW 50th St | | | 05 08 7 2008 |
| | City Oklahoma City | State OK | Zip Code 73112-5627 | Transaction ID: 27906300 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 70112 3027 | 500.00 |
| | Name of Employer Orthopaedic Associates | 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. Timothy Zoellner, , MD | | | Date of Receipt |
| | Mailing Address Orthopaedic Institute 810 E 23rd St | | | 05 08 7 2008 |
| | City | State | Zip Code | Transaction ID: 27906301 |
| | Sioux Falls FEC ID number of contributing federal political committee. | SD | 57105-2135 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Orthopaedic Institute | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| - С. | Full Name (Last, First, Middle Initial) Dr. H Morton Bertram, III, MD | | | Date of Receipt |
| | Mailing Address PO Box 112649 | | | 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: 27906302 |
| | Naples FEC ID number of contributing federal political committee. | FL C | 34108-0145 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | on edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 2000.00 |
| | TOTAL This Period (last page this line number | | | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 84 / 149 (check only one) | | | |
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| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the Ai | | | | | | |
| Full Name (Last, First, Middle Initial) Dr. Kenneth A Pettine, , MD | | | Date of Receipt | | | |
| Mailing Address Rocky Mountain As: 3810 N Grant Ave | Mailing Address Rocky Mountain Assoc in Orthopedic | | | | | |
| City Loveland | State CO | Zip Code 80538-8412 | Transaction ID: 27906303 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | С | | 2000.00 | | | |
| Name of Employer Rocky Mountain Associates in Orthopaed Receipt For: Primary General Other (specify) ▼ | | edic Surgeon Year-to-Date ▼ 2000.00 | | | | |
| Full Name (Last, First, Middle Initial) Charles N Versteeg, Jr, MD Mailing Address 2780 E Barnett Rd S | Ste 200 | | Date of Receipt 0 5 0 8 2 0 0 8 | | | |
| City | State | Zip Code | Transaction ID: 27906304 | | | |
| Medford | OR | 97504-8674 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 1000.00 | | | |
| Name of Employer Southern Oregon Orthopaed- ics | Occupation Orthopae | n edic Surgeon | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | | | | |
| Full Name (Last, First, Middle Initial) Dr. Steven L Barnett, , MD | | | Date of Receipt | | | |
| Mailing Address 280 S Main St Ste 2 | 200 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| City Orange | State CA | Zip Code 92868-3852 | Transaction ID: 27906306 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 01000 0001 | 500.00 | | | |
| Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | | | | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 500.00 | | | | |
| SUBTOTAL of Receipts This Page (optional | | | 3500.00 | | | |

| SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS | Use separate sched for each category of Detailed Summary | f the |
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| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may not be sold or used by the name and address of any political co | v any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of the A | merican Association of Orthopaedi | c Surgeons |
| Full Name (Last, First, Middle Initial) Dr. Gregory J Austin, , MD | | Date of Receipt |
| Mailing Address 725 Reservoir Ave 9 | Ste 101 | 05 08 2008 |
| City | State Zip Code | Transaction ID: 27906307 |
| Cranston | RI 02910-4450 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Orthopaedic Assoc. Inc | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 00.00 |
| Full Name (Last, First, Middle Initial) Dr. Gregory W Soghikian, . MD | | Date of Receipt |
| Mailing Address 700 Lake Ave Ste 1 | | 05 08 2008 |
| City | State Zip Code | Transaction ID: 27906308 |
| Manchester | NH 03103-2734 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer NH Orthopaedic Surgery | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 00.00 |
| Full Name (Last, First, Middle Initial) Dr. Robert M Dimick, , MD | | Date of Receipt |
| Mailing Address Premier Orthopaedi 5651 Frist Blvd Ste | 500 | 05 30 7 2008 |
| City | State Zip Code | Transaction ID: 27969197 |
| <u>Hermitage</u> | TN 37076-2059 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Premier Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 200 | 00.00 |
| | | 2500.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 86 / 149 (check only one) X |
|---|---|--|
| NAME OF COMMITTEE (In Full) | I Statements may not be sold or used by any perso he name and address of any political committee to nerican Association of Orthopaedic Surgeo | |
| Full Name (Last, First, Middle Initial) Dr. Dale R Butler, , MD Mailing Address 105 Catherine Ln City Grass Valley FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: | State Zip Code CA 95945-5705 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 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Moheb S Moneim, , MD | 250.00 | Date of Receipt |
| Mailing Address Univ of New Mexico MSC10 5600 -1 Univ City Albuquerque FEC ID number of contributing federal political committee. Name of Employer University of New Mexico Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 7 of New Mexico State Zip Code NM 87131-0001 C Occupation Orthopaedic Surgeon 500.00 | Transaction ID: 27969199 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Dr. Cyrus Ghavam, , MD Mailing Address 3000 Cliffs Edge City Huntsville FEC ID number of contributing federal political committee. Name of Employer The Orthopaedic Center, PC Receipt For: Primary General Other (specify) | State Zip Code AL 35801-1177 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) | | 1500.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8//149 (check only one) |
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| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may g the 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. |
| NAME OF COMMITTEE (In Full) Political Action Committee of the A | American Associ | iation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Karen L Hackett, , FACHE, C | | | Date of Receipt |
| Mailing Address AAOS 6300 N. River Rd | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Rosemont | State IL | Zip Code 60606-1504 | Transaction ID: 27969201 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer American Academy of Ortho- paedic Surgeo Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | ecutive Officer Year-to-Date 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Haik G Kavookjian, , MD Mailing Address 555 Newfield Ave | ' | | Date of Receipt |
| City | State | Zip Code | 0 5 3 0 2 0 0 8 Transaction ID: 27969202 |
| Stamford | CT | 06905-3330 | 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: | | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1 1 | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Stephen C McNeil, , MD | | | Date of Receipt |
| Mailing Address 15 Roche Brothers | Wy Ste 200 | | 05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City North Easton | State MA | Zip Code 02356-1000 | Transaction ID: 27969206 |
| FEC ID number of contributing federal political committee. | C | 02330-1000 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Orthopedic Care Specialis- ts | - ' ' ' ' ' ' ' ' | edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (options | al) | | 1500.00 |

| SCHEDULE A (FEC FITEMIZED RECEIPTS | orm 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 88 / 149 (check only one) X |
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| NAME OF COMMITTEE (In Fo | II) | 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. |
| Full Name (Last, First, Middle I Dr. Michael Marks, , MD, MBA | • | | Date of Receipt |
| Mailing Address Coastal O 40 Cross S | thopaedics, PC t Ste 300 | | 05 30 7 2008 |
| City | State CT | Zip Code | Transaction ID: 27969208 |
| Norwalk FEC ID number of contributing federal political committee. | C | 06851-4661 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary Genera Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle I Dr. Daniel Lee, , MD Mailing Address 10209 Rec | , | | Date of Receipt |
| City | State | Zip Code | 0 5 3 0 2 0 0 8 Transaction ID: 27969209 |
| <u>Las Vegas</u> | NV | 89134-2556 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary Genera Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle I Dr. Thomas L Erickson, , MD | nitial) | | Date of Receipt |
| Mailing Address 1780 E Flo | rence Blvd Ste 106 | | 0 5 3 0 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27969210 |
| Casa Grande FEC ID number of contributing federal political committee. | AZ C | 85222-4782 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Sierra Orthopaedics PC | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 2000.00 | |
| | e (optional) | | 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 89 / 149 (check only one) X |
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| 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 | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Thomas A McEnnerney, , MD Mailing Address ABQ Health Partners 5150 Journal Center E City Albuquerque | Blvd NE State NM | Zip Code 87109-5900 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer ABQ Health Partners Receipt For: □ Primary □ General □ Other (specify) ▼ | | n edic Surgeon e Year-to-Date ▼ | 200.00 |
| Full Name (Last, First, Middle Initial) Dr. Ronald Victor Stradiotto, , MD Mailing Address 2806 Redwood Rd City Napa FEC ID number of contributing federal political committee. Name of Employer Kaiser Permanente Health Services Receipt For: Primary General Other (specify) | - · · · · · · · · · · · · · · · · · · · | Zip Code 94558-4130 n edic Surgeon e Year-to-Date 250.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y O 5 3 0 2 0 0 8 Transaction ID: 27969212 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Dr. Michael Vener, , MD Mailing Address 1201 Mickelson Dr City Watertown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | | Zip Code 57201-7100 n edic Surgeon e Year-to-Date ▼ 250.00 | 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) . TOTAL This Period (last page this line number | | • | 700.00 |

| | IEDULE A (FEC Form 3X) MIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 90 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---------------------|--|--|---|--|
| Any in | formation copied from such Reports and commercial purposes, other than using t | Statements ma | 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. |
| \ | ME OF COMMITTEE (In Full) Ditical Action Committee of the An | nerican Assoc | iation of Orthopaedic Surgeo | ons |
| | II Name (Last, First, Middle Initial) George C Alber, , MD | | | Date of Receipt |
| _ | illing Address 18 E Jimmie Leeds I | Rd | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cit | у | State | Zip Code | Transaction ID: 27969225 |
| <u>G</u> | alloway | NJ | 08205-9510 | Amount of Each Receipt this Period |
| | C ID number of contributing leral political committee. | C | | 500.00 |
| Na Se | me of Employer If Employed | Occupation Orthopae | n edic Surgeon | |
| Re | ceipt For: | - | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| | II Name (Last, First, Middle Initial) Scott Beecher Scutchfield, , MD | | | Date of Receipt |
| Ma | iling Address 1591 Lexington Rd | | | 05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cit | у | State | Zip Code | Transaction ID: 27969226 |
| <u>Da</u> | anville | KY | 40422-9795 | Amount of Each Receipt this Period |
| | C ID number of contributing leral political committee. | C | | 500.00 |
| Na | me of Employer iiv of Kentucky | Occupatio | | |
| | | | edic Surgeon | |
| Re | ceipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | | 1000.00 | |
| | II Name (Last, First, Middle Initial) John Keith Frazier, , MD | | | Date of Receipt |
| Ма | illing Address 5801 Norris Canyon | Rd Ste 210 | | 05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cit | ~ | State | Zip Code | Transaction ID: 27969228 |
| <u>Sa</u> | an Ramon | CA | 94583-5440 | Amount of Each Receipt this Period |
| | C ID number of contributing leral political committee. | C | | 250.00 |
| W (<u>a</u> l (| me of Employer ebster Orthopaedic Medic- Group | ' | edic Surgeon | |
| Re | ceipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 |] |
| | | l | | 1250.00 |

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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 91 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and State or for commercial purposes, other than using the r | atements may | I y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri | can Associ | ation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. John F Irving, , MD Mailing Address 199 Whitney Ave | | | Date of Receipt |
| Mailing Address 199 Whitney Ave | | | 05 20 2008 |
| City | State | Zip Code | Transaction ID: 27969229 |
| New Haven | CT | 06511-3786 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer The Orthopaedic Group | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | <u> </u> | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. James H Van Olst, , MD | | | Date of Receipt |
| Mailing Address 136 SW Washington Av | /e #605 | | 05 20 2008 |
| City | State | Zip Code | Transaction ID: 27969231 |
| Corvallis | OR | 97333-4879 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Retired | 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. Joel D Thompson, , MD | | | Date of Receipt |
| Mailing Address 4396 N Atfield PI | | | 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: 27969232 |
| Tucson | AZ | 85719-1175 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 2000.00 |
| Name of Employer Southwest Shoulder & Elbow Center | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 3250.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 92 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|----------|---|------------------------------------|---|---|
| Ar or | y information copied from such Reports and for commercial purposes, other than using th | Statements may ne name and addi | not be sold or used by any persoress of any political committee to | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the Am | erican Associa | ation of Orthopaedic Surgeo | ons |
| <u>/</u> | Full Name (Last, First, Middle Initial) Dr. Gerald J Lang, , MD | | | Date of Receipt |
| | Mailing Address Univ Hospital & Clinic 600 Highland Ave | | | 05 20 7 2008 |
| | City | State | Zip Code | Transaction ID: 27969233 |
| | Madison | WI | 53792-0001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer University of Wisconsin | Occupation Orthopaed | dic Surgeon | |
| | Receipt For: | Aggregate ' | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 500.00 |] |
| | Full Name (Last, First, Middle Initial) Dr. Cherise M Dyal, , MD | | | Date of Receipt |
| | Mailing Address 261 Heather Ln | | | 05 20 7 2008 |
| | City | State | Zip Code | Transaction ID: 27969234 |
| | Franklin Lakes | NJ | 07417-1111 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupation Orthopaed | dic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 |] |
| | Full Name (Last, First, Middle Initial) Dr. James C Karegeannes, , MD | | | Date of Receipt |
| | Mailing Address 123 Skyview Dr | | | 05 20 7 2008 |
| | City | State | Zip Code | Transaction ID: 27969235 |
| | Asheville | NC | 28804-2720 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Blue Ridge Bone & Joint | Occupation Orthopaed | dic Surgeon | |
| | Receipt For: | Aggregate ' | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | |
| | | 1 | | 2000.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 93 / 149 (check only one) X 11a |
|--|--|--|
| NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any persong the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of the name and add | |
| / Folitical Action Committee of the A | interican Association of Onnopaedic Surger | |
| Full Name (Last, First, Middle Initial) Dr. Steven D Washburn, , MD | | Date of Receipt |
| Mailing Address 4731 S White Mtn | Rd Ste 1 | 05 20 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: 27969236 |
| Show Low | AZ 85901-7818 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Robert I Forster, , MD | | Date of Receipt |
| Mailing Address 202 SW Palm Cov | e Dr | 0 5 2 0 2 0 8 |
| City | State Zip Code | Transaction ID: 27969237 |
| Palm City | FL 34990-4341 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Florida Orthopaedic Speci- alists | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Claiborne Lake Moseley, , MD | I | Date of Receipt |
| Mailing Address 1007 E Matthews | | 05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 27969238 |
| <u>Jonesboro</u> | AR 72401-4308 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Arkansas Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| | | 1500.00 |

