

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 522
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Robert L Barrack, , MD	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address Dept of Ortho, Campus Box 8233 660 S Euclid Ave	Transaction ID: 29230757
	City State Zip Code Saint Louis MO 63110-1010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Washington University Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Charles D Hummer, III, MD	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address 1 Med Ctr Blvd Ste 324	Transaction ID: 29230758
	City State Zip Code Chester PA 19013	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Premier Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Timothy S Petsche, , MD	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address 2525 Kaneville Rd	Transaction ID: 29230759
	City State Zip Code Geneva IL 60134-2578	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fox Valley Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	