

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue, NE 1st Floor Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00343137 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report 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, MD Signature of Treasurer Electronically Filed by William J. Robb, III, MD Date 10 12 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		652130.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	723228.19									
(c) Total Receipts (from Line 19) .....	160113.48	830235.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	883341.67	1482365.72								
7. Total Disbursements (from Line 31) .....	293546.77	892570.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	589794.90	589794.90								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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**

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	146200.00	756260.00
(i) Itemized (use Schedule A) .....	7694.00	57030.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	153894.00	813290.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	153894.00	813290.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1219.48	11945.28
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	160113.48	830235.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	160113.48	830235.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1046.77	11991.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1046.77	11991.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	192500.00	578155.00
24. Independent Expenditure (use Schedule E) .....	100000.00	300000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1500.00
(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	1500.00
29. Other Disbursements.....	0.00	924.34
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	293546.77	892570.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	293546.77	892570.82

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	153894.00	813290.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	153894.00	811790.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1046.77	11991.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1219.48	11945.28
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-172.71	46.20

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 136
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> American Assoc of Orthopaedic Surgeons		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006
Mailing Address 6300 N River Road		<b>Transaction ID:</b> 24259624
City State Zip Code Rosemont IL 60018	Amount of Each Receipt this Period 218.91	
FEC ID number of contributing federal political committee. <b>C</b>	Refund of bank fees from affiliated organization	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 10944.71	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> American Assoc of Orthopaedic Surgeons		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2006
Mailing Address 6300 N River Road		<b>Transaction ID:</b> 24274361
City State Zip Code Rosemont IL 60018	Amount of Each Receipt this Period 123.45	
FEC ID number of contributing federal political committee. <b>C</b>	Refund of bank fees from affiliated organization	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 11068.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> American Assoc of Orthopaedic Surgeons		Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2006
Mailing Address 6300 N River Road		<b>Transaction ID:</b> 24513185
City State Zip Code Rosemont IL 60018	Amount of Each Receipt this Period 493.95	
FEC ID number of contributing federal political committee. <b>C</b>	Refund bank fees from Affiliated Organization	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 11562.11	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	836.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 136	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**A.** American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code  
 Rosemont IL 60018

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 11945.28

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2006

Transaction ID: 24613826

Amount of Each Receipt this Period  
 383.17

Reimb bank fees from Affiliated Organization

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	383.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1219.48

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Kurt F Konkell, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address N 84 W 16889 Menomonee Ave		Transaction ID: 24321647	
City State Zip Code Menomonee Falls WI 53051	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AHC Falls Division	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. William James Dowling, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 131 Madison Ave Ste 130		Transaction ID: 24321649	
City State Zip Code Morristown NJ 07960-7360	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ridge Orthopedic Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alan L Valadie, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 4926 59th Ave S		Transaction ID: 24321650	
City State Zip Code Saint Petersburg FL 33715-1620	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coastal Orthopedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Benzel C MacMaster, MD

Mailing Address 8220 Walnut Hill Ln Ste 310

City State Zip Code  
Dallas TX 75231-4438

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

Name of Employer Occupation  
Glenlakes Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2006

**Transaction ID:** 24321652

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael O'Neil Fidler, MD

Mailing Address 100 Tracy Way

City State Zip Code  
Charleston WV 25311-1257

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

Name of Employer Occupation  
Bone and Joint Surgeons, Inc Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** 24321653

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James J York, MD

Mailing Address Chesapeake Ortho & Sports Med  
Empire Medical Bldg 2nd Fl

City State Zip Code  
Glen Burnie MD 21061-5877

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

Name of Employer Occupation  
Chesapeake Ortho & Sports Medicine Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** 24321654

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jon Jerold Hanlon, MD

Mailing Address 11077 E Taos Dr

City State Zip Code  
Scottsdale AZ 85262-3458

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

Name of Employer  
Institute for Bone and Joint Disorders

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 24321655

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ray Payne, MD

Mailing Address Vann Virginia Center for Orthopaed  
230 Clearfield Ave Ste 124

City State Zip Code  
Virginia Beach VA 23462-1832

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

Name of Employer  
Atlantic Orthopedic Specialists

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 24321657

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Edward Jay Goldberg, MD

Mailing Address 1725 W Harrison St Ste 1063

City State Zip Code  
Chicago IL 60612-3884

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

Name of Employer  
Midwest Ortho Rush

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 24321658

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bruce G Evans, MD

Mailing Address 1160 E 3900 S Ste 4000

City State Zip Code  
Salt Lake City UT 84124-1202

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** 24321659

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Felasfa M Wodajo, MD

Mailing Address 5530 Wisconsin Ave Ste 1660

City State Zip Code  
Chevy Chase MD 20815-4322

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

Name of Employer Occupation  
Summit Ortho Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** 24321660

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Timothy Ogden, MD

Mailing Address 1111 McIntosh Circle

City State Zip Code  
Joplin MO 64804-3693

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

Name of Employer Occupation  
Freedman Orthopaedic & Sports Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** 24321661

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Raymond M Bleday, MD Mailing Address 224 N Center st, #11 City State Zip Code Ebsenburg PA 15931-1459 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006 <b>Transaction ID:</b> 24321662 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Miners Medical Center Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Soon C Choi, MD Mailing Address 1907 Park Ave City State Zip Code South Plainfield NJ 07080-5530 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006 <b>Transaction ID:</b> 24321664 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jonathan L Chang, MD Mailing Address 707 S Garfield Ave Ste 201 City State Zip Code Alhambra CA 91801-4438 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006 <b>Transaction ID:</b> 24321666 Amount of Each Receipt this Period 750.00
Name of Employer Occupation Pacific Orthopaedic Group Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Andrew Marc Tetro, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 55 Contessa Ct		Transaction ID: 24321667	
City Williamsville	State NY	Zip Code 14221-1773	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Simmons Ortho and Spine	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Terry Smith, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 1334 Hepaki		Transaction ID: 24321668	
City Kailua	State HI	Zip Code 96734-4512	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Semi Retired	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Dirk H Alander, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address Dept of Ortho Surgery 3635 Vista Ave		Transaction ID: 24321670	
City Saint Louis	State MO	Zip Code 63110-0250	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer St Louis University	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas P Vasileff, , MD

Mailing Address Anchorage Fracture & Ortho Clinic  
3260 Providence Dr Ste 200

City Anchorage State AK Zip Code 99508-4603

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

Name of Employer Anchorage Fracture & Ortho Clinic  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** 24321671

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen A Smith, , MD

Mailing Address PO Box 25729

City Fresno State CA Zip Code 93729-5729

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

Name of Employer Self Employed  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

**Transaction ID:** 24362893

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Terry Younger, , MD

Mailing Address 1030 W Higgins Rd Ste 200

City Hoffman Estates State IL Zip Code 60195-3249

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

Name of Employer Barrington Orthopedic Specialists  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

**Transaction ID:** 24362894

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Norman Yoshinobu Otsuka, MD

Mailing Address Shriners Hosp for Children  
3160 Geneva St

City State Zip Code  
Los Angeles CA 90020-1199

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

Name of Employer Shriners Hospital for Children  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 24362895

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. A Lee Hunter, Jr, MD

Mailing Address 1223 1/2 Trotwood Ave

City State Zip Code  
Columbia TN 38401-6430

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

Name of Employer Self Employed  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 24364009

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gregory Daniel Lewish, MD

Mailing Address 2211 Lyell Ave Ste 107

City State Zip Code  
Rochester NY 14606-5743

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

Name of Employer Westside Orthopaedic Group, PC  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 24364011

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Matthew C Reckmeyer, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address Lincoln Ortho Ctr 6900 A St		Transaction ID: 24364012	
City Lincoln	State NE	Zip Code 68510-4120	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lincoln Orthopaedic Center	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Robert E Clemency, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 53880 Carmichael Dr		Transaction ID: 24364013	
City South Bend	State IN	Zip Code 46635-1567	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John D Frost, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 4100 Lake Otis Pkwy Ste 302		Transaction ID: 24364014	
City Anchorage	State AK	Zip Code 99508-5230	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Patrick V McMahon, , MD

Mailing Address 266 White Plains Rd

City State Zip Code  
Eastchester NY 10709-4429

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2006

Transaction ID: 24364015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert E Stein, , MD

Mailing Address 301 21st Ave N

City State Zip Code  
Nashville TN 37203-1898

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2006

Transaction ID: 24364016

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph A Gerardi, , DO

Mailing Address 9300 Valley Children's Pl

City State Zip Code  
Madera CA 93638-8762

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

Name of Employer Sequoia Pediatrics Occupation  
Sequoia Pediatrics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2006

Transaction ID: 24379949

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A.</b> Dr. Murali Moorthy, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr		Transaction ID: 24379950
City Walnut Creek State CA Zip Code 94598-2444	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Muir Orthopaedic Specialists Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Thomas R Johnson, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 2900 12th Ave N Ste 140W		Transaction ID: 24379952
City Billings State MT Zip Code 59101-7507	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Michael S Marandola, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 26401 Crown Valley Prkwy Ste 101		Transaction ID: 24379954
City Mission Viejo State CA Zip Code 92691	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Community Orthopaedic Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. William T Sisco, , MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006
Mailing Address CSK Medical Partners 4110 22nd Pl		<b>Transaction ID:</b> 24379956
City Lubbock State TX Zip Code 79410-1122	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CSK Medical Partners Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael S Weng, , MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006
Mailing Address 9225 N 3rd St Ste 203		<b>Transaction ID:</b> 24379957
City Phoenix State AZ Zip Code 85020-2464	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer North Phoenix Orthopaedic Surgeons Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Frederick E Benedict, , MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006
Mailing Address 1108 Dresser Ct		<b>Transaction ID:</b> 24379959
City Raleigh State NC Zip Code 27609-7328	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Capital Orthopedic & Sports Medicine C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Robert I Dennis, , MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006	
Mailing Address 2040 Sixth Ave Ste 1 Door B		<b>Transaction ID:</b> 24379960	
City State Zip Code Neptune NJ 07753	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. George E Crickard, III, MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006	
Mailing Address 2220 York St		<b>Transaction ID:</b> 24380058	
City State Zip Code Quincy IL 62301-4358	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Quincy Orthopaedic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Thomas Parker Vail, , MD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006	
Mailing Address Duke Univ Med Ctr Box 3332 Duke South, 5th Fl Orange Zone		<b>Transaction ID:</b> 24380059	
City State Zip Code Durham NC 27710-0001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DUMC	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Thomas H Thompson, , MD		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 2508 NW Medical Park Dr		<b>Transaction ID:</b> 24380060	
City State Zip Code Roseburg OR 97470-5505	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Timothy Eugene Doerr, , MD		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 5789 S Horseshoe Pl		<b>Transaction ID:</b> 24380061	
City State Zip Code Boise ID 83716-9031	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Philip D Bobrow, , MD		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 5530 Wisconsin Ave Ste 1660		<b>Transaction ID:</b> 24380122	
City State Zip Code Chevy Chase MD 20815-4322	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brian Hoffman, MD