| SCHEDULE A (FE ITEMIZED RECEIP | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 94 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| NAME OF COMMITTEE | (In Full) | ay not be sold or used by any persiddress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Min Dr. Rick F Papandrea, , MD | | | Date of Receipt |
| Mailing Address 1111 | Delafield St Ste 120 | | 05 20 7 2008 |
| City Waukesha | State WI | Zip Code | Transaction ID: 27969239 |
| FEC ID number of contrib federal political committee | uting | 53188-3402 | Amount of Each Receipt this Period |
| Name of Employer Self Employed | Occupati Orthopa | on aedic Surgeon | |
| Receipt For: Primary G Other (specify) ▼ | <u>_</u> | te Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Min Dr. Jeffrey K Moore, , MD Mailing Address 3714 | , | | Date of Receipt |
| C'th. | Ctata | 7in Codo | 05 20 2008 |
| City Morehead City | State NC | Zip Code 28557-4322 | Transaction ID: 27969240 Amount of Each Receipt this Period |
| FEC ID number of contrib federal political committee | uting | | 500.00 |
| Name of Employer Carteret Surgical Associa tes | Occupati Orthopa | on aedic Surgeon | |
| Receipt For: Primary G Other (specify) ▼ | Aggregati eneral | te Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Mid Dr. Jeffrey M Nakano, , MD | ddle Initial) | | Date of Receipt |
| Mailing Address 627 2 | 5 1/2 Rd | | 05 20 YYYY 2008 |
| City | State | Zip Code | Transaction ID: 27969241 |
| Grand Junction | CO | 81505-6401 | Amount of Each Receipt this Period |
| FEC ID number of contrib federal political committee | | | 500.00 |
| Name of Employer Rocky Mountain Orthopae Associates | TOTTHOPE | aedic Surgeon | |
| Receipt For: Primary G Other (specify) ▼ | Aggrega: | te Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts Th | s Page (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 95 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--------|--|----------------------------------|--|---|
| Ai | ny information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Political Action Committee of the Ame | erican Assoc | iation of Orthopaedic Surge | ons |
| ۸. | Full Name (Last, First, Middle Initial) Dr. William L Green, , MD Mailing Address 3838 California St | | | Date of Receipt |
| | | | | 05 20 2008 |
| | City San Francisco | State CA | Zip Code 94118-1522 | Transaction ID: 27969242 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | J-110 IJE | 500.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. John Calhoun Killian, , MD Mailing Address 230 Hilton Ave Ste 11 | 4 | | Date of Receipt |
| | | | 7'- 0-4- | 05 20 2008 |
| | City Hempstead | State NY | Zip Code 11550-8116 | Transaction ID: 27969243 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 250.00 | |
| :. | Full Name (Last, First, Middle Initial) Dr. Dhiren S Sheth, , MD | | | Date of Receipt |
| | Mailing Address 6670 Alton Pkwy | | | 05 / 20 / 4 4 4 4 |
| | City Irvine | State CA | Zip Code 92618-3734 | Transaction ID: 27969244 |
| | FEC ID number of contributing federal political committee. | C | 92010-37-34 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Southern California Perma- nente | | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 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 96/149 (check only one) |
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| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may the 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 |
| NAME OF COMMITTEE (In Full) | | | |
| Political Action Committee of the Ar | merican Associ | iation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Benjamin D Rubin, , MD | | | Date of Receipt |
| Mailing Address Orthopaedic Specia 280 S Main Ste 200 | | | 05 20 7 2008 |
| City | State | Zip Code | Transaction ID: 27969246 |
| Orange | CA | 92868-3852 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) Dr. Lawrence R Walker, , MD | | | Date of Receipt |
| Mailing Address PO Box 925 294 N Fairway | | | 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: 27969247 |
| Lake Arrowhead | CA | 92352-0925 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer OMG Riverside CA | 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. Thomas S Samuelson, , MD | | | Date of Receipt |
| Mailing Address 12101 Catalina St | | | 05 20 2008 |
| City | State | Zip Code | Transaction ID: 27969248 |
| Leawood | KS | 66209-1508 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Kansas City Bone & Joint | Occupation Orthopae | n edic Surgeon | |
| Receipt For: | | e Year-to-Date ▼ | |
| Primary General | | 500.00 | 1 |
| Other (specify) ▼ | | 300.00 | |
| | | | 1000.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 97 / 149 (check only one) X 11a |
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| Ai | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements mane name and ad | y not be sold or used by any persondress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Political Action Committee of the Am | erican Assoc | iation of Orthopaedic Surgeo | ons |
| | Full Name (Last, First, Middle Initial) Dr. John G Heller, , MD | tls NE Ot s O | 00 | Date of Receipt |
| | Mailing Address 59 Executive Park So | outh ine Ste 3 | 000 | 05 20 2008 |
| | City | State | Zip Code | Transaction ID: 27969249 |
| | Atlanta | GA | 30329-2208 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Emory Spine Center | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 1000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Benjamin Shaffer, , MD | | | Date of Receipt |
| | Mailing Address 4522 Lingan Way NV | V | | 05 20 2008 |
| | City | State | Zip Code | Transaction ID: 27969250 |
| | Washington | DC | 20007-2549 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Washington Orthopaedics & Sports Med | Occupatio | | |
| | & Sports Med | | edic Surgeon | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) ▼ | | 500.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Gregory Scott DiFelice, , MD | ' | | Date of Receipt |
| | Mailing Address 500 E 77th St Apt 25 | 24 | | 05 20 YYYY 2008 |
| | City | State | Zip Code | Transaction ID: 27969252 |
| | New York | NY | 10162-0028 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer NYMA | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| | UBTOTAL of Receipts This Page (optional) | | | 1750.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 98 / 149 (check only one) X |
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| Any information copied from such Reports at 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. Kevin L Moore, , MD Mailing Address 5601 DeSota Ave | 0 | | Date of Receipt O 5 2 0 2 0 8 |
| City Woodland Hills FEC ID number of contributing federal political committee. | State CA | Zip Code 91367-6701 | Transaction ID: 27969253 Amount of Each Receipt this Period 500.00 |
| Name of Employer Kaiser Permanente Receipt For: Primary General Other (specify) ▼ | ' | edic Surgeon e Year-to-Date 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Joseph Tobin, , MD Mailing Address Tobin Bone & Joint 12 Lafayette PI Ste | | Zip Code | Date of Receipt M |
| Hilton Head Island FEC ID number of contributing federal political committee. | SC | 29926-2209 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | | n edic Surgeon e Year-to-Date ▼ 450.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Carey E Winder, , MD Mailing Address 8080 Bluebonnet B | slvd Ste 1000 | | Date of Receipt |
| City Baton Rouge | State LA | Zip Code 70810-7827 | Transaction ID: 27969256 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Baton Rouge Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼ | | n edic Surgeon e Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 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 99 / 149 (check only one) X 11a 11b 11c 12 |
|---|-----------------------|---|---|
| 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 | | | |
| Full Name (Last, First, Middle Initial) Dr. Hans Robert Tuten, , MD Mailing Address Tuckahoe Orthopaec PO Box 71690 | lic Associates | | Date of Receipt 0 5 2 3 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 27969257 |
| Richmond | VA | 23255-1690 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Tuckahoe Orthopaedic Asso- ciates Receipt For: Primary General Other (specify) ▼ | | n edic Surgeon e Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Dr. Joseph E Slappey, Jr, MD | - | | Date of Receipt |
| Mailing Address 1600 Forsyth St | | | 05 23 7 2008 |
| City | State | Zip Code | Transaction ID: 27969258 |
| Macon FEC ID number of contributing federal political committee. | GA C | 31201-1408 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Forsyth Street Ortho Surg & Rehab. Receipt For: Primary General | | edic Surgeon e Year-to-Date ▼ | 7 |
| Other (specify) | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. John K Wollaeger, , MD | | | Date of Receipt |
| Mailing Address UWU Health / Orthor 1 S Park St | paedics | | 05 23 Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 27969259 |
| Madison | WI | 53715-1375 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Orthopedic Associates | Occupatio Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | <u> </u> | | 750.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 100 / 149 (check only one) X 11a |
|----------|--|--------------------------------|---|---|
| <i>A</i> | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | 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. |
| | Political Action Committee of the Ame | erican Assoc | iation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Bruce R Buhr, , MD | | | Date of Receipt |
| | Mailing Address Wichita Clinic 3311 E Murdock St | | | 05 23 2008 |
| | City | State | Zip Code | Transaction ID: 27969260 |
| | Wichita | KS | 67208-3054 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Wichita Clinic | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| — В. | Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD | | | Date of Receipt |
| | Mailing Address 11 Cherry Ln | | | 05 23 Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 27969261 |
| | Bedford | NH | 03110-4339 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer NH Orthopaedic Surgery, PA | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 750.00 | |
| _ C. | Full Name (Last, First, Middle Initial) Dr. Dwight W Burney, III, MD | | | Date of Receipt |
| | Mailing Address New Mexico Orthopae 201 Cedar SE Ste 660 | | | 05 23 2008 |
| | City Albuquerque | State NM | Zip Code 87106-5411 | Transaction ID: 27969262 |
| | FEC ID number of contributing federal political committee. | C | 67100-3411 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer New Mexico Orthopaedics | Occupatio Orthopae | n edic Surgeon | 7 |
| | Receipt For: Primary General | , ' | e Year-to-Date ▼ | 1 |
| | Other (specify) ▼ | | 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | • | | 1250.00 |
| | TOTAL This Period (last page this line number | r only) | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 101 / 149 (check only one) X |
|---|--|--|
| 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 merican Association of Orthopaedic Surgeo | |
| Full Name (Last, First, Middle Initial) Dr. Kevin K Nahigian, , MD Mailing Address 1732 Villagepark D City Orangeburg FEC ID number of contributing federal political committee. Name of Employer Self Employed | State Zip Code SC 29118-2457 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 |
| Receipt For: Primary General Other (specify) | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. George A Pugh, , MD Mailing Address 1124 Longridge Rd | | 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 Oakland FEC ID number of contributing federal political committee. Name of Employer East Bay Orthopaedic Specialists Receipt For: Primary General Other (specify) | State Zip Code CA 94610-1812 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00 | Transaction ID: 27969264 Amount of Each Receipt this Period 300.00 |
| Full Name (Last, First, Middle Initial) Dr. Subramanyan Jayasankar, , MD Mailing Address 74 Country Dr City Weston | State Zip Code MA 02493-1165 | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. | C | 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 (optional | J | 1050.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 102 / 149 (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) | 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 | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Mark Phillips Altman, , MD Mailing Address 1 Church St City New Haven FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General | State Zip Code CT 06510-3348 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD Mailing Address 5530 Wisconsin A City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer Summit Ortho | Ave Ste 1660 State Zip Code MD 20815-4322 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 |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD Mailing Address Crozer-Chester M Professional Office | | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| City Upland FEC ID number of contributing federal political committee. Name of Employer Premier Orthopaedics Receipt For: Primary General Other (specify) | State Zip Code PA 19013 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 416.70 | Transaction ID: 28026537 Amount of Each Receipt this Period 83.34 |
| SUBTOTAL of Receipts This Page (optio | nal) | 433.34 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | for e | separate schedule(s) each category of the ailed Summary Page | FOR LINE NUMBER: PAGE 103 / 149 (check only one) |
|---|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may not be the name and address of | sold or used by any perso any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of the Ar | nerican Association c | of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Brett L Wasserlauf, , MD | | | Date of Receipt |
| Mailing Address 673 Cottage Grove | Rd | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Bloomfield | | Code 6002-3033 | Transaction ID: 28026538 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Collins Medical Assoc | Occupation Orthopaedic Su | ırgeon | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to | | |
| Full Name (Last, First, Middle Initial) Dr. Kenneth Levitsky, , MD | | | Date of Receipt |
| Mailing Address 28-04 Broadway | | | 0 6 0 6 2 0 0 8 |
| City | | Code | Transaction ID: 28026539 |
| Fair Lawn | NJ 07 | <u>′410-3913</u> | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Garden State Orthopaedics | Occupation Orthopaedic Su | ırgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | D-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Stephen J Incavo, , MD | | | Date of Receipt |
| Mailing Address The Methodist Hosp 6550 Fannin Ste 250 | ital 00 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | · | Code | Transaction ID: 28026559 |
| Houston FEC ID number of contributing federal political committee. | TX 77 | 7030-2750 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer The Methodist Hospital | Occupation Orthopaedic Su | ırgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | - | |
| | l | | 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 104 / 149 (check only one) X |
|--|------------------|---|---|
| Any information copied from such Reports are 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. Neil Rodman R Johnson, , MD Mailing Address 5613 Parkwood Ln City | State | Zip Code | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Edina FEC ID number of contributing federal political committee. | MN | 55436-1722 | Transaction ID: 28026560 Amount of Each Receipt this Period 250.00 |
| Name of Employer Twin Cities Orthopaedics Receipt For: Primary General Other (specify) ▼ | | n edic Surgeon • Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Frank B Norberg, , MD Mailing Address 3250 W 66th St Ste | e 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: 28026561 |
| <u>Edina</u> | MN | 55435-2500 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Twin Cities Orthopaedics | | edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Robert P Nirschl, , MD | • | | Date of Receipt |
| Mailing Address 1715 N George Ma | son Dr Ste 503 | | 06 18 2008 |
| City | State | Zip Code | Transaction ID: 28070318 |
| Arlington FEC ID number of contributing federal political committee. | C | 22205-3669 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Nirschl Orthopedic Sports Medicine | | edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional | J) | | 1250.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 105 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--|
| 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 Surgi | |
| Full Name (Last, First, Middle Initial) Dr. Kenneth K Ishizue, , MD Mailing Address 12705 Corte Cordil | | Date of Receipt |
| City Salinas | State Zip Code CA 93908-8942 | Transaction ID: 28070319 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Gary M Schniegenberg, , MD Mailing Address 801 Medical Dr Ste | A | 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: 28070320 |
| Lima FEC ID number of contributing federal political committee. | OH 45804-4099 | Amount of Each Receipt this Period 100.00 |
| Name of Employer Orthopedic Institute of Ohio Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 600.00 | |
| Full Name (Last, First, Middle Initial) Dr. James B Benjamin, , MD Mailing Address 1555 E River Rd | | Date of Receipt |
| City | State Zip Code | 0 6 1 8 2 0 0 8 Transaction ID: 28070321 |
| Tucson | AZ 85718-5831 | 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 | |
| SUPTOTAL of Descipts This Dags (entires | l) | 1350.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | BX) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 106 / 149 (check only one) X |
|---|---------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) Political Action Committee of the | ng the name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Melburn K Huebner, , MD Mailing Address 1901 Medi Park D | Or Ste 10 | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Amarillo FEC ID number of contributing | State TX | Zip Code 79106-2105 | Transaction ID: 28070322 Amount of Each Receipt this Period 250.00 |
| Receipt For: Primary Other (specify) | Occupation Orthopae | n edic Surgeon e Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) Dr. Peter David McGann, , MD Mailing Address 7255 N Cedar Av | e | | 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: 28070323 |
| Fresno | CA | 93720-3831 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 200.00 |
| Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Dr. Robert M Ruth, , MD | ' | | Date of Receipt |
| Mailing Address 2323 DeLaVina S | St Ste 201 | | 06 18 2008 |
| City | State | Zip Code | Transaction ID: 28070324 |
| Santa Barbara FEC ID number of contributing federal political committee. | CA | 93105 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Associated Hand Surgeons Inc | | edic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 700.00 |

| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Occu Orthe | e Zip Code 99801-7808 pation paedic Surgeon egate Year-to-Date | o solicit contributions from such committee. |
|---|---|--|
| Political Action Committee of the American As Full Name (Last, First, Middle Initial) Dr. Daniel R Harrah, , MD Mailing Address 3220 Hospital Dr City Stat Juneau AK FEC ID number of contributing federal political committee. Name of Employer Self Employed Orth Receipt For: Aggre Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. C Name of Employer Duke University Medical Center Receipt For: Aggre Orth Aggre Occu Orth Aggre Aggre Occu Orth Cocu Orth C | e Zip Code 99801-7808 Dation | Date of Receipt O 6 18 2008 Transaction ID: 28070326 Amount of Each Receipt this Period 1000.00 Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| A. Dr. Daniel R Harrah, , MD Mailing Address 3220 Hospital Dr City Stat Juneau AK FEC ID number of contributing federal political committee. Name of Employer Self Employed Orth Receipt For: Aggrr Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Occu Orth Aggrr Primary General Other (specify) ▼ Aggrr Aggrr Aggrr Primary General Other (specify) ▼ | 99801-7808 pation paedic Surgeon egate Year-to-Date 1000.00 E Zip Code | Transaction ID: 28070326 Amount of Each Receipt this Period Date of Receipt M M M D D D D D D D D D D D D D D D D |
| City Juneau AK FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthor (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Receipt For: Receipt For: Qruham Occu Orthor (specify) ▼ Aggra Aggra Aggra Other (specify) ▼ | 99801-7808 pation paedic Surgeon egate Year-to-Date 1000.00 E Zip Code | Date of Receipt Date of Receipt Date of Rec |
| Juneau FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) ▼ Aggra | 99801-7808 pation paedic Surgeon egate Year-to-Date 1000.00 E Zip Code | Amount of Each Receipt this Period 1000.00 Date of Receipt M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthor Self Employer Other (specify) Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) Other (specify) Occurrence Aggre | pation opaedic Surgeon egate Year-to-Date 1000.00 egate Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) Orthon | ppaedic Surgeon gate Year-to-Date 1000.00 E Zip Code | M M M J D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) ▼ Aggri | 1000.00 e Zip Code | M M M J D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Dr. James Albert Nunley, II, MD Mailing Address Duke Univ Med Ctr Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) | · | M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Box 2923 City Stat Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) ▼ Stat Occurrence C Aggree Occurrence Aggree Other (specify) ▼ | · | Transaction ID: 28070327 Amount of Each Receipt this Period |
| Durham NC FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) ▼ NC Occupants Aggre | · | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) | 2//10-0001 | |
| Center Receipt For: Primary General Other (specify) | | • |
| Receipt For: Primary General Other (specify) | pation ppaedic Surgeon | |
| | egate Year-to-Date ▼ 500.00 | 7 |
| Full Name (Last, First, Middle Initial) | 300.00 | |
| Dr. Myron J Szczukowski, Jr, MD | | Date of Receipt |
| Mailing Address 510 Idlewild Ave Ste 200 | | 0 6 1 8 2 0 0 8 |
| City Stat | | Transaction ID: 28070328 |
| Easton MD FEC ID number of contributing federal political committee. | 21601-3883 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Occu Orthopaedic Center Ortho | pation paedic Surgeon | |
| - · · · · · · · · · · · · · · · · · · · | egate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 2000.00 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 108 / 149 (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 not be sold or used by any personame and address of any political committee to | |
| Political Action Committee of the Amer | ican Association of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Bruce F C Gomberg, , MD Mailing Address Augusta Ortho Center | | Date of Receipt |
| Mailing Address Augusta Ortho Center 11 Caldwell Rd | | 06 16 2008 |
| City | State Zip Code | Transaction ID: 28070355 |
| Augusta | ME 04330-5739 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Augusta Orthopaedic Assoc- iates | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. David Scott Burton, , MD | | Date of Receipt |
| Mailing Address 18 Ralston Rd | | 06 16 2008 |
| City | State Zip Code | Transaction ID: 28070356 |
| Atherton | CA 94027-3913 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Retired | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Daniel R R Sparks, , MD | | Date of Receipt |
| Mailing Address 310 S 5th St | | 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: 28070359 |
| Gadsden | AL 35901-4224 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer The Orthopaedic Centers | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1750.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 109 / 149 (check only one) X |
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| or for commercial purposes, other than us NAME OF COMMITTEE (In Full) | s and Statements may not be sold or used by any person sing the name and address of any political committee to be American Association of Orthopaedic Surgeo | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Gregory Scott DiFelice, , MD Mailing Address 500 E 77th St Al City | ot 2524 State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| New York FEC ID number of contributing | NY 10162-0028 | Amount of Each Receipt this Period |
| Receipt For: Primary Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date 650.00 | |
| Full Name (Last, First, Middle Initial) Dr. James R Leonard, , MD Mailing Address 8737 Union Cen | tre Blvd | Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 28070381 |
| West Chester FEC ID number of contributing federal political committee. | OH 45069-4878 | Amount of Each Receipt this Period 2000.00 |
| Name of Employer Wellington Orthopaedics & Sports Medic Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Douglas A Slaughter, , MD Mailing Address 1035 Sierra Del | Norte | Date of Receipt 0 6 1 6 2 0 0 8 |
| City | State Zip Code | Transaction ID: 28070384 |
| Santa Fe | NM 87501-7074 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| | onal) | 2650.00 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | f | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 110 / 149 (check only one) X |
|--|---------------------------------------|--|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not e name and address | be sold or used by any persons of any political committee to | |
| Political Action Committee of the Ame | erican Associatio | on of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. Kenneth R Zaslav, , MD Mailing Address 7858 Shrader Rd | | | Date of Receipt |
| Mailing Address 7858 Shrader Rd | | | 06 16 2008 |
| City | State | Zip Code | Transaction ID: 28070385 |
| Richmond | VA | 23294-4222 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Advanced Orthopaedic Cent- ers | Occupation Orthopaedic | Surgeon | |
| Receipt For: | Aggregate Yea | ar-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Charlotte J Harris, , MD | 1 | | Date of Receipt |
| Mailing Address 991 Medical Park Dr S | Ste 300 | | 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: 28113616 |
| <u>Maysville</u> | KY | 41056-8728 | 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 Yea | ar-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. John Louis Albrigo, , MD | | | Date of Receipt |
| Mailing Address 2445 Army-Navy Dr | | | 0 6 2 4 2 0 0 8 |
| City | State | Zip Code | Transaction ID: 28113617 |
| Arlington | VA | 22206-2905 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Anderson Orthopaedic Clin- ic | Occupation Orthopaedic | Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | ar-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) . | <u>'</u> | | 1750.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 111 / 149 (check only one) X 11a |
|---|---|---|
| NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any pers g the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | American Association of Orthopaedic Surge | UIS |
| Dr. Robert Mark Hazel, , MD Mailing Address 6701 Heritage Pkw | vy Ste 170 | Date of Receipt |
| City | State Zip Code | 06 24 2008 |
| Rockwall | TX 75087-8798 | Transaction ID: 28113618 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. Todd Hannula, , MD | | Date of Receipt |
| Mailing Address 600 Walnut Ridge | Dr | 0 6 2 4 2 0 0 8 |
| City | State Zip Code | Transaction ID: 28113619 |
| Hartland | WI 53029-9385 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| 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) Dr. Daniel S Rich, , MD | | Date of Receipt |
| Mailing Address 585 Plandome Rd | | 06 24 2008 |
| City <u>Manhasset</u> | State Zip Code NY 11030-1971 | Transaction ID: 28113621 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 | al) | 800.00 |

TOTAL This Period (last page this line number only)

