| Image# 12971402474 | | | | PAGE 1 / 298 |
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| | PORT OF R ND DISBURS Other Than An Autho | EMENTS | 0#ias | |
| 1. NAME OF TYP | E OR PRINT V | Example: If typing, type | | Use Only |
| COMMITTEE (in full) | | over the lines. | 12FE4M5 | |
| Political Action Committee | e of the American As | ssociation of Ortho | paedic Surgeons | |
| | | | | |
| ADDRESS (number and street) | 17 Massachusetts Avenue, NI | | | |
| Check if different | st Floor | | | |
| Alexan and deviates | Vashington | | | 002 |
| 2. FEC IDENTIFICATION NUMB | | • | STATE 🔺 | ZIP CODE |
| C C00343137 | 3. IS T REF | | OR AMENDE | Ð |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: | b) Monthly Report Due On: Mar 20 | | | Year Only) |
| April 15 | Apr 20 | (M4) Jul 20 (| M7) Oct 20 (M1 | 0) Jan 31 (YE) |
| Quarterly Report (Q1) | (c) 12-Day PRE-Election | Primary (12P) | General (12G) | Runoff (12R) |
| October 15 | Report for the: | Convention (12C) | Special (12S) | |
| Quarterly Report (Q3) January 31 Year-End Report (YE) | Election c | n / D D | / Y Y Y Y Y | in the State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) 30-Day POST-Election | General (30G) | Runoff (30R) | Special (30S) |
| Termination Report (TER) | Report for the: | n / D - D | | in the State of |
| 5. Covering Period 04 | 01 / Y Y Y Y Y 01 2012 | through | | 2012 |
| I certify that I have examined this Re | eport and to the best of my | / knowledge and belief it | is true, correct and comp | olete. |
| Type or Print Name of Treasurer | /illiam J Robb III, MD | | | |
| Signature of Treasurer | Robb III, MD | [Electronically Filed] | | 12 / Y Y Y Y 2012 |
| NOTE: Submission of false, erroneous, | or incomplete information m | nay subject the person sigr | ning this Report to the pena | alties of 2 U.S.C. §437g. |
| Office Use Only | | | FE | EC FORM 3X Rev. 12/2004 |

07/12/2012 14 : 40

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

| R | Report Covering the Period: From: | 4 01 / Y Y Y Y 2012 To | b: 06 / D D / Y Y Y Y 06 30 2012 |
|-----|--|---------------------------|-------------------------------------|
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1, 2012 | | 1409935.15 |
| | (b) Cash on Hand at Beginning of Reporting Period | 1614493.84 | |
| | (c) Total Receipts (from Line 19) | 418227.55 | 1062013.11 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 2032721.39 | 2471948.26 |
| 7. | Total Disbursements (from Line 31) | 449765.20 | 888992.07 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1582956.19 | 1582956.19 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations Owed BY 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

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| DE | TAILED SUMMARY PAGE | Г |
|---|---|---|
| FEC Form 3X (Rev. 06/2004) | of Receipts | Page 3 |
| Write or Type Committee Name | | |
| Political Action Committee of the Ame | erican Association of Orthopaed | lic Surgeons |
| Report Covering the Period: From: 04 | / D D / Y | o: 06 / 0 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 |
| 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 | | |
| (i) Itemized (use Schedule A) | 376899.99 | 938646.99 |
| | | |
| (ii) Unitemized | 27648.66 | 84611.66 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)▶ | 404548.65 | 1023258.65 |
| | | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs)(d) Total Contributions (add Lines | | 0.00 |
| 11(a)(iii), (b), and (c)) (Carry | | |
| Totals to Line 33, page 5)▶ | 404548.65 | 1023258.65 |
| 12. Transfers From Affiliated/Other | 0.00 | 0.00 |
| 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) | 6639.08 | 13679.95 |
| 16. Refunds of Contributions Made | 7 | 7 7 7 |
| to Federal Candidates and Other | | |
| Political Committees | 7000.00 | 25000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 39.82 | 74.51 |
| 18. Transfers from Non-Federal and Levin Funds | 0002 | /5 /5 /* |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| (b) Louis Events (frage Ochochula LIE) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | | 7 7 7 0.00 |
| (c) Total Transfers (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))► | 418227.55 | 1062013.11 |
| 20 Total Endoral Passinta | | |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 418227.55 | 1062013.11 |
| | 7 7 7 | 1 1 1 1 |