Mailing Address Capital Orthopaedic & Sports Med C  
1108 Dresser Ct

City Raleigh State NC Zip Code 27609-7328

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

Name of Employer Capital Orthopaedic & Sports Med Ctr P Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 27 / 2006

Transaction ID: 24380123

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert A Hart, MD

Mailing Address Oregon Health Services University  
3181 SW Sam Jackson Rd

City Portland State OR Zip Code 97201

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

Name of Employer Oregon Health Services University Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: 24380206

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jerald P Waldman, MD

Mailing Address 26401 Crown Valley Prkwy Ste 101

City Mission Viejo State CA Zip Code 92691-6350

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

Name of Employer COMG Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: 24380207

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A.</b> Dr. Daniel Mark Downs, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 400 N Main St		<b>Transaction ID:</b> 24380282	
City State Zip Code Warsaw NY 14569-1025	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wyoming Valley Ortho	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Bruce A Mallin, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 2222 E Highland Ave Ste 400		<b>Transaction ID:</b> 24436713	
City State Zip Code Phoenix AZ 85016-4880	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Reginald E Manning, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 263 7th Ave Ste 2B		<b>Transaction ID:</b> 24436714	
City State Zip Code Brooklyn NY 11215-3689	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Methodist Hospital	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Edward W Gutteling, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 45 Mohouli St		Transaction ID: 24436715	
City Hilo	State HI	Zip Code 96720-4145	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Mehran Manouel, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 76-55 Austin St		Transaction ID: 24436718	
City Forest Hills	State NY	Zip Code 11375-6948	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Douglas Brandt Haynes, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 207 Oak Park		Transaction ID: 24436728	
City Mc Minnville	State TN	Zip Code 37110-1336	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mc Minnville Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Eric M Orenstein, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 705 S Greenville West Dr Ste 102		<b>Transaction ID:</b> 24436729	
City State Zip Code Greenville MI 48838-3556	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Walter D Hoffman, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 36 N Union Rd		<b>Transaction ID:</b> 24436730	
City State Zip Code Williamsville NY 14221-5328	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. David J Manske, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006	
Mailing Address 6600 Bruceville Rd		<b>Transaction ID:</b> 24436731	
City State Zip Code Sacramento CA 95823-4691	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HMO Kaiser Permanente Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Neal J Labana, , MD		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 22821 Sun River Dr		<b>Transaction ID:</b> 24436732	
City State Zip Code Frankfort IL 60423-7834	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Southland Bone & Joint	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Gregory Lauro, , MD		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 5840 Rte 981 Ste 101		<b>Transaction ID:</b> 24436733	
City State Zip Code Latrobe PA 15650-5385	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. T David Hayes, , MD		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 200 NE Mother Joseph Pl Ste 110		<b>Transaction ID:</b> 24436734	
City State Zip Code Vancouver WA 98664-3293	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Spencer James Frink, MD

Mailing Address 2903 Dason Ledge

City San Antonio State TX Zip Code 78258-4591

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

Name of Employer U.S. Air Force Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 0 / 2 0 0 6

**Transaction ID:** 24436735

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert M Dimick, MD

Mailing Address Premier Orthopaedics  
5651 Frist Blvd Ste 500

City Hermitage State TN Zip Code 37076-2059

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

Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 0 / 2 0 0 6

**Transaction ID:** 24436736

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard M Wilk, MD

Mailing Address Lahey Clinic  
41 Mall Rd

City Burlington State MA Zip Code 01805-0001

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

Name of Employer Lahey Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 0 / 2 0 0 6

**Transaction ID:** 24436737

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 136						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Kristy L Weber, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address Johns Hopkins Outpatient Center Dept of Ortho Surg		<b>Transaction ID:</b> 24436738	
City Baltimore	State MD	Zip Code 21287-0001	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Johns Hopkins University	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Carey E Winder, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 8080 Bluebonnet Blvd Ste 1000		<b>Transaction ID:</b> 24436742	
City Baton Rouge	State LA	Zip Code 70810-7827	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Baton Rouge Orthopaedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Charles D Hummer, III, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 1 Med Ctr Blvd Ste 324		<b>Transaction ID:</b> 24436743	
City Upland	State PA	Zip Code 19013	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A. Dr. Roger M Lyon, , MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address MACC Research Bldg Ste 3018 8701 Watertown Plank Rd		Transaction ID: 24436745	
City Milwaukee	State WI	Zip Code 53226-3548	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical College Wisconsin	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas A Scilaris, , MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 39 E 69th St		Transaction ID: 24483546	
City New York	State NY	Zip Code 10021-4983	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ortho Specialists	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. J Criss Yelton, , MD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 471 Klutey Park Plaza Dr		Transaction ID: 24484070	
City Henderson	State KY	Zip Code 42420-3347	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth G Gati, MD

Mailing Address 704 W Grove Ste 5

City State Zip Code  
El Dorado AR 71730-4469

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

Name of Employer Occupation  
South Arkansas Ortho & Sports Med Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

**Transaction ID:** 24484071

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary E Friedlaender, MD

Mailing Address Yale Univ School of Med  
800 Howard Ave

City State Zip Code  
New Haven CT 06519-1369

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

Name of Employer Occupation  
Yale University Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

**Transaction ID:** 24484074

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph A Matan, MD

Mailing Address 2160 Appian Way Ste 104

City State Zip Code  
Pinole CA 94564-2524

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

**Transaction ID:** 24484075

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Gregory A Hoffman, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 2925 Chichester Ln		<b>Transaction ID:</b> 24484077	
City State Zip Code Fort Wayne IN 46815-8550	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Peter C Innis, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 1400 Front Ave Ste 100		<b>Transaction ID:</b> 24533685	
City State Zip Code Lutherville MD 21093-5363	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greater Chesapeake Hand	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Christopher Lawrence Hamill, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 4949 Harlem Rd Ste 203		<b>Transaction ID:</b> 24533686	
City State Zip Code Amherst NY 14226-2500	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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) <b>A.</b> Dr. Jacob F Patterson, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 1339 Phay Ave		<b>Transaction ID:</b> 24533687	
City State Zip Code Canon City CO 81212-2301	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jeffrey C Dick, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 7373 France Ave S Ste 312		<b>Transaction ID:</b> 24533688	
City State Zip Code Edina MN 55435-4549	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TCO	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Mark S Mizel, , MD		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address Jackson Memorial Hospital 1611 NW 12th Ave		<b>Transaction ID:</b> 24533689	
City State Zip Code Miami FL 33136-1096	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Miami	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. James R Roberson, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 59 Executive Park South		<b>Transaction ID:</b> 24533699	
City State Zip Code Atlanta GA 30329-2208	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Emory University	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Michael T McCoy, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 823 SW Mulvane Ste 370		<b>Transaction ID:</b> 24533700	
City State Zip Code Topeka KS 66606-1687	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jon Michael Maxwell, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 227 Riverside Ave		<b>Transaction ID:</b> 24533701	
City State Zip Code Adrian MI 49221-1539	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bone & Joint Medical Ctr	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph S Swickard, MD

Mailing Address 1101 E Bryan Ave Ste A

City Tustin State CA Zip Code 92780-4401

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 31 / 2006

Transaction ID: 24533735

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John Bellatti, MD

Mailing Address 81-958 Halekii St Ste 5c

City Kealahou State HI Zip Code 96750-8104

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
08 / 31 / 2006

Transaction ID: 24533736

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. J Christopher Banwart, MD

Mailing Address 1111 McIntosh Cir Ste B

City Joplin State MO Zip Code 64804-3645

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

Name of Employer Freeman Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
08 / 31 / 2006

Transaction ID: 24533740

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Garth B Wright, MD

Mailing Address 569 Skyline Dr Ste 100

City State Zip Code  
Jackson TN 38301-3931

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2006

**Transaction ID: 24533741**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas H Thompson, MD

Mailing Address 2508 NW Medical Park Dr

City State Zip Code  
Roseburg OR 97470-5505

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2006

**Transaction ID: 24533744**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven Roland Norris, MD

Mailing Address 2015 Pembroke Rd

City State Zip Code  
Greensboro NC 27408-6329

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

Name of Employer Greensboro Orthopaedic Center, PA Occupation  
Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2006

**Transaction ID: 24533746**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. James Page Aplington, , MD

Mailing Address 1401 Benjamin Pkwy

City Greensboro State NC Zip Code 27408-4518

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

Name of Employer Greensboro Orthopaedic Center, PA Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2006

