

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE / OF /	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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)
Smith & Nephew Inc. PAC

A. Full Name (Last, First, Middle Initial)
Advanced Medical Technology Assn. PAC

Mailing Address
701 Pennsylvania Ave. NW, Suite 800

City **Washington** **State** **DC** **Zip Code** **20004**

FEC ID number of contributing federal political committee. **C00340356**

Name of Employer **Occupation**

Receipt For:
 Primary General
 Other (specify) **Refund of Contributions**

Aggregate Year-to-Date **700000**

Date of Receipt
11 / 16 / 2009

Amount of Each Receipt this Period
700000

B. Full Name (Last, First, Middle Initial)

Mailing Address

City **State** **Zip Code**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Occupation**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City **State** **Zip Code**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Occupation**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)▶	700000
TOTAL This Period (last page this line number only)▶	700000

29030202288