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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

ADDRESS (number and street) ▼ 317 MASSACHUSETTS AVENUE, NE

☐ (Check if address is changed) 1ST FLOOR

WASHINGTON (CITY ▲) DC (STATE ▲) 20002- (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS

pac@aaos.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.aaos.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. BOBB, III M.D.

Signature of Treasurer [signature] 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. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

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(Revised 02/2003)

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