**Transaction ID: 24533747**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Clay J Fisher, , MD

Mailing Address 9201 Pinecroft Dr

City The Woodlands State TX Zip Code 77380-3222

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

Name of Employer Sadler Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2006

**Transaction ID: 24533748**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gregory A Hoffman, , MD

Mailing Address 2925 Chichester Ln

City Fort Wayne State IN Zip Code 46815-8550

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2006

**Transaction ID: 24533761**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Peter E Loeb, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1221-A Hodges Dr		<b>Transaction ID:</b> 24533762
City Tallahassee	State FL	Zip Code 32308-4611
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. John F Pojedinec, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 25 Prospect Ave		<b>Transaction ID:</b> 24648760
City Hackensack	State NJ	Zip Code 07601-1960
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Marc J Rosen, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 5605 W Eugie Ste 111		<b>Transaction ID:</b> 24648761
City Glendale	State AZ	Zip Code 85304-1273
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer Phoenix Orthopaedic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Cyrus J Lashgari, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 1568 Comanche Rd		<b>Transaction ID:</b> 24648762	
City State Zip Code Arnold MD 21012-2500	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopaedic & Sports Center	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Daniel Mark Downs, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 400 N Main St		<b>Transaction ID:</b> 24648763	
City State Zip Code Warsaw NY 14569-1025	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wyoming Valley Ortho	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Jeffrey A Bogosian, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 5230 Pacific Concourse Dr Ste 110		<b>Transaction ID:</b> 24648764	
City State Zip Code Los Angeles CA 90045-6200	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Orthopaedic Institute	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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) <b>A.</b> Dr. Lowry Jones, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006
Mailing Address Dickson Diveley Midwest Orthopedic 3651 College Blvd		Transaction ID: 24648766
City Leawood State KS Zip Code 66211-1910	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dickson Diveley Midwest Ortho Clinic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. David B Yanoff, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006
Mailing Address 343 Diamond Creek Rd		Transaction ID: 24648767
City Salmon State ID Zip Code 83467-5298	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Salmon Orthopaedic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Jose R Perez-Sanz, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006
Mailing Address 10719 W 160th St		Transaction ID: 24648769
City Orland Park State IL Zip Code 60467-5541	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Midwest Orthopaedic Consultants Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 / 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. George E Crickard, III, MD Mailing Address 2220 York St City State Zip Code Quincy IL 62301-4358 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 <b>Transaction ID: 24648770</b> Amount of Each Receipt this Period 500.00
Name of Employer: Quincy Orthopaedic Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. John W McClellan, III, MD Mailing Address 11819 Miracle Hills Dr Ste 102 City State Zip Code Omaha NE 68154-4428 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 <b>Transaction ID: 24648771</b> Amount of Each Receipt this Period 2000.00
Name of Employer: Nebraska Spine Center Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Burrell C Gaddy, MD Mailing Address Midwest Orthopaedics, PA 8800 W 75th St Ste 350 City State Zip Code Shawnee Mission KS 66204-4029 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 <b>Transaction ID: 24648772</b> Amount of Each Receipt this Period 500.00
Name of Employer: Midwest Orthopaedics, P.A. Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Henry Robert Boucher, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006	
Mailing Address 3333 N Calvert St		<b>Transaction ID:</b> 24648789	
City State Zip Code Baltimore MD 21218-2867	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greater Chesapeake Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. David J Bozentka, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006	
Mailing Address Presbyterian Med Ctr 1 Cupp Pavilion		<b>Transaction ID:</b> 24648790	
City State Zip Code Philadelphia PA 19104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Pennsylvania	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Gregory Alexander Brown, , MD, PhD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006	
Mailing Address Regions Hospital Dept of Ortho		<b>Transaction ID:</b> 24648791	
City State Zip Code Saint Paul MN 55101-2595	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Park Nicollet Health Systems	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Kenneth Dean Olsen, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1930 Woodcrest Dr NE		<b>Transaction ID:</b> 24648792	
City State Zip Code Owatonna MN 55060-6247	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Owatonna Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Bret Batchelor, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 83 Memorial Blvd		<b>Transaction ID:</b> 24648793	
City State Zip Code Newport RI 02840-3635	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US Navy	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Harold E Halvorson, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address PMB 437 6015 S Virginia		<b>Transaction ID:</b> 24648794	
City State Zip Code Reno NV 89502-6044	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. John James Krautmann, , MD

Mailing Address 1241 W Stadium Dr Ste L400

City State Zip Code  
Jefferson City MO 65109-6024

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

Name of Employer Jefferson City Medical Group  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24648795

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John L Putnam, , MD

Mailing Address 4350 S National Ste C-200

City State Zip Code  
Springfield MO 65810-2658

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

Name of Employer Putnam Orthopaedic  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24648796

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark J Wasylenko, , MD

Mailing Address 115 Brushy Creek Rd

City State Zip Code  
Easley SC 29642-1120

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

Name of Employer Self Employed  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24648797

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth P Head, , MD

Mailing Address 1818 Verdugo Blvd Ste 201

City State Zip Code  
Glendale CA 91208-1433

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24648798

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David J Abraham, , MD

Mailing Address 1270 Broadcasting Rd

City State Zip Code  
Wyomissing PA 19610-3203

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

Name of Employer Reading Neck & Spine Ctr Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24649244

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gregory William Stocks, , MD

Mailing Address Fondren Orthopaedic Group  
7401 S Main St

City State Zip Code  
Houston TX 77030-4509

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

Name of Employer Fondren Orthopaedic Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24649245

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Peter M Bonutti, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1303 W Evergreen Ave		Transaction ID: 24649246	
City State Zip Code Effingham IL 62401-1619	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Gary M Moscarello, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address West Coast Ortho Medical Group 301 W Huntington Dr Ste 408		Transaction ID: 24649248	
City State Zip Code Arcadia CA 91007-1502	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer West Coast Ortho Medical Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Thomas S Gorsche, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address Cedar Valley Med Spec 164 W Dale St		Transaction ID: 24649249	
City State Zip Code Waterloo IA 50703-1925	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CVMS	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Glen A Barden, , MD

Mailing Address 1600 Lakeland Hills Blvd

City State Zip Code  
Lakeland FL 33805-3019

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

Name of Employer Occupation  
Watson Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24649250

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert Arlo Bane, , MD

Mailing Address 1406 Cross Creek Ct

City State Zip Code  
Mahomet IL 61853-3725

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

Name of Employer Occupation  
Carle Clinic Association Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24649252

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. J Michael Ray, , MD

Mailing Address 1101 Citrus Tower Blvd

City State Zip Code  
Clermont FL 34711-1905

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

Name of Employer Occupation  
National Training Ctr Sports Medicine Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24649253

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Garth S Russell, MD

Mailing Address 99 Woodsmuir Ct

City State Zip Code  
Palm Beach Gardens FL 33418-8020

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

Name of Employer Retired Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24649254

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul E Havel, MD

Mailing Address 14181 Business Ctr Dr NW

City State Zip Code  
Burns Twnshp MN 55330-4654

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

Name of Employer ALLINI Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24649255

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. D Gordon Allan, MD

Mailing Address SIU School of Medicine  
Div Of Ortho & Rehab

City State Zip Code  
Springfield IL 62794-9679

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

Name of Employer SIU School of Medicine Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: 24649256

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. David R Hootnick, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 7806 Clearwater Circle		Transaction ID: 24650471
City State Zip Code Manlius NY 13104-9326	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer North Medical Orthopedics & Rehab	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Gregory W Soghikian, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 700 Lake Ave Ste 1		Transaction ID: 24650473
City State Zip Code Manchester NH 03103-2734	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NH Orthopaedic Surgery	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Paul E Schwaegler, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 1600 E Jefferson Ste 400		Transaction ID: 24650475
City State Zip Code Seattle WA 98122-5647	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orthopaedics International	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Marc J Michaud, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 11 Cherry Ln		Transaction ID: 24650476	
City State Zip Code Bedford NH 03110-4339	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NHOS	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Lucie M King, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address PO Box 2689		Transaction ID: 24650477	
City State Zip Code Tuscaloosa AL 35403-2689	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Mark A Mussell, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 52 Medical Park E Dr Ste 115		Transaction ID: 24650479	
City State Zip Code Birmingham AL	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AL Ortho & Spine	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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) <b>A.</b> Dr. Michael John Singelyn, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 15 Rue Fontaine		<b>Transaction ID:</b> 24650480	
City State Zip Code Newport Beach CA 92660-5204	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. William D Gurley, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 7160 Foothills Dr		<b>Transaction ID:</b> 24650481	
City State Zip Code Farmington NM 87402-4997	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Michael L Reid, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 5651 Frist Blvd Ste 500		<b>Transaction ID:</b> 24650482	
City State Zip Code Hermitage TN 37076-2059	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Roger M Lyon, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address MACC Research Bldg Ste 3018 8701 Watertown Plank Rd		Transaction ID: 24650483	
City Milwaukee	State WI	Zip Code 53226-3548	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical College Wisconsin	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Steven Arthur Herbst, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 3600 W Bethel Ave 200 Hawkins Dr		Transaction ID: 24650484	
City Muncie	State IN	Zip Code 47304-5407	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Central Indiana Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Gordon Stewart Campbell, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 50 Gettysburg Ave		Transaction ID: 24650486	
City Brewer	State ME	Zip Code 04412-1264	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ortho Associates of Bangor	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Nicholas J Yokan, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address Van Demark Orthopaedic Specialists 1210 W 18th St Ste G01		Transaction ID: 24650487	
City State Zip Code Sioux Falls SD 57104-4651		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Van Demark Orthopaedic Specialists Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Frank Eugene Whitney, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address 940 Sylva Ln Ste E		Transaction ID: 24650691	
City State Zip Code Sonora CA 95370-5969		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Hugh A Frederick, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address 9301 N Central Expy Ste 350		Transaction ID: 24650692	
City State Zip Code Dallas TX 75231-5009		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Randall Evan Marcus, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 11100 Euclid Ave		<b>Transaction ID:</b> 24671766	
City Cleveland	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 44106-1736			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. David A Yngve, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address Univ of Texas Med Branch 301 University Blvd		<b>Transaction ID:</b> 24671773	
City Galveston	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 77555-0001			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Steven E Fisher, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address Ft Wayne Orthopaedics PO Box 2526		<b>Transaction ID:</b> 24671774	
City Fort Wayne	State IN	Amount of Each Receipt this Period 500.00	
Zip Code 46801-2526			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fort Wayne Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Patrick J Vaughan, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 9412 Beachwood Dr		<b>Transaction ID:</b> 24671776	
City State Zip Code Gig Harbor WA 98332-6306	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Richard K Thomas, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 27650 Ferry Rd Ste 100		<b>Transaction ID:</b> 24671777	
City State Zip Code Warrenville IL 60555-3846	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Kevin P Speer, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address Southeastern Orthopaedic 3404 Wake Forest Rd Ste 201		<b>Transaction ID:</b> 24671778	
City State Zip Code Raleigh NC 27609-7341	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. R Dale Bernauer, MD