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 112 / 149 (check only one) X |
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| | information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) Political Action Committee of the Ame | | | |
| A. <u>C</u> | full Name (Last, First, Middle Initial) Dr. Kenneth K Ishizue, , MD Mailing Address 12705 Corte Cordillera | State | Zip Code | Date of Receipt M |
| F | Salinas EC ID number of contributing ederal political committee. | CA | 93908-8942 | Amount of Each Receipt this Period 25.00 |
| _ | lame of Employer Self Employed Receipt For: Primary General Other (specify) | , ' | edic Surgeon e Year-to-Date ▼ 275.00 | |
| 3. [| full Name (Last, First, Middle Initial) Dr. Joseph C DiRaimondo, , MD Mailing Address 1636 Miriam Rd | | | Date of Receipt 0 6 2 4 2 0 0 8 |
| <u>N</u> | Anitowoc | State WI | Zip Code 54220-1843 | Transaction ID: 28113623 Amount of Each Receipt this Period |
| fe N C <u>N</u> | EC ID number of contributing ederal political committee. Iame of Employer Orthopaedic Associates of Manitowoc Receipt For: Primary General Other (specify) | | n edic Surgeon e Year-to-Date ▼ | 1000.00 |
| <u>.</u> | rull Name (Last, First, Middle Initial) Dr. Leonard Joseph Brazil, , MD Mailing Address 1600 The Esplanade S | Ste C | | Date of Receipt 0 6 2 4 2 0 0 8 |
| <u>(</u> F | City Chico EC ID number of contributing ederal political committee. | State CA | Zip Code 95926-3369 | Transaction ID: 28113625 Amount of Each Receipt this Period 500.00 |
| _ | lame of Employer Self Employed | , ' | edic Surgeon | |
| F | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| SUI | BTOTAL of Receipts This Page (optional) | 1 | | 1525.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 113 / 149 (check only one) X |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pers e name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | erican Association of Orthopaedic Surge | ons |
| Full Name (Last, First, Middle Initial) Dr. Sean J O'Donnell, MD | | Date of Receipt |
| Mailing Address Middlesex Ortho Surg 410 Saybrook Rd Ste | 100 | 06 24 2008 |
| City | State Zip Code | Transaction ID: 28113627 |
| 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 Ortho Surg, PC | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Gregg M Strathy, , MD | 1 | Date of Receipt |
| Mailing Address 6490 Excelsior Blvd S | Ste 400E | 0 6 2 4 2 0 0 8 |
| City | State Zip Code | Transaction ID: 28113628 |
| Saint Louis Park | MN 55426-4721 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Park Nicollet Health Serv- ices | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Beth A Purdy, , MD | | Date of Receipt |
| Mailing Address 1001 E Griswold Rd U | | 06 24 2008 |
| City | State Zip Code | Transaction ID: 28113675 |
| <u>Phoenix</u> | AZ 85020-3776 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2500.00 |
| Name of Employer The Orthopedic Clinic Association | Occupation Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2500.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | 4500.00 |
| TOTAL This Period (last page this line numbe | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | for | e separate schedule(s) each category of the tailed Summary Page | FOR LINE NUMBER: PAGE 114 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
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| _ | y information copied from such Reports and S or commercial purposes, other than using the | Statements may not be name and address of | e sold or used by any pers of any political committee to | |
| \ | NAME OF COMMITTEE (In Full) Political Action Committee of the Ame | erican Association | of Orthopaedic Surge | ons |
| • . | Full Name (Last, First, Middle Initial) Dr. Major E Blair, Jr, MD Mailing Address 1209 Bent Oaks Ct | | | Date of Receipt |
| | | Ctata 7 | in Code | 06 24 2008 |
| | City Denton | | ip Code '6210-3300 | Transaction ID: 28113676 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 2000.00 |
| • | Name of Employer Self Employed | Occupation Orthopaedic S | urgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year- | to-Date ▼ 2000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Robert Taffet, , MD | 1 | | Date of Receipt |
| | Mailing Address 133 Upland Way | | | 0 6 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | | ip Code | Transaction ID: 28113677 |
| • | Haddonfield | NJ 0 | 8033-3603 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupation Orthopaedic S | urgeon | |
| - | Receipt For: Primary General Other (specify) ▼ | Aggregate Year- | to-Date ▼ 1000.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Evan H Karas, , MD | 1 | | Date of Receipt |
| | Mailing Address Mt Kisco Med Group 90 S Bedford Rd | | | 06 24 7 2008 |
| | City Mount Kisco | | ip Code 0549-3412 | Transaction ID: 28113849 |
| • | FEC ID number of contributing federal political committee. | C | 0349-3412 | Amount of Each Receipt this Period 500.00 |
| • | Name of Employer Mt Kisco Medical Group | Occupation Orthopaedic S | urgeon | |
| • | Receipt For: Primary General Other (specify) ▼ | Aggregate Year- | to-Date ▼ 500.00 | |
| | | | | 3500.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 115 / 149 (check only one) X |
|---|---|---|
| | Statements may not be sold or used by any pers e name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the Am | erican Association of Orthopaedic Surge | ons |
| Full Name (Last, First, Middle Initial) Dr. Joseph Robert Trubia, , MD | | Date of Receipt |
| Mailing Address 925 Plantation Blvd | Chata Zin Coda | 06 24 2008 |
| City Gallatin | State Zip Code TN 37066-4493 | Transaction ID: 28113850 |
| FEC ID number of contributing federal political committee. | C 37000-4493 | Amount of Each Receipt this Period |
| 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. William Scott Bowen, , MD Mailing Address F. St. Vincent Cir. Sto. 1 | 00 | Date of Receipt |
| Mailing Address 5 St Vincent Cir Ste 1 | 00 | 06 24 2008 |
| City | State Zip Code | Transaction ID: 28113851 |
| Little Rock | AR 72205-5415 | 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: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Kathi Teixeira, , MD | | Date of Receipt |
| Mailing Address 3029 E Lake Rd | | 06 24 2008 |
| City | State Zip Code | Transaction ID: 28113853 |
| Skaneateles | NY 13152-9024 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Auburn Memorial Hospital | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 3000.00 |

| SCHEDULE A (FEC Form STEMIZED RECEIPTS | for each | parate schedule(s) n category of the d Summary Page | FOR LINE NUMBER: PAGE 116 / 149 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) Political Action Committee of the | | | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Charles Moon, , MD Mailing Address Cedars Sinai Ort | papadia Cantar | | Date of Receipt |
| 444 S San Vicen | | | 06 24 2008 |
| City | State Zip Co | | Transaction ID: 28113854 |
| Los Angeles | CA 90048 | 3-4178 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Cedars Sinal Hospital | Occupation Orthopaedic Surge | eon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Da | ate ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. James C Cobey, , MD | | | Date of Receipt |
| Mailing Address Physicians Office 106 Irving St NW | Bldg South Tower Ste 420 | | 06 24 2008 |
| City | State Zip Co | | Transaction ID: 28113855 |
| Washington | DC 20010 | 0-2989 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Washington Hospital | Occupation Orthopaedic Surge | eon | |
| Receipt For: Primary General | Aggregate Year-to-Da | ate ▼ | |
| Other (specify) | | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Steven J Bruce, , MD | 1 | | Date of Receipt |
| Mailing Address 3015 Squalicum | Pkwy Ste 200 | | 06 24 2008 |
| City | State Zip Co | | Transaction ID: 28113856 |
| Bellingham | WA 98225 | 5-1906 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Peace Health Hospital Sys- tems | Occupation Orthopaedic Surge | eon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Da | ate ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 1000.00 |
| TOTAL This Period (last page this line no | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 117 / 149 (check only one) X |
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| _ | y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame | | | |
| ۸. | Full Name (Last, First, Middle Initial) Dr. Keith M Michael Baumgarten, , MD Mailing Address Orthopedic Institute 810 E 23rd St | Chata | 7in Code | Date of Receipt 0 6 2 4 2 0 0 8 |
| | City | State SD | Zip Code | Transaction ID: 28113857 |
| | Sioux Falls FEC ID number of contributing federal political committee. | C | 57105-2135 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Orthopaedic Institute Receipt For: Primary General Other (specify) ▼ | | n edic Surgeon e Year-to-Date ▼ 250.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Donald Mark Arms, , MD Mailing Address 207 Oak Park | | | Date of Receipt 0 6 2 4 2 0 0 8 |
| | City | State | Zip Code | Transaction ID: 28113859 |
| | Mc Minnville | TN | 37110-1336 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| ;. | Full Name (Last, First, Middle Initial) Dr. Richard M Wilk, , MD | | | Date of Receipt |
| | Mailing Address Lahey Clinic 41 Mall Rd | | | 06 24 2008 |
| | City Burlington | State | Zip Code | Transaction ID: 28113860 |
| | FEC ID number of contributing federal political committee. | C | 01805-0001 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Lahey Clinic | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| SI | JBTOTAL of Receipts This Page (optional) | 1 | | 1000.00 |

A.

PAGE 118 / 149 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Dr. Christopher S Proctor, , MD Date of Receipt Mailing Address 511 Bath St 06 24 2008 City State Zip Code Transaction ID: 28113861 Santa Barbara CA 93101-3403 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Alta Orthopaedics Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr. Kimberly Lee Furry, , MD Date of Receipt Mailing Address One Mercado St Ste 202 0 6 24 2008 City State Zip Code Transaction ID: 28113864 Durango CO 81301-7307 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Durango Orthopaedic Assoc-Occupation Orthopaedic Surgeon iates Receipt For: Aggregate Year-to-Date ▼ Primary General

| SUBTOTAL of Receipts This Page (optional) | • | 1000.00 |
|---|----------|-----------|
| TOTAL This Period (last page this line number only) | • | 182175.02 |

500.00

Other (specify)

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 119 / 149 (check only one) 11a 11b 11c 12 13 14 X 15 16 17 |
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| 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 merican Association of Orthopaedic Surgeon | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Rosemont FEC ID number of contributing | State Zip Code IL 60018 | Transaction ID: 27653399 Amount of Each Receipt this Period |
| federal political committee. Name of Employer | Occupation | 1633.42 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 8980.44 | Refund bank fees from aff- iliated organization |
| Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road | | 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: 27851333 |
| Rosemont FEC ID number of contributing federal political committee. | IL 60018 | Amount of Each Receipt this Period 1426.02 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 10406.46 | Refund of bank fees from affiliated organization |
| Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons | | Date of Receipt |
| Mailing Address 6300 N River Road | | 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: 28099793 |
| Rosemont FEC ID number of contributing federal political committee. | IL 60018 | Amount of Each Receipt this Period 1306.37 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 11712.83 | Refund of bank fees from affiliated organization |
| SUBTOTAL of Receipts This Page (optional | · | 4365.81 |
| TOTAL This Pariod (last page this line num | ber only) | 4365.81 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 120 / 149 (check only one) 11a 11b 11c 12 13 14 15 16 X |
|--|--|---|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to | |
| Political Action Committee of the Arr | erican Association of Orthopaedic Surge | ons |
| Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St. | | Date of Receipt |
| | | 04 30 2008 |
| City | State Zip Code | Transaction ID: 27879549 |
| Chicago | IL 60675 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 21.91 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 12810.42 | Interest earned on bank account |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | Date of Receipt |
| Mailing Address 50 S. LaSalle St. | | 04 01 2008 |
| City | State Zip Code | Transaction ID: 27879555 |
| Chicago | IL 60675 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2897.74 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 12788.51 | Interest earned on bank account |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | Date of Receipt |
| Mailing Address 50 S. LaSalle St. | | 0 5 3 1 2 0 0 8 |
| City | State Zip Code | Transaction ID: 28046280 |
| Chicago | IL 60675 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 16.30 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 15145.87 | Interest earned on bank account |
| | | 2935.95 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 121 / 149 (check only one) 11a 11b 11c 12 13 14 15 16 X 17 |
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| | I Statements may not be sold or used by any personal he name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of the An | nerican Association of Orthopaedic Surgeo | ns |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | Date of Receipt |
| Mailing Address 50 S. LaSalle St. | | 05 01 2008 |
| City <u>Chicago</u> | State Zip Code IL 60675 | Transaction ID: 28046343 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2319.15 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 15129.57 | Interest earned on bank account |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | Date of Receipt |
| Mailing Address 50 S. LaSalle St. | | 0 6 3 0 Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 28161952 |
| Chicago | IL 60675 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.62 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 17403.72 | Interest received on bank account |
| Full Name (Last, First, Middle Initial) Northern Trust Company | 1 | Date of Receipt |
| Mailing Address 50 S. LaSalle St. | | 0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 28161953 |
| Chicago FEC ID number of contributing | IL 60675 | Amount of Each Receipt this Period 2242.23 |
| federal political committee. | | |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 17388.10 | Interest received on bank account |
| SUBTOTAL of Receipts This Page (optional) | | 4577.00 |
| TOTAL This Period (last page this line numb | · | 7512.95 |

| CHEDULE B (FEC Form 3X) | Use sepa | arate schedule(s) | | | _ | | NUMBE | R: | | | | РА | GE | 122 / | 149 |
|--|-------------------------------------|---------------------------------|-------|-------------------|-------------|-------------|------------------|------|----------|----------------|----------------|-----------|------|----------|--------|
| TEMIZED DISBURSEMENTS | | category of the Summary Page | | | 21 27 | only | 22 28a | X | 23 28 | b [| | 24 28c | П | 25 29 | П |
| ny Information copied from such Reports and Staten | | | | | | | | | | | | | | | |
| for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | e and addre | ss of any political | COIII | 111111 | iiee i | o Soli | CIL COLL | ibut | IONS | 110 | III St | JCH C | OHIH | iillee | |
| Political Action Committee of the American | n Associat | ion of Orthopa | edic | S | urge | ons | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | ion | ID: | 27 | 5762 | 250 | | |
| Sestak For Congress | | | | | | | Date | _ | _ | | | t | | | |
| Mailing Address P.O. Box 16 | | | | | | | o ^M 4 | М | L | 0 | ^D | / L | ž | 0 Ď 8 | 3 |
| City Media | State PA | Zip Code 19063 | | | | | Amou | nt o | f Ea | ich I | Disb | urser | nent | this F | Period |
| Purpose of Disbursement | 171 | 10000 | | | | _ | | | | | | | 20 | 00.00 |) |
| | | | | 01 | 1, | | | | | | | | | | |
| Candidate Name Rep. Joe Sestak | | | | ateç Typ | gory/ ce | | | | | | | | | | |
| | ement For: | 2008 | | | | | | | | | | | | | |
| Senate X President | Primary Other (spe | General | | | | | | | | | | | | | |
| State: PA District: 07 | Other (spe | (2011y) \ | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | ion | ID: | 27 | 6884 | 459 | | |
| Latham For Congress | | | | | | | Date | | isbu | ırse | men | | | | |
| Mailing Address P.O. Box 71 PO Box 71 | | | | | | | o ^M 4 | М | / | ^D 1 | 4 | / Y | ž | o ŏ 8 | Y |
| City Clarion | State IA | Zip Code 50525 | | | | | Amou | nt o | f Ea | ich I | Disb | urser | nent | this F | Perio |
| Purpose of Disbursement | | 30323 | | | | 1 | | | | | | | 50 | 00.00 |) |
| Candidate Name Rep. Thomas P. Latham | | | Ca | 01 ateo Typ | gory/ | 4 | | | | | | | | | |
| | ement For: | 2008 | | .) [| | | | | | | | | | | |
| Senate X | Primary | General | | | | | | | | | | | | | |
| President State: IA District: 04 | Other (spe | ecify) 🔻 | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | ion | ID: | 27 | 688 | 550 | | |
| Moderate Democrats PAC | | | | | | | Date of | of D | isbu | ırse | men | | | | 10.5 |
| Mailing Address 426 C Street, NE | | | | | | | o ^M 4 | М | L | ^D 1 | ^D 4 | / L | ž | 0 ŏ 8 | 3 |
| City Washington | State DC | Zip Code 20002 | | | | | Amou | nt o | f Ea | ich I | Disb | urser | nent | this F | Perio |
| Purpose of Disbursement | | | | | | 7 | | | | | | | 50 | 00.00 |) |
| Candidate Name | | | | 01 | _ | | | | | | | | | | |
| Moderate Democrats PAC | | | | ατeς Τyp | gory/ ce | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ement For: Primary Other (spe | General ▼ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | |
| State: District: SUBTOTAL of Disbursements This Page (optional) | | | | | | > | | | | | | 1 | 200 | 0.00 |) |