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DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 02/2003) | of Disbursements | Page 4 |
|--|-------------------------------|---|
| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| . Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.0 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 6765.20 | 13992.07 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 6765.20 | 13992.07 |
| Transfers to Affiliated/Other Party | | |
| Committees Contributions to Federal Candidates/Committees | 0.00 | 0.00 |
| and Other Political Committees | 434000.00 | 866000.00 |
| (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.00 |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made Refunds of Contributions To: | 0.00 | 0.00 |
| (a) Individuals/Persons Other Than Political Committees | 9000.00 | 9000.00 |
| (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))► | 9000.00 | 9000.00 |
| Other Disbursements | 0.00 | 0.00 |
| Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity | | |
| (from Schedule H6) (i) Federal Share | 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 |
| Total Disbursements (add Lines 21(c), 22, | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 449765.20 | 888992.0 |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 449765.20 | 888992.07 |

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DETAILED SUMMARY PAGE

of Disbursements

| II. Net Contributions/Operating Expenditures | | | |
|--|-----------|------------|--|
| Total Contributions (other than loans) (from Line 11(d), page 3) | 404548.65 | 1023258.65 | |
| Total Contribution Refunds (from Line 28(d)) | 9000.00 | 9000.00 | |
| . Net Contributions (other than loans) (subtract Line 34 from Line 33) | 395548.65 | 1014258.65 | |
| Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))► | 6765.20 | 13992.07 | |
| Offsets to Operating Expenditures (from Line 15, page 3) | 6639.08 | 13679.95 | |
| Net Operating Expenditures (subtract Line 37 from Line 36) | 126.12 | 312.12 | |

SCHEDULE A (FEC Form 3X) _ _ _ _ _

FOR LINE NUMBER:

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| IT. | | | Use separate schedule(s) | | (check only one) | | | | | | |
|-----|---|---------------|---|---------------------------|------------------|-------|---------------|------------------|----------------|--------|-----------|
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| or | for commercial purposes, other than using the | ne name and a | ddress of any political committee | e to s | olicit co | ntrib | utions f | rom such | n comn | nittee | 9. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Ortho | opa | edic S | Sur | geon | 5 | | | |
| Α. | Full Name (Last, First, Middle Initial) John G Lunt MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 35 Tamarack Ave | | | M = M / D = D / Y = Y = Y | | | | | | | |
| | City | State | Zip Code | | 04 Trans | acti | 03 on ID : | A8B503I | 2012 F9C703 | | A48A8 |
| | Danbury | СТ | 06811-4959 | _ | | | | eceipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 10 | 00.0 | 0 |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 1000.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) John W Anderson MD | 1 | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 3301 NW 50th | | | | 04 | / | 05 | / Y | 2012 | Y Y | 1 |
| | City | State | Zip Code | | Trans | acti | on ID: | ADF09D | 709958 | 314F | EE802 |
| | Oklahoma City | OK | 73112-5627 | | Amoun | t of | Each R | eceipt th | is Peri | od | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 10 | 00.00 | 0 |
| | Name of Employer | Occupation | I | | | | | | | | |
| | Orthopedic Associates, LLC | Orthopaedie | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 1000.00 | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) David Matthew Beard MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 3000 32nd Ave South | | | | 04 | / | 05 | / Y | 2012 | | 1 |
| | City | State | Zip Code | | Trans | acti | on ID : | A0B601 | D28F84 | 4444 | F2B79 |
| | Fargo | ND | 58103-6132 | | Amoun | t of | Each R | eceipt th | is Peri | od | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 5 | 600.0 | 0 |
| | Name of Employer | Occupation | I | | | | | | | | |
| | Essentia Health | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 500.00 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ••••• | ► | | | 7 | 7 | 250 | 00.00 |) |

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FEC Schedule A (Form 3X) Rev. 02/2003