Mailing Address 4150 Nelson Rd Bldg D Ste 1

City State Zip Code  
Lake Charles LA 70605-4133

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671779**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William P H Charlton, MD

Mailing Address 390 Pierce St

City State Zip Code  
Kingston PA 18704-5532

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671781**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Mark Roberts, V, MD

Mailing Address 9250 Blue Ash Rd

City State Zip Code  
Cincinnati OH 45242-6822

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671782**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. James M Loftus, , MD

Mailing Address 354 Copper Field Blvd  
PO Box 1606

City Concord State NC Zip Code 28025-2402

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: 24671784

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nial R Morgan, , MD

Mailing Address 2575 Altamar Dr

City Laguna Beach State CA Zip Code 92651-1034

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: 24671785

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott Leander Smith, , MD

Mailing Address Orthopedic Surgery & Sports Medici  
19620 W Catawba Ave Ste 202

City Cornelius State NC Zip Code 28031-4054

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: 24671787

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David William Bobb, MD

Mailing Address Orthopedic Sports Med Ctr  
825 E Robinson

City State Zip Code  
Norman OK 73071-6610

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671788

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Harlan E Hiramoto, MD

Mailing Address 762 Route 202-206 North

City State Zip Code  
Bridgewater NJ 08807-1704

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671792

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stephen R Goll, MD

Mailing Address 100 W Gore St Ste 500

City State Zip Code  
Orlando FL 32806-1049

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671793

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Philip B Hurley, MD

Mailing Address Ortho & Sports Med Owensboro  
2831 New Hartford Rd

City Owensboro State KY Zip Code 42303-1320

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671794

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William H DeVries, MD

Mailing Address 2980 Gatewood Ln

City Clarksville State TN Zip Code 37043-2822

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671795

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Peter A Smith, MD

Mailing Address 2211 N Oak Park Ave  
Shriners Hospital

City Chicago State IL Zip Code 60707-3361

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671797

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mary Kathryn Morrell, MD

Mailing Address 2624 N Bosworth Ave

City State Zip Code  
Chicago IL 60614-1108

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

Transaction ID: 24671798

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Hanes H Brindley, Jr, MD

Mailing Address Scott and White Memorial Hosp  
2401 S 31st St

City State Zip Code  
Temple TX 76508-0001

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

Transaction ID: 24671801

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark C Senese, MD

Mailing Address 6352 N Pinnacle Ridge Dr

City State Zip Code  
Tucson AZ 85718-3535

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

Transaction ID: 24671803

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. James R Mitchell, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address N8585 Fire Lane 9		<b>Transaction ID:</b> 24671805
City State Zip Code Menasha WI 54952-9709	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Gary Worthington Bradley, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 511 Bath St		<b>Transaction ID:</b> 24671826
City State Zip Code Santa Barbara CA 93101-3403	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Paul Allen Davis, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 90 Cedar Point Ln		<b>Transaction ID:</b> 24671829
City State Zip Code Killen AL 35645-8723	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A.</b> Dr. John C Gordon, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 6830 Hospital Dr Ste 202		Transaction ID: 24671830
City State Zip Code Baltimore MD 21237-4377	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael M Durkee, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 2751 Northgate Dr		Transaction ID: 24671831
City State Zip Code Iowa City IA 52245-9509	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Steindler Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Gregory A Vrabec, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address Akron General Hosp/Child Hosp 224 W Exchange St Ste 440		Transaction ID: 24671832
City State Zip Code Akron OH 44302-1718	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Robert A Kaye, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 2281 W 24th St #1		Transaction ID: 24671833
City State Zip Code Yuma AZ 85364-5171	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Anthony Tyrone Fenison, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 5225 Canyon Crest Dr Ste 71		Transaction ID: 24671834
City State Zip Code Riverside CA 92507-6321	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. A Lee Hunter, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1223 1/2 Trotwood Ave		Transaction ID: 24671835
City State Zip Code Columbia TN 38401-6430	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas M Florack, MD

Mailing Address Prevea Clinic  
900 S Webster Ave

City Green Bay State WI Zip Code 54301-3508

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

Name of Employer Prevea Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: 24671836

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Vincent E Vena, MD

Mailing Address 2 Celeste Dr

City Johnstown State PA Zip Code 15905-2832

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: 24671837

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert H Anschuetz, MD

Mailing Address 6770 Mayfield Rd Ste 441

City Mayfield Heights State OH Zip Code 44124-2299

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

Transaction ID: 24671838

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Guy Leslie Rutledge, III, MD

Mailing Address PO Box 86144

City State Zip Code  
Mobile AL 36689-6144

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

Name of Employer: Orthopaedic Group  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671839**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey A Baum, MD

Mailing Address 200 Delafield Rd Ste 1040

City State Zip Code  
Pittsburgh PA 15215-3234

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

Name of Employer: Three Rivers Orthopaedics Associates U  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671840**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas G Frierhood, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code  
Golden CO 80401-9541

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

Name of Employer: Panorama Orthopedics  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671841**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. William Charles Jacobson, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 1601 NW 114th St Ste 142		<b>Transaction ID:</b> 24671842	
City State Zip Code Des Moines IA 50325-7036	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Central Iowa Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. John R Chase, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 515 W State Route 434 Ste 210		<b>Transaction ID:</b> 24671843	
City State Zip Code Longwood FL 32750	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jewett Orthopaedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Philip R Hardy, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 1325 San Marco Blvd Ste 200		<b>Transaction ID:</b> 24671844	
City State Zip Code Jacksonville FL 32207-8566	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jacksonville Orthopaedic Institute	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Evangelos Megariotis, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 21 Ravona St		<b>Transaction ID:</b> 24671845	
City State Zip Code Clifton NJ 07012-1521	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. David A Hanscom, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 1600 E Jefferson Ste 400		<b>Transaction ID:</b> 24671862	
City State Zip Code Seattle WA 98122-5647	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopaedics International	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Burt F Taylor, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address PO Box 86144		<b>Transaction ID:</b> 24671863	
City State Zip Code Mobile AL 36689-6144	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Orthopedic Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Glenn W Nichols, MD

Mailing Address 200 Medical Pkwy Ste 111

City State Zip Code  
Chesapeake VA 23320-4911

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671865**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard Ian Goldberger, MD

Mailing Address 5106 N Armenia Ave Ste 4

City State Zip Code  
Tampa FL 33603-1433

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671866**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas W Currey, MD

Mailing Address 975 E 3rd St Box 260

City State Zip Code  
Chattanooga TN 37403-2103

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

Name of Employer Univ of Tenn Occupation  
Univ of Tenn Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 24671867**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Adolph V Lombardi, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address Joint Implant Surgeons, Inc 7277 Smith's Mill Rd Ste 200		Transaction ID: 24671869	
City New Albany	State OH	Zip Code 43054	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Joint Implant Surgeons, Inc	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael T Stowell, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 19254 Jamestown Dr		Transaction ID: 24671870	
City Hagerstown	State MD	Zip Code 21742-1718	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mid Atlantic Orthopaedic Specialists	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Daniel J Gallagher, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address Bone & Joint Clinic West Jefferson Med Bldg		Transaction ID: 24671871	
City Marrero	State LA	Zip Code 70072-3064	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bone & Joint Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Rolando Colon-Nebot, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 668		Transaction ID: 24671873
City State Zip Code Arecibo PR 00613-0668	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael Laurence Slutzker, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 4201 Torrance Blvd Ste 470		Transaction ID: 24671874
City State Zip Code Torrance CA 90503-4529	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Gregory R Misenhimer, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 2150 Trawood Dr Ste A150		Transaction ID: 24671876
City State Zip Code El Paso TX 79935-3323	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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) <b>A.</b> Dr. Richard A Morvant, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 806 Bayou Ln		<b>Transaction ID:</b> 24671878	
City State Zip Code Thibodaux LA 70301-4954	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Thomas R Bielejeski, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 5526 E Morada Ln		<b>Transaction ID:</b> 24671879	
City State Zip Code Stockton CA 95212-2617	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Stockton Orthopaedic Medi- cal Group, In	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Mark T Wichman, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address Milwaukee Ortho Specialists 1575 N Rivercenter Dr Ste 160		<b>Transaction ID:</b> 24671880	
City State Zip Code Milwaukee WI 53212-3965	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Milwaukee Orthopaedic Spe- cialists	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Peter J Stern, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 538 Oak St Ste 200		<b>Transaction ID:</b> 24671881	
City State Zip Code Cincinnati OH 45219-2507	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Cincinnati College of Medicine	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Steven Moen, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 4908 1st Ave S		<b>Transaction ID:</b> 24671884	
City State Zip Code Minneapolis MN 55409-2606	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Twin Cities Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. William O Samuelson, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 2800 Pierce St Ste 101		<b>Transaction ID:</b> 24671885	
City State Zip Code Sioux City IA 51104-3707	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. James J Purtill, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 25 Lane of Acres		<b>Transaction ID:</b> 24671886	
City Haddonfield	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 08033-3504		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Thomas E Baier, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 725 Stonegate		<b>Transaction ID:</b> 24671887	
City Libertyville	State IL	Amount of Each Receipt this Period 500.00	
Zip Code 60048-1855		FEC ID number of contributing federal political committee. C	
Name of Employer Greenleaf Orthopedic	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Brian E Gunnlaugson, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 1257 Laurel View Dr		<b>Transaction ID:</b> 24671888	
City Johnstown	State PA	Amount of Each Receipt this Period 300.00	
Zip Code 15905-1509		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 550.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michelle D Ward, , MD

