

2005 AUG 11 A 9 46

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

POLITICAL ACTION COMMITTEE OF THE AMERICAN
ASSOCIATION OF ORTHOPAEDIC SURGEONS

ADDRESS (number and street)

317 MASSACHUSETTS AVENUE, NE

(Check if address
is changed)

11ST FLOOR

WASHINGTON

DC

20002

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pac@a.a.o.s.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.a.a.o.s.org/pac

COMMITTEE'S FAX NUMBER

202-546-5051

2. DATE

08 01 2005

3. FEC IDENTIFICATION NUMBER ▶

C00343137

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

WILLIAM J. ROBB, III M.D.

Signature of Treasurer

Date

08 01 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

25030881990

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name RICHARD STEWART

Mailing Address C/O AAOs

6300 N. RIVER ROAD

ROSEMONT IL 60018-4262

Title or Position CITY STATE ZIP CODE

CHIEF FINANCIAL OFF Telephone number 847-384-4255

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer WILLIAM J. ROBB, III, MD

Mailing Address 2401 RAVINE WAY

SUITE 200

GLENVIEW IL 60025

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 847-998-6680

Full Name of Designated Agent DAVID LOVETT

Mailing Address C/O AAOs

317 MASSACHUSETTS AVE, NE 1ST FL

WASHINGTON DC 20002

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 202-548-4145

25030881998

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

NORTHERN TRUST COMPANY

Mailing Address

50 S LASALLE

CHICAGO

IL

60675-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

50 S LASALLE
CHICAGO, IL 60675

POST
OFFICE

250308199

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

CHP
 PREPARER
 (3/2005)

8/11/05
 DATE PREPARED

25030002000