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| 171 | | Use separate schedule(s) | | | | (check only one) | | | | | | |
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| | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit cor | ntribution | s from suc | ch con | nmitte | e. | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | ne America | an Association of Ortho | ора | edic S | Surgeo | ns | | | | | |
| Α. | Full Name (Last, First, Middle Initial) William Landess Bourland MD | | | | Date of | Receipt | | | | | | |
| | Mailing Address 6286 Briarcrest Ave | | | | м м 04 | | р / у)5 | 20 ⁻ | 12 | Y | | |
| | City Memphis | State TN | Zip Code 38120-4023 | | | | D : AC7801 Receipt t | | | 161BE8 | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | 500.0 | 00 | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Ortho Memphis | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) David E Brown MD | | | | Date of | Receipt | | | | | | |
| | Mailing Address 2725 S 144th St Ste 212 | | | | м м 04 | / D |)5 | 201 | 2 | Y | | |
| | City | State | Zip Code | | Trans | action ID | : A57AC1 | IFC2A | 7DF4 | 394B08 | | |
| | Omaha | NE | 68144-5253 | | Amount | of Each | Receipt t | his Pe | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | | 500.0 | 00 | | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Ortho West | Orthopaedic | c Surgeon | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Jonathan E Buzzell MD | | | | Date of | Receipt | | | | | | |
| | Mailing Address 2725 S 144th St Ste 212 | | | | 04 | | D / Y)5 | 201 | | Y | | |
| | City | State | Zip Code | | | | D : A8CB4 | | | A54A3E | | |
| | Omaha | NE | 68144-5253 | | Amount | of Each | Receipt t | his Pe | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | , | | _ | 500.0 | 00 | | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Ortho West | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: Primary General Other (cnorit) | Aggregate | Year-to-Date ▼ 500.00 | d | | | | | | | | |
| | Other (specify) | | 7 7 | | | | | _ | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | solicit cor | ntribi | utions | from suc | h commit | tee. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | edic S | Sur | geon | S | | | |
| Α. | | | | | Date of | Re | ceipt | | | | |
| | Mailing Address 504 Observer Hwy Unit 2 | | | | м м 04 | / | 05 |) / Y | ү ү 2012 | Y | |
| | City Hoboken | State NJ | Zip Code 07030-6507 | | | | | | 93928994 nis Period | 13F2BDC | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 300 | 0.00 | |
| | Name of Employer UMDNJ | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) V | | 300.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) William E Carlson MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address 1050 SE Monterey Rd Ste 40 | 00 | | | м м 04 | / | 05 | | 2012 | Y | |
| | City | State FL | Zip Code | - | | | | | | 4D32BC6 | |
| | Stuart | | 34994-4512 | | Amount | tot | Each F | Receipt th | nis Period | _ | |
| | FEC ID number of contributing federal political committee. | С | | | L. | | 7 | 7 | 1000 | .00 | |
| | Name of Employer South Florida Orthopaedics | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Joseph W Clark MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address The Orthopaedic Center 927 Franklin St Se Ste 3 | | | | м м 04 | 1 | D 1 | | 2012 | Y | |
| | City Huntsville | State AL | Zip Code 35801-4305 | | | | | | 32AC0ED nis Period | 9441CAF | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1000 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | TOC | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | ► | | | 7 | | 2300 | .00 | |

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FEC Schedule A (Form 3X) Rev. 02/2003

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| or | for commercial purposes, other than using | the name and a | ddress of any political committee | e to so | licit cor | ntribu | utions f | rom such | h commit | tee. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | the Americ | an Association of Orthe | opae | dic S | Surg | geons | 6 | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ian D Crabb MD | | | | Date of | Red | ceipt | | | | | | | |
| | Mailing Address 2725 S 144th St Ste 212 | | | | M = M / D = D / Y = Y = Y | | | | | | | | | |
| | City | State | Zip Code | | 04 Trans | actio | 05 on ID · | 48F 884 | 2012 156A441 | 4684894 | | | | |
| | Omaha | NE | 68144-5253 | | | | | | nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 500 | 0.00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | Ortho West | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Thomas W Currey MD | | | | Date of | Red | ceipt | | | | | | | |
| | Mailing Address 975 E 3rd St | | | | M M | / | | / Y | Y Y | Y | | | | |
| | Hospital Box 260 | State | Zip Code | | 04 | ootic | 05 | A A O E O A | 2012 | 12200 | | | | |
| | Chattanooga | TN | 37403-2147 | | | | | | CCF19A0 nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | , | | 500 | .00 | | | | |
| | Name of Employer | Occupation | 1 | _ | | | | | | | | | | |
| | Univ of Tennessee | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | | | | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) Nirain D'Souza MD | | | | Date of | Red | ceipt | | | | | | | |
| | Mailing Address 7210 N Vauxhall Pl | | | | м м 04 | 1 | 05 | / Y | 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | AB2A1E | 30668593 | 4397BFI | | | | |
| | Peoria | IL | 61615-9212 | | Amount | t of E | Each R | eceipt th | nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 1000 | 0.00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | Midwest Orthopaedic Consultants | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | |) | | | | , | - 7 | 2000 | .00 | | | | |