Mailing Address 8409 Wilson Ct

City State Zip Code  
Alta Loma CA 91701-1950

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

Name of Employer  
Garey Orthopedic Medical Group

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671890

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John Raymond Morris, , MD

Mailing Address 27625 Gold Dust Ln

City State Zip Code  
Laguna Hills CA 92653-7800

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

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671891

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott Beecher Scutchfield, , MD

Mailing Address 1591 Lexington Rd

City State Zip Code  
Danville KY 40422-9795

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

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2006

**Transaction ID:** 24671892

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. David H Godfried, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 89 Remington Rd		Transaction ID: 24671893	
City State Zip Code Manhasset NY 11030-2726	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Children's Hospital	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Mohammed-Tarek Al-Fahl, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 604 Reinerman St		Transaction ID: 24671894	
City State Zip Code Houston TX 77007-5235	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Orthopaedic & Sports Medicine	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Sarah D Beshlian, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 1231 20th Ave E		Transaction ID: 24671895	
City State Zip Code Seattle WA 98112-3530	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. John Lawrence Marsh, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address Univ of Iowa Hospital 200 Hawkins Dr		<b>Transaction ID:</b> 24673487	
City Iowa City      State IA      Zip Code 52242-1007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Iowa	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Steven M Mardjetko, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 9000 Waukegan Rd		<b>Transaction ID:</b> 24673488	
City Morton Grove      State IL      Zip Code 60053-2111	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Barry Scott Grames, , MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address Arrowhead Orthopaedics 1901 W Lugonia Ave Ste 120		<b>Transaction ID:</b> 24673490	
City Redlands      State CA      Zip Code 92374-9704	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Larry Levin, , MD		Date of Receipt
Mailing Address 16244 S Military Tr Ste 420		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2006
City State Zip Code Delray Beach FL 33484-6505		<b>Transaction ID:</b> 24673491
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Patrick G Kirk, , MD		Date of Receipt
Mailing Address 4760 E Galbraith Rd Ste 109		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2006
City State Zip Code Cincinnati OH 45236-6704		<b>Transaction ID:</b> 24673492
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Ajoy K Jana, , MD		Date of Receipt
Mailing Address 15902 Patrick Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2006
City State Zip Code Omaha NE 68116-2430		<b>Transaction ID:</b> 24673493
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Physicians Clinic Sports Med Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Scott D Karr, MD

Mailing Address 5050 N Clinton St

City State Zip Code  
Fort Wayne IN 46825-5890

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

Name of Employer Occupation  
Orthopaedics Northeast Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

**Transaction ID: 24673494**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mahmood Jay Jazayeri, MD

Mailing Address 2690 Pacific Ave Ste 300

City State Zip Code  
Long Beach CA 90806-2660

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

**Transaction ID: 24673495**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark E Baratz, MD

Mailing Address Allegheny Ortho Associates  
1307 Federal St

City State Zip Code  
Pittsburgh PA 15212-4705

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

Name of Employer Occupation  
Allegheny General Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

**Transaction ID: 24673496**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Vernon Sims Esplin, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 560 Memorial Dr		<b>Transaction ID:</b> 24673497	
City State Zip Code Pocatello ID 83201-4073	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Fredrick Huang, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 4011 Talbot Rd S Ste 300		<b>Transaction ID:</b> 24673498	
City State Zip Code Renton WA 98055-5791	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Ira Joel Singer, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 725 Reservoir Ave Ste 101		<b>Transaction ID:</b> 24673499	
City State Zip Code Cranston RI 02910-4450	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Edward A Toriello, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 7815 Eliot Ave		<b>Transaction ID:</b> 24673500	
City State Zip Code Middle Village NY 11379-1300	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jeffrey H Charen, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address Orthoc Assoc of Central Jersey 205 May St Ste 202		<b>Transaction ID:</b> 24673501	
City State Zip Code Edison NJ 08837-3267	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orthopaedic Associates of Central NJ	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alberto D Cuellar, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 17270 Red Oak Dr Ste 200		<b>Transaction ID:</b> 24673502	
City State Zip Code Houston TX 77090-2632	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer KSF Orthopaedic Center	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ray M Fitzgerald, MD

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code  
Houston TX 77090-2632

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

Name of Employer Occupation  
KSF Orthopaedic Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

**Transaction ID: 24673503**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael C Albert, MD

Mailing Address Orthopaedic Ctr for Spinal & Pedia  
One Childrens Plaza

City State Zip Code  
Dayton OH 45404-1898

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

Name of Employer Occupation  
Ortho Ctr for Spinal & Pediatric Care Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 24688177**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brian A Shaw, MD

Mailing Address 3010 N Circle Dr Ste 100A

City State Zip Code  
Colorado Springs CO 80909-1174

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 24688178**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Devon D Goetz, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 6001 Westown Pky		<b>Transaction ID:</b> 24688179	
City State Zip Code West Des Moines IA 50266-7702	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Des Moines Orthopaedic Surgeons	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jeffrey L Lovallo, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 7025 Benjamin St		<b>Transaction ID:</b> 24688180	
City State Zip Code Mc Lean VA 22101-1550	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Samuel R Rosenfeld, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1310 W Stewart Dr Ste 508		<b>Transaction ID:</b> 24688181	
City State Zip Code Orange CA 92868-3856	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer APOS	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stanley H Nahigian, , MD

Mailing Address 29001 Cedar Rd Ste 519

City Cleveland State OH Zip Code 44124-4041

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688182

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Miguel Antonio Schmitz, , MD

Mailing Address 800 Hillside Ave

City Klamath Falls State OR Zip Code 97601-2214

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688183

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Johnathan Richard Pery, , MD

Mailing Address 875 Swift Blvd

City Richland State WA Zip Code 99352-3592

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

Name of Employer Northwest Orthopedic Associates Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688184

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A. Dr. Timothy C Beals, , MD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Univ Orthopaedics Center 590 Wakara Way		<b>Transaction ID: 24688185</b>	
City State Zip Code Salt Lake City UT 84108-1200	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Utah	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Gregg Louis Massanelli, , MD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 704 W Grove Ste 5		<b>Transaction ID: 24688186</b>	
City State Zip Code El Dorado AR 71730-4469	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Center of South Arkansas	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Stickney, , MD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address Evergreen Orthopaedic Clinic 12911 120th Ave NE Ste H210		<b>Transaction ID: 24688187</b>	
City State Zip Code Kirkland WA 98034-3065	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Evergreen Orthopaedic & Fracture Clini	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. John D Miles, MD Mailing Address PO Box 0		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
City State Zip Code Columbia MO 65205-5014		<b>Transaction ID:</b> 24688188
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Walter G Robinson, Jr, MD Mailing Address 660 Golden Ridge Rd Ste 250		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
City State Zip Code Golden CO 80401-9541		<b>Transaction ID:</b> 24688190
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Woodridge Ortho & Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Howard R Epps, MD Mailing Address 7401 S Main		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
City State Zip Code Houston TX 77030-4509		<b>Transaction ID:</b> 24688193
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Fondren Orthopedic Group, LLP	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. William C Cottrell, MD

Mailing Address 430 Morton Plant St Ste 301

City State Zip Code  
Clearwater FL 33756-3395

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

Name of Employer  
Orthopaedic Associates of West Florida

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 24688194**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert P Good, MD

Mailing Address 27 S Bryn Mawr Ave

City State Zip Code  
Bryn Mawr PA 19010-3470

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

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 24688195**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. George A Wade, MD

Mailing Address 1188 University Dr

City State Zip Code  
Boise ID 83706-3060

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

Name of Employer  
Idaho Sports Medicine Institute

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 24688196**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A.</b> Dr. Brian S Parsley, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 6620 Main St Ste 1350		Transaction ID: 24688197
City State Zip Code Houston TX 77030-2305	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. James D Dowd, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 5010		Transaction ID: 24688199
City State Zip Code Grants Pass OR 97527-0010	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Grants Pass Orthopaedic Surgery	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Raymond A Koch, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 227 Boyle Dr		Transaction ID: 24688200
City State Zip Code Eureka CA 95503-6401	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Humboldt Ortho Assoc.	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Daniel J Karns, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address Medical Arts Ctr IV 6115 Powers Blvd Ste 100		Transaction ID: 24688201
City State Zip Code Parma OH 44129-5469	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Southwest Orthopaedics, Inc.	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Henry A Backe, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address Orthopaedic Specialty Group,PC 75 Kings Highway Cutoff		Transaction ID: 24688202
City State Zip Code Fairfield CT 06824-5340	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Gerald J Ortiz, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 5010 St Hwy 30 Ste 205		Transaction ID: 24688204
City State Zip Code Amsterdam NY 12010-7532	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. William H Warden, III, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 2760 Atlantic Ave		<b>Transaction ID:</b> 24688205
City State Zip Code Long Beach CA 90806-2755	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Orthopaedic Surgical Group	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Peter J Mandell, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1663 Rollins Rd		<b>Transaction ID:</b> 24688206
City State Zip Code Burlingame CA 94010-2301	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. James A Moore, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 3 Peter Cooper Rd Apt 2F		<b>Transaction ID:</b> 24688207
City State Zip Code New York NY 10010-6616	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Montefiore Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Paul A Caviale, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 201 E Orangeburg Ave Ste F		<b>Transaction ID:</b> 24688208	
City Modesto	State CA	Zip Code 95350-5355	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. John G Birch, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address Texas Scottish Rite Hosp 2222 Welborn St		<b>Transaction ID:</b> 24688209	
City Dallas	State TX	Zip Code 75219-3924	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Scottish Rite Hospi- tal	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Thomas L Martin, , MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address SUN Orthopaedic Group 900 Buffalo Rd		<b>Transaction ID:</b> 24688210	
City Lewisburg	State PA	Zip Code 17837-2800	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sun Orthopaedic Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Donald Mark Arms, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 207 Oak Park		<b>Transaction ID:</b> 24688212	
City State Zip Code Mc Minnville TN 37110-1336		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Allen F Anderson, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 4230 Harding Rd Ste 1000 St Thomas Medical Bldg		<b>Transaction ID:</b> 24688213	
City State Zip Code Nashville TN 37205-2098		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TOA		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. David R R Richardson, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 7545 Airways Blvd		<b>Transaction ID:</b> 24688214	
City State Zip Code Southaven MS 38671-5806		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Campbell Clinic		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. James P Tasto, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 6719 Alvarado Rd Ste 200		<b>Transaction ID:</b> 24688215	
City State Zip Code San Diego CA 92120-5256	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Timothy Allen Gibbons, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 250 S Crescent Dr		<b>Transaction ID:</b> 24688216	
City State Zip Code Mason City IA 50401-2926	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Donald J Zoltan, , MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 2025 W Oklahoma Ave Ste 100		<b>Transaction ID:</b> 24688217	
City State Zip Code Milwaukee WI 53215-4455	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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) <b>A.</b> Dr. Murray Allan Morrison, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address Orthopaedic Specialty Group, PC 75 Kings Hwy Cutoff		Transaction ID: 24688218
City State Zip Code Fairfield CT 06824-5340	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orthopaedic Surgery Group, PC	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. David E Attarian, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address Duke Health Ctr Ortho 3116 N Duke St		Transaction ID: 24688219
City State Zip Code Durham NC 27704-2102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Duke University	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Joseph P Walls, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 755 N Roop St Ste 101		Transaction ID: 24688220
City State Zip Code Carson City NV 89701-3107	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Capitol Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stephen C McNeil, MD