| CHEDULE B (FEC FOIII 3X) | | ate schedule(s) | | | NE NUM only one) | D L. (. | | | 7.02 | 1207 | 149 |
|---|---------------------------------------|-------------------------------|--------|---------------|---------------------|----------------|-----------|-----------------|-------|----------|-----|
| TEMIZED DISBURSEMENTS | Detailed S | ategory of the ummary Page | | 21b 27 | 22 | a | 23 28b | 24 28 | с | 25 29 | |
| ny Information copied from such Reports and Star for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Political Action Committee of the Amer | name and address | s of any political | comn | nittee to | solicit co | | | | | | |
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| Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc. | | | | | Da | te of D | | : 2768 ement | | 0 ŏ 8 | Y |
| Mailing Address P.O. Box 321 | | | | | | 4 | | 1 4 | . 2 | 008 | _ |
| City Pawtucket | State RI | Zip Code 02860 | | | An | ount c | f Each | Disbur | | | _ |
| Purpose of Disbursement Candidate Name | | | | 11 egory/ | | | • | | 30 | 00.00 | |
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| Full Name (Last, First, Middle Initial) Schultz Debbie Wasserman | | | | | | te of D | isburs | : 2768 ement | | | Υ |
| Mailing Address 1071 Twin Branch Ln | | | | | 0 | 4 | L | 1 4 1 | 2 | 0 ŏ 8 | ╝ |
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| Candidate Name Rep. Debbie Wasserman-Schultz | | | Cat | egory/ ype | | | | | | | |
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| State: FL District: 20 Full Name (Last, First, Middle Initial) Westmoreland For Congress | | | | | | | | : 2768 | 38694 | <u> </u> | |
| Mailing Address P.O. Box 458 | | | | | | | / D. | D / | y y | 0 ŏ 8 | Y |
| City Sharpsburg | State GA | Zip Code 30277 | | | An | ount c | f Each | Disbur | | | |
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| Candidate Name Rep. Lynn A. Westmoreland | | | Cat | egory/ ype | | | | | | | |
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| Detailed Summany Page | CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS | for each category of the | COR LINE NUMBER: PAGE 124 / 149 check only one) |
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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) Nathan Deal For Congress Mailing Address PO Box 902 City State Zip Code GA 30503 Purpose of Disbursement Candidate Name Rep. Nathan Deal City State Zip Code GA 30503 Full Name (Last, First, Middle Initial) Other (specify) ▼ State: GA Disbursement Candidate Name Rep. Christopher Shays Office Sought: X House Disbursement Candidate Name Rep. Christopher Shays Office Sought: X House Candidate Name Rep. District: 04 Full Name (Last, First, Middle Initial) Christopher Shays Office Sought: X House Candidate Name Rep. Christopher Shays Office Sought: X House President State: CT District: 04 Full Name (Last, First, Middle Initial) Christopher Shays Office Sought: X House President State: CT District: 04 Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee Mailing Address P.O. Box 2008 City State Zip Code CT 06851 Purpose of Disbursement Candidate Name Rep. Christopher Shays Office Sought: X House President State: CT District: 04 Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee Mailing Address P.O. Box 2008 City State Zip Code CT 06851 Transaction ID: 27688702 Date of Disbursement this Period State Code Category' Type Transaction ID: 27688702 Date of Disbursement Office Sought: X House Senate Primary General Category' Type Transaction ID: 27688708 Date of Disbursement this Period State Code Category' Type Transaction ID: 27688708 Date of Disbursement this Period State Code Category' Type Transaction ID: 27688708 Date of Disbursement this Period State Code Category' Type Office Sought: X House Senate Primary General Category' Type Office Sought: X House Senate Primary General Category' Type Office Sought: X House Senate Primary General Category' Type Office Sought: X House Senate Primary General Category' Type Office Sought: X House Senate Primary General Category' Type Office Sought: X Hou | | , , | 27 28a 28b 28c 29 |
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| SCHEDULE B (FEC FOIII 3X) | Use separate schedule(s) | (check only | NUMBER: PAGE 125 / 149 |
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| NAME OF COMMITTEE (In Full) Political Action Committee of the America | n Association of Orthopae | dic Surgeons | |
| Full Name (Last, First, Middle Initial) Friends Of Sessions Senate Committee I | nc | | Transaction ID: 27753724 Date of Disbursement |
| Mailing Address P O Box 4278 | | | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $ |
| City Montgomery | State Zip Code AL 36103 | | Amount of Each Disbursement this Period |
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| Candidate Name Sen. Jeff Sessions | | Category/ Type | |
| X Senate President | ement For: 2008 Primary General Other (specify) | | |
| State: AL District: Full Name (Last, First, Middle Initial) | | | Transaction ID: 27770444 |
| Andre Carson For Congress | | | Date of Disbursement |
| Mailing Address One North Capitol Stree | t #211 | | 04 24 2008 |
| City Indianapolis | State Zip Code IN 46204 | | Amount of Each Disbursement this Perio |
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| Candidate Name Andre Carson | | Category/ Type | |
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| Full Name (Last, First, Middle Initial) Mike Rogers For Congress | | | Transaction ID: 27812965 Date of Disbursement |
| Mailing Address 123 East 13th Street | | | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $ |
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| Candidate Name Rep. Michael D. Rogers | | Category/ Type | |
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| Political Action Committee of the Amer | can Association of Orthopaed | lic Surgeon | S | | |
| Full Name (Last, First, Middle Initial) Lucille Roybal-Allard For Congress | | | Transaction ID: 2 Date of Disburseme | ent | 1 |
| Mailing Address P.O. Box 582 | | | | | |
| City Kensington | State Zip Code MD 20895 | | Amount of Each Dis | | riod |
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| Candidate Name Rep. Lucille Roybal-Allard | | Category/ Type | | | |
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| Full Name (Last, First, Middle Initial) | | | Transaction ID: 2 | 27812967 | |
| Battle Born Leadership PAC | | | Date of Disburseme | ent | |
| Mailing Address 1155 21st Street NW | Suite 300 | | 04 / 29 | Ž 0 0 8 Y | |
| City Washington | State Zip Code DC 20036 | | Amount of Each Dis | sbursement this Per | riod |
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| Full Name (Last, First, Middle Initial) Price For Congress | | | Date of Disburseme | | |
| Mailing Address P.O. Box 425 | | | $\begin{bmatrix} 0 & 4 & 4 & 2 & 9 \end{bmatrix}$ | ['] 2008 ['] | |
| City Roswell | State Zip Code GA 30077 | | Amount of Each Dis | sbursement this Per | riod |
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| Candidate Name Rep. Thomas E. Price, M.D. | | Category/ Type | | | |
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| \rangle | NAME OF COMMITTEE (In Full) Political Action Committee of the Amer | ican Association of Orthop | aedio | c Sı | urgeon | S | | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee | | | | | | of Dis | burse | ment | 1296 | 9 | |
| | Mailing Address P.O. Box 8331 | | | | | 0 ^M 4 | M / | ^D 2 | 9 / | Y | ž 0 ŏ 8 | 3 ^Y |
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| | Wyoming Values PAC | | | | | | of Dis | burse | ment | | | Y |
| | Mailing Address PO Box 1665 | | | | | 0 4 | | 2 | 9 / | | ž 0 ŏ 8 | 3 |
| | City Alexandria | State Zip Code VA 22313 | | | | Amou | unt of I | Each | Disbu | | nt this I | |
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| | Full Name (Last, First, Middle Initial) Matheson For Congress | | | | | Date | of Dis | burse | ment | 1297 | | |
| | Mailing Address PO Box 521048 Suite A | | | | | 0 ^M 4 | M / | 2 | 9 / | Y | ž 0 ŏ 8 | 3 1 |
| | City Salt Lake City | State Zip Code UT 84152 | | | | Amou | unt of I | Each | Disbu | | nt this I | |
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| | Candidate Name Rep. James D. Matheson | | | atec Typ | gory/ pe | | | | | | | |
| | Senate President | ursement For: 2008 X Primary General Other (specify) | • | | | | | | | | | |
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| H | : 04 dle Initial) | | | Transaction ID: 27812980 Date of Disbursement |
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| Mailing Addres | es P.O. Box 1776 | | | | | | 0 ^M 4 | M / C | 29 / | Y | οδε | } Y |
| City Freedom | | State PA | Zip Code 15042 | | | | Amou | nt of Ead | ch Disbu | | - | _ |
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| City Levittown | | State PA | Zip Code 19058 | | | | Amou | nt of Ead | ch Disbu | rsemer | t this F | eric ² |
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| Candidate Nar Rep. Patrick | | | | | ategory/ Type | 1 | | | | | | |
| Office Sought: | Senate | ement For: Primary Other (spe | 2008 General ecify) ▼ | | | | | | | | | |
| State: PA | District: 08 2008 C | Congressio | | | | | | | | | | |
| | st, First, Middle Initial) ervatives Fund | | | | | | Date of | of Disbur | | | | |
| Mailing Addres | ss PO Box 2752 | | | | | | 0 ^M 4 | M / D | 29 | Ž | οδε | } |
| City Washington | | State DC | Zip Code 20013 | | | | Amou | nt of Ead | ch Disbu | rsemer | t this F | eric |
| Purpose of Dis | sbursement | | | Г | 011 | 1 | L. | | | 50 | 00.00 |) |
| Candidate Nar House Cons | ne ervatives Fund | | | | ategory/ Type | 1 | | | | | | |
| Office Sought: | House Disburs Senate President | ement For: Primary Other (spe | General | | | | | | | | | |
| State: | District: | _ Cuici (spe | Jony) ▼ | | | | | | | | | |
| CURTOTAL -4.5 | visbursements This Page (optional) | | | | | | | • | • | 70 | 00.00 |) |

A.

В.