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| | | - | Use separate schedule(s) | | | (check only one) | | | | | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committee | e to so | licit con | tributior | ns from suc | ch committ | ee. | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of | the America | an Association of Orthe | opae | aic S | urgeo | ons | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Alfred Ainsley Durham MD | | | | Date of | Receip | t | | | | | | | |
| | Mailing Address 2954 Lockridge Rd | | | | M M | | D / 1 | (Y Y | Y | | | | | |
| | City | State | Zip Code | _ | 04 | | 05 D : AF0BE | 2012 | 442202 | | | | | |
| | Roanoke | VA | 24014-4209 | | | | h Receipt t | | 4423521 | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 250 | .00 | | | | | |
| | Name of Employer | Occupation | I | | | | | | | | | | | |
| | Lewis Gale Physicians | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | |
| | Other (specify) ▼ | | 500.00 | 11 | | | | | | | | | | |
| | | | 1 | 4 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) William Enright MD | | | | Date of | Receip | t | | | | | | | |
| | Mailing Address 2223 Lime Kiln Rd | | | | | | | 0040 | Y | | | | | |
| | City | State | Zip Code | | 04 | | 05 D : A369E8 | 2012 | 1056040 | | | | | |
| | Green Bay | WI | 54311-6213 | | | | h Receipt t | | 1050940 | | | | | |
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| | federal political committee. | C | | | _ | | | 500. | .00 | | | | | |
| | Name of Employer | Occupation | | _ | | | | | | | | | | |
| | OSMS | Orthopaedic | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | , 500.00 | 1 | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Christopher John Evanich MD | | | | Date of | Receip | t | | | | | | | |
| | Mailing Address 2901 W KK River Pkwy S | te 102 | | | м м 04 | | 05 | 2012 | Y | | | | | |
| | City | State | Zip Code | - | | | D : AC07D | | 244ACA | | | | | |
| | Milwaukee | WI | 53215-3660 | | | | h Receipt t | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | 1000 | .00 | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Orthopaedic Institute of Wisconsin | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
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| or | | e name and a | doress of any political committee | | SONCIT CO | ntrip | utions 1 | rom sucr | n commit | lee. | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | geon | S | | | | |
| Α. | Full Name (Last, First, Middle Initial) Richard W Garner MD | | | | Date of Receipt | | | | | | | |
| | Mailing Address 3831 Piper St Suite S220 | | | | м м 04 | / | 05 |) / Y | ү ү 2012 | Y | | |
| | City Anchorage | State AK | Zip Code 99508-4680 | | | | | | 79CE736 his Period | 40CEAD4 | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | | 1000 | 0.00 | | |
| | Name of Employer Anchorage Fracture & Ortho Clinic | Occupation Orthopaedi | | | | | | | | | | |
| | Receipt For: | · · | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | 1 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Brett Raymond Grebing MD | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 6812 State Route 162 Ste 12 | 3 | | | м м 04 | 1 | 05 | / Y | ү 2012 | Y | | |
| | City | State | Zip Code | | | | | | 811030A4 | | | |
| | Maryville | IL | 62062-8586 | _ | Amoun | t of | Each R | leceipt th | nis Period | | | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | 7 I | | 1000 | .00 | | |
| | Name of Employer Center for Advanced Orthopaedics | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Robert J Hagen MD | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 1411 S Creasy Ln Ste 120 | | | | 04 | / | 05 |) / Y | 2012 | Y | | |
| | City Lafayette | State IN | Zip Code 47905-7433 | | | | | | C4C85A7 | 74D189C4 | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1000 | _ | | |
| | Name of Employer | Occupation | | - | | | | | | | | |
| | Lafayette Orthopaedic Clinic | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | 1 | | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions | trom suc | h comn | nittee | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | ора | edic S | Sur | geon | S | | | | | |