Mailing Address 907 Sumner St Ste 301

City State Zip Code  
Stoughton MA 02072-3377

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

Name of Employer Occupation  
Sullivan Orthopedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 24688221**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Meisles, MD

Mailing Address Ortho Specialists  
305 N York Rd

City State Zip Code  
Elmhurst IL 60126-2317

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 24688222**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Timothy W Talbert, MD

Mailing Address 216 W Union Ste A

City State Zip Code  
Minden LA 71055-3216

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

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID: 24688223**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Peter O Newton, , MD

Mailing Address 3030 Children's Way Ste 410

City State Zip Code  
San Diego CA 92123-4228

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

Name of Employer: Pediatric Orthopedic & Scoliosis Med G  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688224

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William A Matarese, , MD

Mailing Address 342 Hamburg Tpke

City State Zip Code  
Wayne NJ 07470-2162

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

Name of Employer: Self Employed  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688225

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David M Smink, , MD

Mailing Address 9303 Adelaide Dr

City State Zip Code  
Bethesda MD 20817-2429

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

Name of Employer: Greater Washington Orthopaedic Group  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688226

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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) <b>A.</b> Dr. Frank A B Gottschalk, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address U of TX Southwestern Med School 5323 Harry Hines Blvd		<b>Transaction ID:</b> 24688227	
City Dallas State TX Zip Code 75390-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UT Southwestern Medical Ctr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Shepard R Hurwitz, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address Univ of Virginia Affl Hosps Dept of Orthopaedics		<b>Transaction ID:</b> 24688228	
City Charlottesville State VA Zip Code 22903	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Virginia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John A Yezerski, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 300 S 8th St Ste 178w		<b>Transaction ID:</b> 24688229	
City Murray State KY Zip Code 42071-2444	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph N Wilson, MD

Mailing Address 4701 85th St

City Lubbock State TX Zip Code 79424-4104

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688230

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Marks, MD

Mailing Address 40 Cross St Ste 300

City Norwalk State CT Zip Code 06851-4661

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688231

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David K Wong, MD

Mailing Address Attention: Marilyn Kane  
6585 S Yale Ste 200

City Tulsa State OK Zip Code 74136-8315

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 24688233

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 97 / 136	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas J Ditkoff, MD

Mailing Address 6900 Orchard Lake Rd Ste 103

City State Zip Code  
West Bloomfield MI 48322-3424

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

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	6

Transaction ID: 24688234

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	146200.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 / 136
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

**A.** Full Name (Last, First, Middle Initial)  
Keep Our Majority PAC (KOMPAC)

Mailing Address PO Box 20209

City State Zip Code  
Alexandria VA 22320

FEC ID number of contributing federal political committee. **C** C00307405

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	6

Transaction ID: 24339911

Amount of Each Receipt this Period  
5000.00

Refund of Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 136

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement  
Bank fees deducted from account  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 24260936

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

123.45

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B.** Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement  
Bank fees deducted from account  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 24404662

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

93.88

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C.** Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement  
Bank fees deducted from account  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 24462335

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

400.07

Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

617.40

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 100 / 136

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Northern Trust Company</b>		<b>Transaction ID: 24534220</b>	
Mailing Address 50 S. LaSalle St.		Date of Disbursement 08 / 28 / 2006	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 147.52
Purpose of Disbursement Bank fees deducted from account		001	Bank fees deducted from account
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Company</b>		<b>Transaction ID: 24594867</b>	
Mailing Address 50 S. LaSalle St.		Date of Disbursement 09 / 06 / 2006	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 235.65
Purpose of Disbursement Bank fees deducted from account		001	Bank fees deducted from account
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Northern Trust Company</b>		<b>Transaction ID: 24718282</b>	
Mailing Address 50 S. LaSalle St.		Date of Disbursement 09 / 25 / 2006	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 46.20
Purpose of Disbursement Bank fees deducted from account		001	Bank fees deducted from account
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>429.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1046.77</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Texas Freedom Fund</b>		<b>Transaction ID:</b> 24339696 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address PO Box 6136		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22306	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Boyd For Congress</b>		<b>Transaction ID:</b> 24339716 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 1000.00
City Tallahassee State FL Zip Code 32317	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Allen Boyd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Shelley Moore Capito For Congress</b>		<b>Transaction ID:</b> 24339710 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 11519		Amount of Each Disbursement this Period 2000.00
City Charleston State WV Zip Code 25339	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Shelley Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2006 Congress Genera <input checked="" type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Lois Capps

Office Sought:  House  Senate  President  
State: CA District: 23  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24339699

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Chafee for Senate

Mailing Address PO Box 7329

City Warwick State RI Zip Code 02887

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Lincoln Chafee

Office Sought:  House  Senate  President  
State: RI District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24339707

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** J.D. Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. J.D. Hayworth

Office Sought:  House  Senate  President  
State: AZ District: 5  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24339712

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Donald A. Manzullo For Congress</b>		Transaction ID: 24339691 Date of Disbursement 07 / 21 / 2006	
Mailing Address PO Box 7783		Amount of Each Disbursement this Period 2000.00	
City Rockford State IL Zip Code 61126	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Donald A. Manzullo	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>B. Nancy Pelosi For Congress</b>		Transaction ID: 24339687 Date of Disbursement 07 / 21 / 2006	
Mailing Address 235 Montgomery Street, Suite 610 Suite 610		Amount of Each Disbursement this Period 2000.00	
City San Francisco State CA Zip Code 94104	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Nancy Pelosi	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>C. Pryce For Congress</b>		Transaction ID: 24339694 Date of Disbursement 07 / 21 / 2006	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Deborah Pryce	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Congressman Bart Gordon Committee</b>		<b>Transaction ID: 24339702</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 1000.00
City Murfreesboro State TN Zip Code 37133	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Bart Gordon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	
State: TN District: 6		

Full Name (Last, First, Middle Initial) <b>B. Kay Bailey Hutchison For Senate Committee</b>		<b>Transaction ID: 24339708</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address PO Box 9190 800 Brazos Suite 1200		Amount of Each Disbursement this Period 2000.00
City Dallas State TX Zip Code 75209	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. Kay Hutchison		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 1		

Full Name (Last, First, Middle Initial) <b>C. Fitzpatrick for Congress</b>		<b>Transaction ID: 24339705</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 115 North Broad Street		Amount of Each Disbursement this Period 2000.00
City Doylestown State PA Zip Code 18901	Purpose of Disbursement 011 Category/Type	
Candidate Name Michael G Fitzpatrick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	
State: PA District: 8		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Every Republican Is Crucial (ERIC) PAC</b>		<b>Transaction ID:</b> 24339704 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Friends Of Craig Thomas</b>		<b>Transaction ID:</b> 24339700 Date of Disbursement
Mailing Address 1606 Crook Avenue		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Cheyenne	State WY	Zip Code 82001
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name Sen. Craig Thomas		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 1		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Making Business Excel PAC</b>		<b>Transaction ID:</b> 24339695 Date of Disbursement
Mailing Address PO Box 3241		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Cheyenne	State WY	Zip Code 82001
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 106 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Victory In November Election PAC (VINE PAC)</b>		<b>Transaction ID:</b> 24339715 Date of Disbursement
Mailing Address 607 14th Street, NW Suite 800		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="4000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Citizens For Rush</b>		<b>Transaction ID:</b> 24339697 Date of Disbursement
Mailing Address P. O. Box 7292		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60680
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Rep. Bobby Rush		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: IL	District: 1	

Full Name (Last, First, Middle Initial) <b>C. BRIDGE PAC</b>		<b>Transaction ID:</b> 24339686 Date of Disbursement
Mailing Address 499 South Capitol Street, SW Suite 412		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Spratt For Congress Committee</b>		<b>Transaction ID:</b> 24339703 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address PO Box 830		Amount of Each Disbursement this Period 2500.00
City York State SC Zip Code 29745		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. John Spratt, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>B. Solis For Congress</b>		<b>Transaction ID:</b> 24339701 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Hilda Solis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Don Sherwood</b>		<b>Transaction ID:</b> 24369514 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 81 Warren Street		Amount of Each Disbursement this Period 2000.00
City Tunkhannock State PA Zip Code 18657		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Donald L. Sherwood Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Chet Edwards For Congress</b>		<b>Transaction ID:</b> 24369481 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P. O. Box 23273		Amount of Each Disbursement this Period 2000.00
City Waco State TX Zip Code 76702		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>B. Sweeney For Congress</b>		<b>Transaction ID:</b> 24369486 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO Box 1465		Amount of Each Disbursement this Period 2000.00
City Clifton Park State NY Zip Code 12065		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. John Sweeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Heather Wilson For Congress</b>		<b>Transaction ID:</b> 24369465 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 14070 P.O. Box 14070		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87191		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Heather Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Talent For Senate Inc

Mailing Address 147 N Meramec Suite 100

City St Louis State MO Zip Code 63105

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. James Talent

Office Sought:  House  Senate  President  
State: MO District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24369457

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Steele For Maryland Inc.