C.

| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 130 / 149 |
|---|---|-------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | |
| TI LIMIZED DISBOTISEMENTS | Detailed Summary Page | 21b | 22 X 23 24 25 26 |
| Any Information coning from such Bonorte and State | mente may not be cold or used by | 27 | 28a 28b 28c 29 30b |
| Any Information copied from such Reports and States or for commercial purposes, other than using the nan | | | |
| NAME OF COMMITTEE (In Full) | | | |
| Political Action Committee of the America | n Association of Orthopaed | ic Surgeons | |
| Full Name (Last, First, Middle Initial) Reed Committee | | | Transaction ID: 27812986 Date of Disbursement |
| Mailing Address PO Box 8628 | | | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q \\ 2 & 0 & 0 & 8 \end{bmatrix} $ |
| City Cranston | State Zip Code RI 02920 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | Г | | 4000.00 |
| - | | 011 | |
| Candidate Name Sen. Jack Reed | | Category/ Type | |
| Office Sought: House X Senate President | ement For: 2008 Primary X General Other (specify) | . 7,60 | |
| State: RI District: | Curior (oposity) | | |
| Full Name (Last, First, Middle Initial) The Freedom Project | | | Transaction ID: 27812987 Date of Disbursement |
| Mailing Address 424 C Street, NE Basement Unit | | | $\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 9 & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$ |
| City Washington | State Zip Code DC 20002 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 2500.00 |
| Candidate Name The Freedom Project | | Category/ Type | |
| Office Sought: House Disburs Senate President | ement For: Primary General Other (specify) | | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 27812989 |
| Castor For Congress | | | Date of Disbursement |
| Mailing Address 301 W. Platt Street #38 | 5 | | $\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$ |
| City Tampa | State Zip Code FL 33606 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | Г | | 1000.00 |
| Candidate Name | | 011 Category/ | |
| Rep. Katherine Castor | | Type | |
| | ement For: 2008 Primary General Other (specify) | | |
| State: FL District: 11 | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 7500.00 |
| | | | |

TOTAL This Period (last page this line number only)

| TEMPER DISPURSEMENTS | Use separate schedule(s) | (check only | NUMBER: PAGE 131 / 149 vone) |
|---|---|-------------------|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 28 28a 28b 28c 29 |
| Any Information copied from such Reports and S or for commercial purposes, other than using the | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the Ame | rican Association of Orthopa | edic Surgeons | 5 |
| Full Name (Last, First, Middle Initial) Gillibrand For Congress | | | Transaction ID: 27812990 Date of Disbursement |
| Mailing Address P.O. Box 15734 | | | $\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&0\\2&9\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&0\\2&0&0&8\end{smallmatrix}$ |
| City Washington | State Zip Code DC 20003 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 2000.00 |
| Candidate Name Rep. Kirsten Gillibrand | | Category/ Type | |
| Senate President | bursement For: 2008 Primary General X Other (specify) | | |
| | 08 Congressional G | | |
| Full Name (Last, First, Middle Initial) Friends Of Joe Pitts | | | Transaction ID: 27812991 Date of Disbursement |
| Mailing Address PO Box 775 | | | 04 |
| City Unionville | State Zip Code PA 19375 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 2000.00 |
| Candidate Name Rep. Joseph R. Pitts | | Category/ Type | |
| Office Sought: X House Dis Senate President | oursement For: 2008 Primary General X Other (specify) ▼ | | |
| | 08 Congressional G | | |
| Full Name (Last, First, Middle Initial) Marion Berry For Congress | | | Transaction ID: 27812993 Date of Disbursement |
| Mailing Address P.O. Box 8084 | | | $\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \Big/ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \Big] \Big/ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & O & B \end{bmatrix}^{Y}$ |
| City Jonesboro | State Zip Code AR 72403 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 1500.00 |
| Candidate Name Rep. Marion Berry | | Category/ Type | |
| Senate President | oursement For: 2008 X Primary General Other (specify) | | |
| State: AR District: 01 | | | |
| | | | 5500.00 |

| | CHEDULE B (FEC FOIII 3X) | Use separate schedule(s | s) | | R LINE neck only | NUMBE | R: | | PAGE | 132 / | 149 |
|----------|--|---|----|-------------|---------------------|------------------|------------|------------|-------------|----------|-----|
| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | È | 21b 27 | 22 28a | X 23 28 | <u>□</u> 2 | 24 28c | 25 29 | |
| | y Information copied from such Reports and State for commercial purposes, other than using the nan | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the America | | | | | | ibutions. | TIOHI 30 | ion com | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC (CBC-I | PAC) | | | | Date | of Disbu | rsemen | | | |
| | Mailing Address 227 Massachusetts Ave | , NE | | | | 0 ^M 4 | M / | 29 | 2 | 2 0 ŏ 8 | Y |
| | City Washington | State Zip Code DC 20002 | | | | Amou | nt of Ea | ch Disb | ursemer | | |
| | Purpose of Disbursement | | | 01 | | | | | 50 | 00.00 | |
| | Candidate Name Congressional Black Caucus PAC (CBC-I | <u> </u> | | ateg Typ | - | | | | | | |
| | Office Sought: Senate President State: Disburs Senate | ement For: Primary General Other (specify) ▼ | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Republican Main Street Partnership | | | | | | of Disbu | rsemen | 812995 t | 5 | |
| | Mailing Address 2201 Wisconsin Avenue Suite 320 | NW | | | | 0 4 | M / | 29 | 2 | 2 0 ŏ 8 | Y |
| | City Washington | State Zip Code DC 20007 | | | | Amou | nt of Ea | ch Disb | ursemer | | |
| | Purpose of Disbursement | | | 01 | | L. | | | 50 | 00.00 | |
| | Candidate Name Republican Main Street Partnership | | | ateg Typ | - | | | | | | |
| | Office Sought: House Disburs Senate President State: District: | ement For: Primary General Other (specify) ▼ | · | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Friends Of Bill Posey | | | | | Date | of Disbu | rsemen | | | |
| | Mailing Address 1824 South Fiske Boule | vard | | | | 0 ^M 5 | M / | 0 2 | 2 | 2 0 ŏ 8 | Y |
| | City Rockledge | State Zip Code FL 32955 | | | | Amou | nt of Ea | ch Disb | ursemer | | - |
| | Purpose of Disbursement | | | 01 | 1 | L. | | | 50 | 00.00 | |
| | Candidate Name Mr. Bill Posey | | | ateg Typ | | | | | | | |
| | Senate > | ement For: 2008 Primary General Other (specify) | _ | | | | | | | | |
| | State: FL District: 15 | | | | | | | | | | |

| | | Use separate schedule(s | s) | | OR LINE heck on | : NUMBE lv one) | :K: | | L P/ | AGE | 133 / | 149 |
|--------------|--|---|-------|------------|--------------------|--------------------|----------------|---------------------------------|---------------------------|----------------|----------|----------|
| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | Ë | 21b 27 | 22 28a | \Box | 23 28b | 24 28c | | 25 29 | 26 |
| | y Information copied from such Reports and Stator commercial purposes, other than using the national states. | | | | | | | | | | | |
| Λ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \mathbb{Z} | Political Action Committee of the America | can Association of Orthop | aedio | s S | urgeon | S | | | | | | |
| | Full Name (Last, First, Middle Initial) Schultz Debbie Wasserman | | | | | | | n ID: bursem | _ | 7911 | | |
| | Mailing Address 1071 Twin Branch Ln | | | | | 0 ^M 5 | M / | 0 2 | | ^Y 2 | 0 ŏ 8 | Y |
| | City Weston | State Zip Code FL 33326 | | | | Amou | unt of | Each D | isburse | emen | t this F | Period |
| | Purpose of Disbursement | | | 01 | 1 | <u> </u> | | | | 50 | 00.00 |) |
| | Candidate Name Rep. Debbie Wasserman-Schultz | | C | | gory/ | | | | | | | |
| | Senate President | rsement For: 2008 Primary General X Other (specify) | | | | | | | | | | |
| | State: FL District: 20 2008 Full Name (Last, First, Middle Initial) | Congressional G | | | | | | | | | | |
| 1 | Kay Granger Campaign Fund | | | | | Date | of Dis | n ID: bursem | nent | | | |
| | Mailing Address 715 Jones Street Suite | 101 | | | | 0 2 | M / | 2 0 | | ž | 0 Ď 8 | Y |
| | City Fort Worth | State Zip Code TX 76102 | | | | Amou | unt of | Each D | isburse | | | |
| | Purpose of Disbursement Funds Reported On April 15 Quarterly Report | | | 01 | 1 | | | | | 10 | 00.00 |) |
| | Candidate Name Rep. Kay Granger | | | ate Typ | gory/ oe | | | | | | | |
| | Office Sought: X House Senate President State: TX District: 12 | rsement For: 2008 X Primary General Other (specify) ▼ | • | | | Fund 15 Q | s Rep uarte | емј ported rly Rep | On A _l port | pril | | |
| | Full Name (Last, First, Middle Initial) | | | | | Trans | sactio | n ID: | 27832 | 2710 | | |
| | Kay Granger Campaign Fund | | | | | Date | | bursem | | | | V |
| | Mailing Address 715 Jones Street Suite | 101 | | | | 0 5 | M / | 0 7 | | Ż | 0 Ď 8 | <u> </u> |
| | City Fort Worth | State Zip Code TX 76102 | | | | Amou | unt of | Each D | isburse | ement | t this F | eriod |
| | Purpose of Disbursement Re-designated funds for trans. dated 2/20/2008 | · | | 01 | 1 | L. | | | | 10 | 00.00 |) |
| | Candidate Name Rep. Kay Granger | | | | gory/ | | | | | | | |
| | Office Sought: X House Disbut Senate President | rsement For: 2008 Primary General X Other (specify) | 1 | - 1 | | Re-de trans | | EM] ated fued 2/20 | unds f 0/2008 | or } | | |
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| s | UBTOTAL of Disbursements This Page (options | (l£ | | | <u> </u> | | | | | 50 | 00.00 |) |
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| | | O (FEC FOIIII | , l | | arate schedule(s) | | | | NUMBE y one) | n. | | L | PAGE | 134 / | 149 |
|------|-----------------------------------|--|--------------|-----------------------------------|---------------------------------|-----|---------------|-----------|------------------|--------|----------------|--------------|-------|-----------|-------|
| | | SBURSEMEN | | Detailed | category of the Summary Page | | À | 21b 27 | 22 28a | | 23 28b | 24 28 | 3c | 25 29 | |
| r fo | or commercial pu | ed from such Reports rposes, other than usi MITTEE (In Full) n Committee of the | ing the name | and addre | ess of any political | com | mitte | ee to so | olicit cont | | | | | | 5 |
| | Full Name (Last. | First, Middle Initial) | | | | | | | Trop | nostic | n ID: | 278 | 70420 | ` | |
| | Friends Of Ro | , | | | | | | | Date | | | ement | | | Υ |
| | Mailing Address | 12 Trumbull St | reet | | | | | | 0 ^M 5 | | 1 | 4 | 2 | 6 0 Š | 3 |
| | City New Haven | | | State CT | Zip Code 06511 | | | | Amou | unt of | Each | Disbu | | | |
| | Purpose of Disbu | ırsement | | | | | 011 | | L. | | | | 10 | 00.00 | 0 |
| | Candidate Name Rep. Rosa L. I | DeLauro | | | | | atego Type | • | | | | | | | |
| | Office Sought: | X House Senate President | X | Primary Other (sp | | | | | | | | | | | |
| | State: CT | District: 03 | 2008 Co | ngressio | nal G | | | | | | | | | | |
| | | First, Middle Initial) Bill Young Campa | aign Comm | ittee | | | | | Date | of Dis | burse | 278 ement | | | _ |
| | Mailing Address | P. O. Box 4702 | 25 | | | | | | 0 ^M 5 | M / | ^D 1 | 4 / | YZ | 6 0 Š | 3 Y |
| | City St. Petersburg | | | State =L | Zip Code 33743 | | | | Amou | ınt of | Each | Disbu | semer | nt this F | Perio |
| | Purpose of Disbu | ırsement | | | | | 011 | | L. | | | | 2 | 500.00 | 0 |
| | Candidate Name Rep. C.W. Bill | Young | | | | Ca | atego Type | ory/ | | | | | | | |
| | Office Sought: | X House Senate President | | nent For: Primary Other (sp | 2008 General ecify) | | | | | | | | | | |
| | State: FL | District: 10 | 2008 Co | ngressio | onal G | | | | | | | | | | |
| | Engel For Con | First, Middle Initial) gress | | | | | | | Date | | | 278 ement | | | V |
| | Mailing Address | 462 California | Road | | | | | | 0 ^M 5 | | 1 | 4 / | 2 | 2 0 ŏ 8 | 3 |
| | City Bronxville | | | State VY | Zip Code 10708 | | | | Amou | unt of | Each | Disbu | | | |
| | Purpose of Disbu | ırsement | | | | | 011 | | <u>L</u> . | | - | | 10 | 0.00 | 0 |
| | Candidate Name Rep. Eliot L. E | ngel | | | | Ca | atego Type | ory/ | | | | | | | |
| | Office Sought: | X House Senate President | 1 | nent For: Primary Other (sp | 2008 General ecify) | | | | | | | | | | |
| | State: NY | District: 17 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| CHEDULE B (FEC FOIII 3X) | | rate schedule(s) | (check on | E NUMBER: PAGE 135 / 149 |
|---|----------------------------------|---------------------------------------|-------------------|---|
| TEMIZED DISBURSEMENTS | Detailed S | category of the Summary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| any Information copied from such Reports and Star for commercial purposes, other than using the r | | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri | can Associati | on of Orthopa | edic Surgeon | s |
| Full Name (Last, First, Middle Initial) America Works Committee | | | | Transaction ID: 27879441 Date of Disbursement |
| Mailing Address 607 14th Street N.W. Suite 800 | | | | 05 14 7 2008 |
| City Washington | State DC | Zip Code 20005 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Candidate Name | | | 011 | 5000.00 |
| America Works Committee | ursement For: | | Category/ Type | |
| Senate President | Primary Other (spe | General cify) ▼ | | |
| State: District: Full Name (Last, First, Middle Initial) AMERIPAC: The Fund For A Greater A | merica | | | Transaction ID: 27879443 Date of Disbursement |
| Mailing Address 499 South Capitol Str #414 | eet, SW | | | 05 14 7 2008 |
| City Washington | State DC | Zip Code 20003 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | | 011 | 5000.00 |
| Candidate Name AMERIPAC: The Fund For A Greater A | merica | | Category/ Type | |
| Senate President | ursement For: Primary Other (spe | General cify) ▼ | | |
| State: District: Full Name (Last, First, Middle Initial) Battle Born Leadership PAC | | | | Transaction ID: 27879444 Date of Disbursement |
| Mailing Address 1155 21st Street NW | Suite 300 | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Washington | State DC | Zip Code 20036 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | | 011 | 4000.00 |
| Candidate Name Battle Born Leadership PAC | | | Category/ Type | |
| Office Sought: House Disb | Primary | General | | |
| President | Other (spe | O(1 y) ₩ | | |
| State: President District: | Other (spec | ————————————————————————————————————— | | |