| Α. | Full Name (Last, First, Middle Initial) David M Henneghan MD | | | | Date of Receipt | | | | | | | | |
| | Mailing Address 2111 Shadow View Circle | | | | м м 04 | / | 05 |) / Y | 2012 | |] | | |
| | City Plover | State WI | Zip Code 54467-2943 | | | | ion ID : | AA90AF Receipt th | F837A | 7A4E | D6828 | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 2 | 50.00 | D | | |
| | Name of Employer Klasinski Clinic | Occupation Orthopaedic | | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | \neg | | | | | | | | | |
| | Other (specify) ▼ | | 500.00 |] | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) David P Hughes MD | | | | Date o | f Re | ceipt | | | | | | |
| | Mailing Address 914 Pennwood Circle | | | | м м 04 | 1 | 05 | | 2012 | | 1 | | |
| | City Lancaster | State PA | Zip Code 17601-2207 | | | | | A5B1C1 Receipt th | | | 269C3 | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 50.00 |) | | |
| | Name of Employer Orthopedic Associates, LLC | Occupation | | | | | | | | | | | |
| | Receipt For: | Orthopaedic | - | - | | | | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Kirk Hutton MD | | | | Date o | f Re | ceipt | | | | | | |
| | Mailing Address 2725 S 144th St Ste 212 | | | | 04 | / | 05 | | 2012 | |] | | |
| | City Omaha | State NE | Zip Code 68144-5253 | | | | | AD88E4 Receipt th | | | D3B23 | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 5 | 500.00 | D | | |
| | Name of Employer | Occupation | | \neg | | | | | | | | | |
| | Ortho West | Orthopaedi | c Surgeon | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of | the America | an Association of Orth | nopa | edic S | Sur | geons | 5 | | | | | | | | |
| А. | Full Name (Last, First, Middle Initial) Omer A Ilahi MD | | | | Date of | f Re | ceipt | | | | | | | | | |
| | Mailing Address 6560 Fannin Ste 1016 | | | | м м 04 | / | 05 | / Y | y y 2012 | Y | | | | | | |
| | City | State | Zip Code | | Transaction ID : A7DDE0978842C4850801 Amount of Each Receipt this Period | | | | | | | | | | | |
| | Houston | ТХ | 77030-2725 | | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | , | , | 1000 | 0.00 | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | | |
| | Southwest Ortho Group | Orthopaedie | c Surgeon | | | | | | | | | | | | | |
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| | Other (specify) | | 1000.00 | | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Joshua J Jacobs MD | | | | Date of | f Re | ceipt | | | | | | | | | |
| | Mailing Address 1611 W. Harrison St Ste 300 | | | | M M | / | 05 | / Y | y y 2012 | Y | | | | | | |
| | City | State | Zip Code | | | | | | | A05BD3 | | | | | | |
| | Chicago | IL | 60612-4861 | | Amount | t of | Each Re | eceipt th | is Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | · · | | 500 | .00 | | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | | |
| | Midwest Orthopaedics at Rush | Orthopaedic | c Surgeon | | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | |
| | Primary General Other (specify) V | | 500.00 | | | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Ajoy K Jana MD | | | | Date of | f Re | ceipt | | | | | | | | | |
| | Mailing Address 15902 Patrick Ave | | | | м м 04 | / | D D 05 | / Y | ү ү 2012 | Y | | | | | | |
| | City | State | Zip Code | | Trans | sact | ion ID : | A897AB | 2155BB9 | 4343ABC | | | | | | |
| | Omaha | NE | 68116-2430 | | Amount | t of | Each Re | eceipt th | is Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | , | 7 | 300 | 0.00 | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | | |
| | Physicians Clinic Sports Med C | Orthopaedi | c Surgeon | | | | | | | | | | | | | |
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| or for commercial purposes, other than using th | e name and a | ddress of any political committee | e to solicit co | ntributions | from such | h committe | ee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of th | ne Americ | an Association of Orthe | opaedic S | Surgeor | าร | | |
| Full Name (Last, First, Middle Initial) A. Gregory B Krivchenia II, MD | | | Date o | f Receipt | | | |