Mailing Address 150 South Street Suite 100

City Annapolis State MD Zip Code 21401

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Michael Steele

Office Sought:  House  Senate  President  
State: MD District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24369479

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C.** Lamberti For Congress

Mailing Address PO Box 785

City Ankeny State IA Zip Code 50021

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Jeffrey Lamberti

Office Sought:  House  Senate  President  
State: IA District: 3  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24369451

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Herseth For Congress</b>		<b>Transaction ID: 24369477</b>	
Mailing Address PO Box 2009		Date of Disbursement 07 / 27 / 2006	
City Sioux Falls	State SD	Zip Code 57101	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Stephanie Herseth			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: SD	District: 1		

Full Name (Last, First, Middle Initial) <b>B. Moore For Congress</b>		<b>Transaction ID: 24369475</b>	
Mailing Address PO Box 14631		Date of Disbursement 07 / 27 / 2006	
City Shawnee Mission	State KS	Zip Code 66285	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Dennis Moore			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KS	District: 3		

Full Name (Last, First, Middle Initial) <b>C. Charlie Melancon Campaign Committee Inc</b>		<b>Transaction ID: 24369472</b>	
Mailing Address 511 Congress St PO Box 549		Date of Disbursement 07 / 27 / 2006	
City Napoleonville	State LA	Zip Code 70390	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Charles Melancon			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA	District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Brian Higgins For Congress</b>		<b>Transaction ID:</b> 24369469 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO Box 28		Amount of Each Disbursement this Period 1000.00
City Buffalo State NY Zip Code 14220		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Brian Higgins		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sali For Congress</b>		<b>Transaction ID:</b> 24369485 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00
City Kuna State ID Zip Code 83634		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. William Sali		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	

Full Name (Last, First, Middle Initial) <b>C. Whalen For Congress</b>		<b>Transaction ID:</b> 24369454 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P. O. Box 750		Amount of Each Disbursement this Period 2000.00
City Bettendorf State IA Zip Code 52722		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Michael Whalen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Ray Meier For Congress Committee</b>		<b>Transaction ID:</b> 24369488 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO Box 120		Amount of Each Disbursement this Period 1000.00
City Utica State NY Zip Code 13503	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Raymond Meier	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Sue Kelly For Congress</b>		<b>Transaction ID:</b> 24369483 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address PO Box 599		Amount of Each Disbursement this Period 1000.00
City Katonah State NY Zip Code 10536	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Sue Kelly	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Brian Bilbray For Congress</b>		<b>Transaction ID:</b> 24369460 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 2466 Unicornio Street		Amount of Each Disbursement this Period 1000.00
City Carlsbad State CA Zip Code 92009	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Brian Bilbray	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Bilirakis For Congress</b>		Transaction ID: 24397161 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33606		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Gus Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 9		

Full Name (Last, First, Middle Initial) <b>B. Becerra For Congress</b>		Transaction ID: 24430412 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 2500.00
City Los Angeles	State CA	
Zip Code 90026		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: CA District: 31 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>C. A Lot of People Who Support Jeff Bingaman</b>		Transaction ID: 24430403 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 2048		Amount of Each Disbursement this Period 1000.00
City Albuquerque	State NM	
Zip Code 87111		
Purpose of Disbursement 011 Category/Type		
Candidate Name Jeff Bingaman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Lot Of People For Dave Obey</b>		Transaction ID: 24430392 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 525 Washington St PO Box 1322		Amount of Each Disbursement this Period 2500.00
City Wausau State WI Zip Code 54402	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. David R. Obey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Pallone For Congress</b>		Transaction ID: 24430394 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Frank Pallone, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera

Full Name (Last, First, Middle Initial) <b>C. Dutch Ruppertsberger For Congress</b>		Transaction ID: 24430432 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 22 West Padonia Road Suite A307		Amount of Each Disbursement this Period 2000.00
City Timonium State MD Zip Code 21093	Purpose of Disbursement 011 Category/Type	
Candidate Name C.A. Dutch Ruppertsberger	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Gene Taylor For Congress Committee

Mailing Address Post Office Box 38  
Post Office Box 38

City Bay St. Louis State MS Zip Code 39520

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Gene Taylor

Office Sought:  House  Senate  President  
State: MS District: 4  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24430408

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.** Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Edolphus Towns

Office Sought:  House  Senate  President  
State: NY District: 10  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24430410

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.** PAC to the Future

Mailing Address 499 South Capitol Street, SW  
#107

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24430426

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Danny Davis

Office Sought:  House  Senate  President  
State: IL District: 7  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24430396

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Larson For Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John Larson

Office Sought:  House  Senate  President  
State: CT District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24430415

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Mike Thompson

Office Sought:  House  Senate  President  
State: CA District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24430419

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. GLACIER PAC</b>		<b>Transaction ID:</b> 24430402 Date of Disbursement
Mailing Address 818 Connecticut Ave, NW Suite 1100		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. DANPAC</b>		<b>Transaction ID:</b> 24430398 Date of Disbursement
Mailing Address 1088 Bishop Street Suite 1009		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Honolulu	State HI	Zip Code 96813
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Friends Of Robert C Byrd Committee</b>		<b>Transaction ID:</b> 24430400 Date of Disbursement
Mailing Address 607 14th Street Nw Suite 800		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name Sen. Robert Byrd		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 1		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Our Common Values PAC</b>		<b>Transaction ID:</b> 24430413 Date of Disbursement
Mailing Address 101 W. Grand Avenue Suite 200		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. House Majority Fund</b>		<b>Transaction ID:</b> 24430416 Date of Disbursement
Mailing Address 315 Inspiration Lane		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Gaithersburg	State MD	Zip Code 20878
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. The National Leadership PAC</b>		<b>Transaction ID:</b> 24430418 Date of Disbursement
Mailing Address PO Box 5577		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City New York	State NY	Zip Code 10027
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. AMERIPAC: The Fund For A Greater America</b>		<b>Transaction ID:</b> 24430428 Date of Disbursement
Mailing Address 499 South Capitol Street, SW #414		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Committee For A Democratic Future</b>		<b>Transaction ID:</b> 24430429 Date of Disbursement
Mailing Address 25 Roydon Road		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City New Haven	State CT	Zip Code 06511
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Frelinghuysen For Congress</b>		<b>Transaction ID:</b> 24468554 Date of Disbursement
Mailing Address 19 Cattano Ave		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City Morristown	State NJ	Zip Code 07960
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name Rodney P. Frelinghuysen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NJ District: 11	2006 Congress Genera	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Trent Lott For Mississippi

Mailing Address PO Box 22824

City Jackson State MS Zip Code 39225

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Trent Lott

Office Sought:  House  Senate  President  
State: MS District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Senate Primary

Transaction ID: 24469205

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of John Tanner

Mailing Address Post Office Box 1994  
Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John S. Tanner

Office Sought:  House  Senate  President  
State: TN District: 8  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24467816

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Eric I. Cantor

Office Sought:  House  Senate  President  
State: VA District: 7  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24469198

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6500.00

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Lucille Roybal-Allard For Congress</b>		<b>Transaction ID: 24467817</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 601 S. Glenoaks Bl #211		Amount of Each Disbursement this Period 1000.00	
City Burbank State CA Zip Code 91502	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Lucille Roybal-Allard			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>B. Poe For Congress</b>		<b>Transaction ID: 24469197</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address P.O. Box 14222		Amount of Each Disbursement this Period 1000.00	
City Humble State TX Zip Code 77347	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Ted Poe			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Mike Ferguson</b>		<b>Transaction ID: 24468739</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 1000.00	
City Colonia State NJ Zip Code 07067	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Mike Ferguson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Talent For Senate Inc

Mailing Address 147 N Meramec Suite 100

City St Louis State MO Zip Code 63105

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. James Talent

Office Sought:  House  Senate  President  
State: MO District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24469012

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Bob 2 Congress

Mailing Address 25 Maluniu Avenue Suite 207  
Box 171

City Kailua State HI Zip Code 96734

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Bob Hogue

Office Sought:  House  Senate  President  
State: HI District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24469196

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Applebaum For Congress

Mailing Address PO Box 10081

City Baltimore State MD Zip Code 21285

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Gary Applebaum

Office Sought:  House  Senate  President  
State: MD District: 3  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24469195

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Tom Kean For Us Senate Inc</b>		Transaction ID: 24468051 Date of Disbursement 08 / 16 / 2006	
Mailing Address PO Box 225		Amount of Each Disbursement this Period 1000.00	
City Colonia State NJ Zip Code 07067	Purpose of Disbursement 011 Category/ Type	Candidate Name Mr. Thomas Kean	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mac Collins For Congress</b>		Transaction ID: 24480997 Date of Disbursement 08 / 17 / 2006	
Mailing Address P.O. Box 35		Amount of Each Disbursement this Period 1000.00	
City Jonesboro State GA Zip Code 30237	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Mac Collins	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Dave Weldon</b>		Transaction ID: 24505702 Date of Disbursement 08 / 21 / 2006	
Mailing Address PO Box 968		Amount of Each Disbursement this Period 1000.00	
City Melbourne State FL Zip Code 32902	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Dave Weldon, M.D.	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 124 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Porter For Congress</b>		Transaction ID: 24505701 Date of Disbursement 08 / 21 / 2006
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 1000.00
City Las Vegas	State NV	
Zip Code 89126		
Purpose of Disbursement Candidate Name Rep. Jon Porter Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	
State: NV District: 3		