| Springfield OR 97477 Purpose of Disbursement Candidate Name Rep. Peter A. DeFazio Office Sought: | ny Information copied from such Reports and State | for each category of the | crieck onli | <u> </u> |
|---|---|--------------------------|-------------|--|
| NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Defazio For Congress Mailing Address PO Box 1316 City Purpose of Disbursement Citizens for Harkin Office Sought: Candidate Name Purpose of Disbursement City Senate Purpose of Disbursement City Senate Purpose of Disbursement Office Sought: Candidate Name Cardidate Name Purpose of Disbursement City State Cardidate Name Cardidate Name Purpose of Disbursement Office Sought: Candidate Name Cardidate Name Cardidate Name Cardidate Name Cardidate Name Condidate Name Cardidate Na | | | 27 | ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ |
| NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Defazio For Congress Mailing Address PO Box 1316 City Springfield OR 97477 Purpose of Disbursement Candidate Name Rep. Peter A. DeFazio Office Sought: X House Senate President State: OR District: 04 Full Name (Last, First, Middle Initial) Citizens for Harkin Mailing Address PO Box 811 City Springfield OR 97477 Purpose of Disbursement For: 2008 Purpose of Disbursement Candidate Name Tom Harkin Office Sought: X House President State: IA District: Full Name (Last, First, Middle Initial) Citizens for Harkin Mailing Address PO Box 811 City Springfield OR 97477 Date of Disbursement Tom 2500.00 Transaction ID: 27879447 Date of Disbursement 0 11 Category' Type Transaction ID: 27879447 Date of Disbursement 0 11 Category' Type Transaction ID: 27879447 Date of Disbursement 0 11 Category' Type Office Sought: House President State: IA District: Full Name (Last, First, Middle Initial) Victory Now PAC Mailing Address 10605 Concord Street Suite 202 Middle Initial) City Kensington Middle Initial) City Kensington Middle Initial) City Category' Type Transaction ID: 27879450 Date of Disbursement The Peri Date of Date of Disbursement The Peri Date of Date of Disbursement The Peri Date of Date of Disbursement The | | | | |
| Defazio For Congress Mailing Address PO Box 1316 City Springfield OR 97477 Purpose of Disbursement Candidate Name Rep. Peter A. DeFazio Office Sought: | ` ' | | | |
| City Springfield OR 97477 Purpose of Disbursement Candidate Name Rep. Peter A. DeFazio Office Sought: | , | | | |
| Springfield OR 97477 Purpose of Disbursement Candidate Name Rep. Peter A. DeFazio Office Sought: | Mailing Address PO Box 1316 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$ |
| Candidate Name Rep. Peter A. DeFazio Office Sought: | Springfield | | | Amount of Each Disbursement this Period |
| Rep. Peter A. DeFazio Office Sought: X House Senate President State: OR District: 04 Full Name (Last, First, Middle Initial) City City State Zip Code Des Moines IA 50304 Purpose of Disbursement Candidate Name Torm Harkin Office Sought: A Bout Senate President State: IA District: Full Name (Last, First, Middle Initial) City State Zip Code IA 50304 Purpose of Disbursement Candidate Name Torm Harkin Office Sought: House Primary A General President State: IA District: Full Name (Last, First, Middle Initial) Victory Now PAC Mailing Address 10605 Concord Street Suite 202 City State Zip Code MD 20895 Purpose of Disbursement Cardidate Name Torm State: IA District: In Category/ Type Transaction ID: 27879450 Date of Disbursement Transaction ID: 27879450 Date of Disbursement Office Sought: Other (specify) ▼ Amount of Each Disbursement this Perion State: In Category/ Type Transaction ID: 27879450 Date of Disbursement Office Sought: Other (specify) ▼ Other (speci | | | | 2500.00 |
| Senate President State: OR District: 04 Full Name (Last, First, Middle Initial) City Des Moines IA 50304 Purpose of Disbursement Candidate Name Tom Harkin State: IA District: Full Name (Last, First, Middle Initial) City Des Moines IA 50304 Purpose of Disbursement Candidate Name Tom Harkin Other (specify) ▼ Amount of Each Disbursement this Perion Type Transaction ID: 27879447 Date of Disbursement Other (specify) Type Amount of Each Disbursement this Perion Type Transaction ID: 27879450 Date of Disbursement Transaction ID: 27879450 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perion Type Transaction ID: 27879450 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perion Type Transaction ID: 27879450 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perion Type Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement this Perion Type Other (specify) ▼ State: Disbursement Other (specify) ▼ | Rep. Peter A. DeFazio | 0000 | | |
| Full Name (Last, First, Middle Initial) Citizens for Harkin Mailing Address PO Box 811 City State Zip Code Des Moines IA 50304 Purpose of Disbursement Candidate Name Tom Harkin Office Sought: House X Senate President State: IA District: Full Name (Last, First, Middle Initial) Victory Now PAC Mailing Address 10605 Concord Street Suite 202 City Kensington MD 20895 Purpose of Disbursement Candidate Name Victory Now PAC Disbursement Other (specify) ▼ Amount of Each Disbursement this Perion 1000.00 Transaction ID: 27879450 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perion 1000.00 Transaction ID: 27879450 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement 1011 Category/ Type Transaction ID: 27879450 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perion 1011 Category/ Type Other (specify) ▼ Category/ Type Other (specify) ▼ | Senate President | X Primary General | | |
| Citizens for Harkin Mailing Address PO Box 811 City State Zip Code IA 50304 Purpose of Disbursement Candidate Name Tom Harkin Office Sought: House X Senate Primary X General Other (specify) ▼ State: IA District: Full Name (Last, First, Middle Initial) Victory Now PAC Mailing Address 10605 Concord Street Suite 202 City Kensington MD 20895 Purpose of Disbursement Candidate Name Victory Now PAC More State Zip Code MD 20895 Date of Disbursement this Periode Amount of Each Disbursement this Periode No State Suite 202 Amount of Each Disbursement this Periode Amount of Each Disbursement this Periode No State Suite 202 City State Zip Code MD 20895 Purpose of Disbursement Candidate Name Victory Now PAC Office Sought: House Senate Primary General Other (specify) ▼ State: District: President Disbursement For: Senate Primary General Other (specify) ▼ Other (specify) ▼ | | | | Transaction ID: 07070447 |
| City Des Moines IA 50304 Purpose of Disbursement Candidate Name Torn Harkin Office Sought: House President President Suite 202 City Mailing Address 10605 Concord Street Suite 202 City State Zip Code (Street Suite 202 City State Zip Code (Street Suite 202 City State Zip Code (Street Suite 202 City Code (State Zip Code (Street Suite 202 City Code (State Zip Code (Street Suite 202 City Code (State Zip Code (Street Suite 202 City Candidate Name (Victory Now PAC Candidate Name (Victory Now PAC Office Sought: House Primary General Other (specify) ▼ Senate Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼ State: District: District: Office Sought: President Other (specify) ▼ Office Sought: President Other (specify) ▼ Office Sought: Primary General Other (specify) ▼ Office Sought: District: Office Sought: Primary General Other (specify) ▼ Office Sought: District: Office Sought: President Other (specify) ▼ | , | | | Date of Disbursement |
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| \ | COMMITTEE (In Full) Action Committee of the | e American Associat | tion of Orthopae | edic (| Surgeo | ns | | | | |
| | (Last, First, Middle Initial) Diaz-Balart For Congres | S | | | | Date | saction II | sement | | |
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| Mailing A | ey Hutchison For Senate Idress PO Box 9190 | e Committee | | | | Date 0 5 | of Disbur | | Ý Ž0 | 8 0 8 |
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| Full Name | (Last, First, Middle Initial) Bean For Congress | | | | | Date | saction II | sement | 6699 | |
| Mailing A | ddress PO Box 3068 | | | | | 0 ^M 5 | M / D | 3 0 / | y žo | 8 0 |
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| Candidate Rep. Me | Name lissa L. Bean | | | | egory/ ype | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee of the Americ | an Association of Orthopa | edic Surgeons | s |
| Full Name (Last, First, Middle Initial) Tierney For Congress | | | Transaction ID: 27966700 Date of Disbursement |
| Mailing Address 49 Federal Street | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Salem | State Zip Code MA 01970 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Candidate Name | | 011 Category/ | 2500.00 |
| Rep. John F. Tierney | | Type | |
| Senate President | x Primary General Other (specify) | | |
| State: MA District: 06 Full Name (Last, First, Middle Initial) | | | |
| Latham For Congress | | | Transaction ID: 27995175 Date of Disbursement |
| Mailing Address P.O. Box 71 PO Box 71 | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Clarion | State Zip Code IA 50525 | | Amount of Each Disbursement this Perio |
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| Candidate Name Rep. Thomas P. Latham | | Category/ Type | |
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| City Springfield | State Zip Code MO 65805 | | Amount of Each Disbursement this Perio |
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| <u> </u> | Full Name (Last, First, Middle Initial) Coleman For Senate 08 Mailing Address 680 Transfer Road Su | te A | | | | Date | | sburs | | 7995 nt | | 0 ŏ 8 | Y |
| | City St Paul Purpose of Disbursement | State Zip Code MN 55114 | | | | Amoi | unt o | f Eacl | n Disl | burse | - | this F | - |
| | Candidate Name Sen. Norm Coleman | | Ca | 01 ateg Typ | jory/ | | | | | | | | |
| | Office Sought: House Disbu X Senate President State: MN District: | rsement For: 2008 Primary X General Other (specify) ▼ | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Citizens for Harkin Mailing Address PO Box 811 | | | | | | | sburs | | 7995 nt | | 0 Ý 8 | Y |
| | City Des Moines Purpose of Disbursement Candidate Name Tom Harkin | State Zip Code IA 50304 | Ca | | jory/ | Amo | unt o | f Eacl | n Disl | burse | - | this F | |
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| | Full Name (Last, First, Middle Initial) Vern Buchanan For Congress | | | | | Date | | sburs | eme | 7995 nt | | Y | Y |
| | Mailing Address P. O. Box 48928 | | | | | 0 6 | | | 9 | | | o ŏ 8 | |
| | City Sarasota | State Zip Code FL 34230 | | | | Amoi | unt o | f Eacl | n Disl | burse | - | this F | - |
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| | Office Sought: State: MO | X House Senate President District: 02 | | | 2008 General ecify) ▼ | | | | | | | | | | | |
| | Full Name (Last, Sue Myrick Fo Mailing Address | First, Middle Initial) r Congress P.O. Box 3709 | 1 | | | | | | Trans Date | | sburs | | | | o ŏ 8 | Y |
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| | Candidate Name Rep. Sue Wilk | ins Myrick | | | | Ca | ateg Typ | ory/ | | | | | | | | |
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| Political Action Committee of the An | erican Association of Offi | iopaedii | c Sur | geons | i | | | | | | |
| Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address PO Box 521048 | | | | | Date | | sburse | | 99518 t | 36 Ž 0 Ŏ | 8 [*] |
| Suite A City Salt Lake City | State Zip Code UT 84152 | | | | Amou | ınt of | Each | Disb | ursem | ent this | Period |
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| State: UT District: 02 2 Full Name (Last, First, Middle Initial) Alamo PAC | 008 Congressional G | | | | | | on ID: | _ | 0626 ² | 12 | |
| Mailing Address 816 Congress Ave Frost Bank Plaza | Suite 960 | | | | 0 ^M 6 | M / | ^D 1 | ^D 7 | / Y | ž 0 ŏ | 8 ^Y |
| City Austin | State Zip Code TX 78701 | | | | Amou | int of | Each | Disb | | ent this | |
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| Full Name (Last, First, Middle Initial) Porter For Congress | | | | | Date | of Di | sburse | emen | 06264 t | | |
| Mailing Address 7840 Red Leaf Driv | /e | | | | 0 6 | M / | ^D 1 | ^D 7 | L. | žoŏ | 8 ^Y |
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| NAME OF COMMITTEE (In Full) Political Action Committee of the Am | erican Association of Orthop | aedic Surgeo | ns | |
| Full Name (Last, First, Middle Initial) Demint For Senate Committee Inc | | | Transaction ID: 2 Date of Disburseme | nt |
| Mailing Address PO Box 12425 | | | 06 / 17 | 2008 |
| City Columbia | State Zip Code SC 29211 | | Amount of Each Dis | bursement this Period |
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| Candidate Name Sen. James W. DeMint | | Category/ Type | | |
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| Mailing Address P.O. Box 819 PO Box 819 | | | 06 / 17 | 2008 |
| City Amherst | State Zip Code MA 01004 | | Amount of Each Dis | bursement this Period |
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| Mailing Address P.O. Box 860096 | | | 06 / 17 | 2008 |
| City Plano | State Zip Code TX 75086 | | Amount of Each Dis | bursement this Period |
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| Candidate Name Rep. Samuel Robert Johnson | | Category/ Type | | |
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| Mailing Address P.O. Box 490286 | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City St Chicago IL | tate L | Zip Code 60649 | | Amount of Each Disbursement this Period |
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| Candidate Name Rep. Jesse L. Jackson, Jr. | | | Category/ Type | |
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| State: IL District: 02 2008 Cor Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress | ngression | al G | | Transaction ID: 28088079 |
| Mailing Address 235 Montgomery Street | | | | Date of Disbursement One of Disbursement Done of Disbursement |
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| Candidate Name Rep. Nancy Pelosi | | _ | Category/ Type | |
| President X C | Primary Other (spec | | | |
| State: CA District: 08 2008 Cor SUBTOTAL of Disbursements This Page (optional) | | | | 8500.00 |

| | | 3 (FEC Form | , , | lse sepa | arate schedule(s) | | | E NUMBER: | PAGE | 145 / 149 | | | |
|-----------------|---|------------------------------------|--------------|----------------------------|-----------------------------------|---|---------------|--------------------------------|--------------------------------------|------------|--|--|--|
| ITEM | IIZED DIS | SBURSEMEN | | | category of the ´ Summary Page | | 21b 27 | 22 X 23 28a 28t | | 25 29 | | | |
| | | ed from such Reports | | | | | | | | | | | |
| NAM | ME OF COM | MITTEE (In Full) Committee of the | | | | | | | | | | | |
| | Name (Last, cker For Se | First, Middle Initial) nate | | | | | | Transaction I Date of Disbu | D : 28088080 rsement | | | | |
| Maili | ling Address | PO Box 64 | | | | | | 06 / | 20 / 2 | 0 0 8 ° | | | |
| City Jac | kson | | Stat MS | | Zip Code 39205 | | | Amount of Ea | ch Disbursement | | | | |
| | pose of Disbu | rsement | | | | - |)11 | | 500 | 00.00 | | | |
| Mr. | ndidate Name Roger Wic | | Diahomaana | | 0000 | | egory/ ype | | | | | | |
| | ce Sought: | House X Senate President | | mary | 2008 X General ecify) ▼ | | | | | | | | |
| Full | te: MS Name (Last, PACT | District: First, Middle Initial) | | | | | | Transaction I Date of Disbu | D: 28088082 rsement | | | | |
| Maili | Mailing Address 509 Madison Avenue Suite 1902 | | | | | | | 06 / 1 | 20 / 20 | 0 0 8 ° | | | |
| City Nev | , w York | Gaile 1962 | Stat NY | | Zip Code 10022 | | | Amount of Ea | ch Disbursement | this Perio | | | |
| | pose of Disbu | rsement | | | | 0 |)11 | L | 500 | 00.00 | | | |
| IMP | ndidate Name PACT | | | | | | egory/ ype | | | | | | |
| Office State | ce Sought: | House Senate President District: | | mary | General ecify) ▼ | | | | | | | | |
| Full | Name (Last, | First, Middle Initial) or Congress | | | | | | Date of Disbu | | | | | |
| Maili | ling Address | P. O. Box 622 | 345 | | | | | 06 / | | 0 0 8 ° | | | |
| City Ovi | , iedo | | Stat FL | State Zip Code FL 32762 | | | | Amount of Ea | Amount of Each Disbursement this Per | | | | |
| | Purpose of Disbursement | | | | | | | L | 500 | 00.00 | | | |
| | ndidate Name p. Tom Fee | | | | | | egory/ ype | | | | | | |
| | | χ House | Disbursemer | | 2008 | | | | | | | | |
| Offic | ce Sought: te: FL | Senate President District: 24 | X Pri Otl | • | ☐ General ecify) ▼ | | | | | | | | |

| SCHEDULE B (FEC Form 3X | Use separate sched | Juie(S) /_Li | NUMBER: PAGE 146/149 |
|--|--|---|---|
| ITEMIZED DISBURSEMENTS | for each category o Detailed Summary | rithe light r | 22 X 23 24 25 28 28a 28b 28c 29 |
| Any Information copied from such Reports and or for commercial purposes, other than using the commercial purposes. | Statements may not be sold one name and address of any p | or used by any person political committee to so | for the purpose of soliciting contributions plicit contributions from such committee |
| NAME OF COMMITTEE (In Full) | | | |
| Political Action Committee of the An | nerican Association of Or | thopaedic Surgeon | S |
| Full Name (Last, First, Middle Initial) PAC to the Future | | | Transaction ID: 28088096 Date of Disbursement |
| Mailing Address 499 South Capitol #107 | Street, SW | | $\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & C & D & C & C & C \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} N & Y & Y & Y & Y \\ Q & D & N & C \\ C & C & C & C \\ \end{smallmatrix} \end{bmatrix}$ |
| City Washington | State Zip Code DC 20003 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 5000.00 |
| Candidate Name PAC to the Future | | Category/ Type | |
| Office Sought: House C Senate President | isbursement For: Primary Ge Other (specify) | neral | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) Texas Freedom Fund | | | Transaction ID: 28123145 Date of Disbursement |
| Mailing Address PO Box 6136 | | | 06 7 30 7 2008 |
| City Alexandria | State Zip Code VA 22306 | 9 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 5000.00 |
| Candidate Name Texas Freedom Fund | | Category/ Type | |
| Office Sought: House Senate President | isbursement For: Primary Ge Other (specify) | neral | |
| State: District: Full Name (Last, First, Middle Initial) | | | T |
| Simpson For Congress | | | Transaction ID: 28123146 Date of Disbursement |
| Mailing Address 1487 Parkway Driv | ve . | | 06 06 7 03 0 7 2 0 0 8 |
| City Blackfoot | State Zip Code ID 83221 | 9 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 2000.00 |
| Candidate Name Rep. Michael K. Simpson | | Category/ Type | |
| Office Sought: X House Senate President | isbursement For: 200 Primary Ge X Other (specify) | 8 neral | |
| State: ID District: 02 2 | 008 Congressional G | | |
| SUBTOTAL of Disbursements This Page (op | otional) | > | 12000.00 |
| TOTAL This Period (last page this line numb | er only) | | 219000.00 |

A.

В.

C.

| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | | E NUMBE | R: | PAGE 147/149 | | | |
|---|--|--------|--------------------------|-----------------------|--------------------------|----------------------|---------|--------------|-----------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | (check or X 21b 27 | 1ly one) 22 28a | 23 28b | 24 28c | | 25 29 | 26 30b |
| Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name | | | ny persor | for the pu | rpose of s | oliciting co | ontribu | itions | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the American | Association of Orthopa | edic (| Surgeor | าร | | | | | |
| Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St. | Date | | | | | | | | |
| • | State Zip Code IL 60675 | | | Amou | ınt of Each | Disburse | ment t | this P | eriod |
| Purpose of Disbursement Bank fees deducted from account Candidate Name | | Cat | 001 egory/ | L. | | | 87 | 0.47 | |
| Office Sought: House | ment For: Primary General Other (specify) | Т | ype | Bank accou | fees ded int | ucted fro | om | | |
| Full Name (Last, First, Middle Initial) United States Treasury Mailing Address | | | | Date | saction ID of Disburs | - | |) ŏ 8 | Y |
| | State Zip Code | | | Amou | int of Each | Disburse | ment t | this P | eriod |
| Purpose of Disbursement Estimated tax payment on 1st Quarter Interest Inco Candidate Name | me | Cat | 001 egory/ | | | | 346 | 62.00 |) |
| Office Sought: House Disburser Senate President State: District: | ment For: Primary General Other (specify) | Т | ype | Estim 1st Q me | ated tax uarter In | paymen terest Ind | t on | | |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | | | Date | saction ID of Disburs | ement | | | |
| Mailing Address 50 S. LaSalle St. | | | | 0 4 | M / D | 28 / Y | ž | 8 Ó C | Y |
| Chicago | State Zip Code IL 60675 | | | Amou | ınt of Each | Disburse | | this P | |
| Purpose of Disbursement Bank fees deducted from account Candidate Name | | Cat | 001 egory/ ype | | | | . 40 | 33.30 | |
| Office Sought: House Disburser Senate President | ment For: Primary General Other (specify) | | - | Bank accou | fees ded int | ucted fro | m | | |
| State: District: | | | | | | | 476 | 5.97 | |
| SUBTOTAL of Disbursements This Page (optional) | | | <u> </u> | | | | 710 | ÿ.5 <i>1</i> | |

TOTAL This Period (last page this line number only)

В.

C.

| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | | | FOR LINE | | | NE NUMBER: PAGE 148 / 149 only one) | | | | | | |
|---|---|-------------------|------|-----------|-------------|---------------------------|-------------------------------------|------|----------------|----------------|------|----------|----------------|
| ITEMIZED DISBURSEMENTS | | | | X | _ | Á | 22 28a | П | 23 28b | 24 280 | , F | 25 29 | 26 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| Political Action Committee of the American | Associat | ion of Orthopa | edic | S | Surgeor | าร | | | | | | | |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | | | | | | | | | 2782 | 986 | 3 | |
| <u> </u> | | | | | | Date of Disbursement O 5 | | | | | | | |
| Mailing Address 50 S. LaSalle St. | | | | | | | 0 5 | | | 5 | - | 200 | 8 |
| , | State IL | Zip Code 60675 | | | | | Amou | nt o | f Each | Disburs | eme | nt this | Period |
| Purpose of Disbursement | | | | 0 | | | | | | | | 992.5 | 52 |
| Bank fees deducted from account Candidate Name | | | | 00 ate | 01 gory/ | | | | | | | | |
| | | | | | pe | | | | | | | | |
| Senate President | ment For: Primary Other (spe | General ecify) ▼ | | | | - 1 | Bank accou | | s ded | ucted f | rom | | |
| State: District: | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) United States Treasury | | | | | | | | | on ID: | 2796 ement | 372 | 3 | |
| Mailing Address | | | | | | | o ^M 5 | M | [/] 3 | 0 / | Υ | ž 0 Ŏ | 8 ^Y |
| City | State | Zip Code | | | | | Amou | nt o | f Each | Disburs | eme | nt this | Period |
| Purpose of Disbursement Additional 2007 income tax on interest income | | | | 00 | 01 | | | | | | | 229.5 | 53 |
| Candidate Name | | | Са | ate | gory/ pe | | | | | | | | |
| Senate President | ment For: Primary Other (spe | General ecify) ▼ | | | - | | Additi on int | | | 7 incor ome | ne t | ax | |
| State: District: | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | | | | | | | | on ID: | 2798 ement | | | |
| Mailing Address 50 S. LaSalle St. | | | | | | | 0 ^M 5 | M | [/] 2 | 8 8 | Υ | ž 0 ŏ | 8 ^Y |
| , | State IL | Zip Code 60675 | | | | | Amou | nt o | f Each | Disburs | eme | nt this | Period |
| Purpose of Disbursement Bank fees deducted from account | | | | 00 | 11 | | L. | | _ | | | 767.5 | 56 |
| Candidate Name | | | Са | ate | gory/ | | | | | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary Other (spe | General ecify) ▼ | | - у | <u>~~</u> | - 1 | Bank accou | | s ded | ucted f | rom | | |
| State: District: | | · | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) . | | | | | <u> </u> | | | - | | | 1 | 989.6 | 1 |

TOTAL This Period (last page this line number only)

В.

Office Sought:

State:

House

Senate

District:

President

Disbursement For:

Primary

Other (specify)

| age# 28991385099 | | | |
|---|---|-------------------------------|--|
| SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only X 21b 27 | |
| 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 Orthopa | edic Surgeons | |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | | Transaction ID: 28046367 Date of Disbursement M |
| Mailing Address 50 S. LaSalle St. | | | 06 05 2008 |
| City Chicago | State Zip Code IL 60675 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Bank fees deducted from account Candidate Name | | 001 Category/ | 538.81 |
| Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) ▼ | Туре | Bank fees deducted from account |
| Full Name (Last, First, Middle Initial) Northern Trust Company | | | Transaction ID: 28139777 Date of Disbursement |
| Mailing Address 50 S. LaSalle St. | | | $\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$ |
| City Chicago Purpose of Disbursement | State Zip Code IL 60675 | | Amount of Each Disbursement this Period 201.73 |
| Bank fees deducted from account Candidate Name | | 001 Category/ Type | |

General

| SUBTOTAL of Disbursements This Page (optional) | • | 740.54 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | • | 7496.12 |

Bank fees deducted from account