Full Name (Last, First, Middle Initial) <b>B. Trent Lott For Mississippi</b>		Transaction ID: 24525468 Date of Disbursement 08 / 16 / 2006
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 3000.00
City Jackson	State MS	
Zip Code 39225		
Purpose of Disbursement Funds Reported On This Report Candidate Name Sen. Trent Lott Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Senate Primary	<b>[MEMO ITEM]</b> Funds Reported On This Report
State: MS District: 2		

Full Name (Last, First, Middle Initial) <b>C. Trent Lott For Mississippi</b>		Transaction ID: 24525469 Date of Disbursement 08 / 28 / 2006
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 3000.00
City Jackson	State MS	
Zip Code 39225		
Purpose of Disbursement Re-designated funds for trans. dated 8/1 Candidate Name Sen. Trent Lott Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Re-designated funds for trans. dated 8/16/2006
State: MS District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Steele For Maryland Inc.</b>		<b>Transaction ID:</b> 24531608 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 150 South Street Suite 100		Amount of Each Disbursement this Period 1000.00
City Annapolis State MD Zip Code 21401	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Michael Steele		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Senate Primary	
State: MD District:		

Full Name (Last, First, Middle Initial) <b>B. Chafee for Senate</b>		<b>Transaction ID:</b> 24548221 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 1500.00
City Warwick State RI Zip Code 02887	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Lincoln Chafee		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Senate Primary	
State: RI District: 1		

Full Name (Last, First, Middle Initial) <b>C. Chafee for Senate</b>		<b>Transaction ID:</b> 24548389 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 1500.00
City Warwick State RI Zip Code 02887	011 Category/ Type	
Purpose of Disbursement Funds Reported On <Enter Report Name Her		
Candidate Name Lincoln Chafee		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Senate Primary	<b>[MEMO ITEM]</b> Funds Reported On <Enter Report Name Here>
State: RI District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Chafee for Senate

Mailing Address PO Box 7329

City Warwick State RI Zip Code 02887

Purpose of Disbursement  
Re-designated funds for trans. dated 9/7

Candidate Name  
Lincoln Chafee

Office Sought:  House  
 Senate  
 President

State: RI District: 1

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

2006 Senate Primary

Transaction ID: 24548390

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

1500.00

**[MEMO ITEM]**

Re-designated funds for trans. dated 9/7/2006

Full Name (Last, First, Middle Initial)

**B.** Chafee for Senate

Mailing Address PO Box 7329

City Warwick State RI Zip Code 02887

Purpose of Disbursement  
Funds Reported On <Enter Report Name Her

Candidate Name  
Lincoln Chafee

Office Sought:  House  
 Senate  
 President

State: RI District: 1

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

2006 Senate Primary

Transaction ID: 24548428

Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

2500.00

**[MEMO ITEM]**

Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial)

**C.** Chafee for Senate

Mailing Address PO Box 7329

City Warwick State RI Zip Code 02887

Purpose of Disbursement  
Re-designated funds for trans. dated 7/2

Candidate Name  
Lincoln Chafee

Office Sought:  House  
 Senate  
 President

State: RI District: 1

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

2006 Senate Primary

Transaction ID: 24548429

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

2500.00

**[MEMO ITEM]**

Re-designated funds for trans. dated 7/21/2006

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Weldon Victory Committee

Mailing Address P. O. Box 1992

City Media State PA Zip Code 19063

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Curt Weldon

Office Sought:  House  
 Senate  
 President  
State: PA District: 7  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24612671

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Shelley Capito

Office Sought:  House  
 Senate  
 President  
State: WV District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24661366

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Mark Foley

Office Sought:  House  
 Senate  
 President  
State: FL District: 16  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24661358

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Keller For Congress</b>		<b>Transaction ID: 24661368</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 1453		Amount of Each Disbursement this Period 2000.00
City Orlando State FL Zip Code 32802	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Richard Keller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera

Full Name (Last, First, Middle Initial) <b>B. Friends Of Joe Pitts</b>		<b>Transaction ID: 24661350</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 216		Amount of Each Disbursement this Period 5000.00
City Unionville State PA Zip Code 19375	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Joseph R. Pitts	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera

Full Name (Last, First, Middle Initial) <b>C. Friends Of Clay Shaw</b>		<b>Transaction ID: 24661343</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 2600 NE 14th Street Causeway		Amount of Each Disbursement this Period 3000.00
City Pompano Beach State FL Zip Code 33062	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. E. Clay Shaw, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Sweeney For Congress

Mailing Address PO Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John Sweeney

Office Sought:  House  Senate  President  
State: NY District: 20  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24661371

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Robert Simmons

Office Sought:  House  Senate  President  
State: CT District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24661351

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C.** Jeb Bradley For Congress

Mailing Address 645 South Main Street

City Wolfeboro State NH Zip Code 03894

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Jeb Bradley

Office Sought:  House  Senate  President  
State: NH District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24661347

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Sue Kelly For Congress</b>		<b>Transaction ID: 24661365</b>	
Mailing Address PO Box 599		Date of Disbursement 09 / 25 / 2006	
City Katonah	State NY	Zip Code 10536	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Sue Kelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: NY District: 19			

Full Name (Last, First, Middle Initial) <b>B. Porter For Congress</b>		<b>Transaction ID: 24661376</b>	
Mailing Address PO Box 26087		Date of Disbursement 09 / 25 / 2006	
City Las Vegas	State NV	Zip Code 89126	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Jon Porter			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: NV District: 3			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Cliff Stearns</b>		<b>Transaction ID: 24661348</b>	
Mailing Address PO Box 308		Date of Disbursement 09 / 25 / 2006	
City Silver Springs	State FL	Zip Code 34489	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Cliff Stearns			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: FL District: 6			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. The Hawkeye PAC</b>		<b>Transaction ID:</b> 24673057
Mailing Address PO Box 7255		Date of Disbursement 09 / 27 / 2006
City Des Moines	State IA	Zip Code 50309
Purpose of Disbursement	Amount of Each Disbursement this Period 2500.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. America's Foundation</b>		<b>Transaction ID:</b> 24673315
Mailing Address 128 North Columbus Street Attn: Linda Daniel		Date of Disbursement 09 / 27 / 2006
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement	Amount of Each Disbursement this Period 5000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Texans For Henry Bonilla</b>		<b>Transaction ID:</b> 24673056
Mailing Address P.O. Box 17292		Date of Disbursement 09 / 27 / 2006
City San Antonio	State TX	Zip Code 78217
Purpose of Disbursement	Amount of Each Disbursement this Period 5000.00	
Candidate Name Rep. Henry Bonilla	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: TX District: 23	2006 Congress Genera	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. Friends Of Lois Capps</b>		<b>Transaction ID: 24673055</b>	
Mailing Address PO Box 23940		Date of Disbursement 09 / 27 / 2006	
City Santa Barbara	State CA	Zip Code 93121	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011	Category/ Type
Candidate Name Rep. Lois Capps			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: CA	District: 23		

Full Name (Last, First, Middle Initial) <b>B. Chafee for Senate</b>		<b>Transaction ID: 24673288</b>	
Mailing Address PO Box 7329		Date of Disbursement 09 / 27 / 2006	
City Warwick	State RI	Zip Code 02887	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011	Category/ Type
Candidate Name Lincoln Chafee			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI	District: 1		

Full Name (Last, First, Middle Initial) <b>C. Jim Gerlach For Congress Committee</b>		<b>Transaction ID: 24673058</b>	
Mailing Address 911 Welsh Ayres Way		Date of Disbursement 09 / 27 / 2006	
City Downingtown	State PA	Zip Code 19335	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011	Category/ Type
Candidate Name Mr. Jim Gerlach			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: PA	District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City State Zip Code  
St. Petersburg FL 33743

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. C.W. Bill Young

Office Sought:  House  Senate  President  
State: FL District: 10  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24673322

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.** Friends Of Farr

Mailing Address 555 Capitol Mall Suite 1425

City State Zip Code  
Sacramento CA 95814

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Sam Farr

Office Sought:  House  Senate  President  
State: CA District: 17  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24673060

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.** Ensign For Senate

Mailing Address PO Box 26568

City State Zip Code  
Las Vegas NV 89126

Purpose of Disbursement

Category/  
Type

Candidate Name  
Sen. John Ensign

Office Sought:  House  Senate  President  
State: NV District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24672990

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Mark Kennedy 06

Mailing Address PO Box 49333

City Blaine State MN Zip Code 55449

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Mark Kennedy

Office Sought:  House  Senate  President  
State: MN District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24673200

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Snowe For Senate

Mailing Address PO Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Olympia Snowe

Office Sought:  House  Senate  President  
State: ME District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24672992

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Sali For Congress

Mailing Address PO Box 71

City Kuna State ID Zip Code 83634

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. William Sali

Office Sought:  House  Senate  President  
State: ID District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24673108

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A.** Marion Berry For Congress

Mailing Address P.O. Box 8084  
P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Marion Berry

Office Sought:  House  Senate  President  
State: AR District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24675721

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.** Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement  
Void - Friends Of Mark Foley

Category/  
Type

Candidate Name  
Rep. Mark Foley

Office Sought:  House  Senate  President  
State: FL District: 16  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24718278

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Void - Friends Of Mark Fo-  
ley

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons		FEC IDENTIFICATION NUMBER <b>C</b> C00343137	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Full Name (Last, First, Middle, Initial) of Payee The White House Writers Group		Amount 100000.00	
Mailing Address 1030 15th Street, NW 11th Floor		Transaction ID: 24361926	
City Washington	State DC	Zip Code 20005	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 7 <input type="checkbox"/> Presidential
Purpose of Expenditure Radio ads airing 7/2-8/06 and Direct Mail		Category/Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Rep. John Schwarz		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		100000.00	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	100000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	100000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
William J. Robb, III, MD Signature	Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6