| Mailing Address 3 East Benjamin Street | | | 04 | / D 05 | | ү ү 2012 | Y |
| City New Martinsville | State WV | Zip Code 26155-2705 | | saction ID t of Each | | | 4C96850 |
| FEC ID number of contributing federal political committee. | С | | | · · · | | 1000. | .00 |
| Name of Employer First Settlement Orthopaedics, Inc | Occupation Orthopaedi | | _ | | | | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | |
| Other (specify) | L | 1000.00 | | | | | |
| Full Name (Last, First, Middle Initial) B. Stephen J Leibovic MD | | | Date o | f Receipt | | | |
| Mailing Address 2819 N Parham Rd Ste 100 | | | 04 | / D 05 | | 2012 | Y |
| City Henrico | State VA | Zip Code 23294-4425 | | t of Each | | | <u>49BFA4</u> |
| FEC ID number of contributing federal political committee. | С | | Γ. | | | 500. | 00 |
| Name of Employer Virginia Hand Center | Occupation Orthopaedi | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | |
| Full Name (Last, First, Middle Initial) C. Monroe I Levine MD | I | | Date o | f Receipt | | | |
| Mailing Address Center for Spinal Disorders 9005 Grant St Ste 200 | | | м м 04 | / D 05 | | ү ү 2012 | Y |
| City Thornton | State CO | Zip Code 80229-4384 | | saction ID t of Each | | | 130BBEE |
| FEC ID number of contributing federal political committee. | С | | | | 7 | 600 | .00 |
| Name of Employer | Occupation | 1 | | | | | |
| Center for Spinal Disorders | Orthopaedi | c Surgeon | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Orthe | opa | edic S | Surg | geon | 6 | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Robert P Limoni MD | | | | Date of | Red | ceipt | | | | | | | | |
| | Mailing Address 3072 Bay Settlement Ct | | | | м м 04 | / | 05 | / Y | 2012 | Y | | | | | |
| | City Green Bay | State WI | Zip Code 54311-7274 | Transaction ID : A6DA2E53C8AC74CBE Amount of Each Receipt this Period | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 500 | .00 | | | | | |
| | Name of Employer Bay Care Clinic | Occupation Orthopaedi | | | | | | | | | | | | | |
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| | Primary General Other (specify) | | 500.00 | 1 | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Randall Dean Neumann MD | | | | Date of | Red | ceipt | | | | | | | | |
| | Mailing Address 2725 S 144th St Ste 212 | | | M M 04 | / | 05 | / Y | ү ү 2012 | Y | | | | | | |
| | City Omaha | State NE | Zip Code 68144-5253 | | | | | | DF3D584 iis Period | FB2BE | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 3 | 500 | .00 | | | | | |
| | Name of Employer Ortho West | Occupation Orthopaedic | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Sean J O'Donnell MD | | | | Date of | Red | ceipt | | | | | | | | |
| | Mailing Address Middlesex Ortho Surgeons 410 Saybrook Rd Ste 100 | | | | м м 04 | / | 05 | / Y | 2012 | Y | | | | | |
| | City Middletown | State CT | Zip Code 06457-4780 | | | | | | CC738E6 iis Period | 4E84B82 | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | , | 7 | 2500 | .00 | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Middlesex Orthopaedic Surgeons | Orthopaedi | c Surgeon | | | | | | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to | solicit co | ntrib | utions t | rom such | n comm | nittee |). | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opa | aedic S | Sur | geon | S | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Jack Wayne Pennington MD | | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1035 Summit Way | | | 04 / 05 / 2012 | | | | | | | | | | | |
| | City Blairsville | State GA | Zip Code 30512-4691 | Transaction ID : A8D46BF9F82494A0D Amount of Each Receipt this Period | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 5 | 00.0 | 0 | | | | |
| | Name of Employer VA Hospital | Occupation Orthopaedic | | | | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Paul Andrew Puckett MD | | | | Date of | f Re | ceipt | | | | | | | | |
| | Mailing Address 2360 W Mullan Rd Ste C | | M M | / | 05 | / Y | 2012 | | | | | | | | |
| | City Missoula | State MT | Zip Code 59808-1811 | | | | ACE2B6 Receipt th | | | F2BFB | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 3 | , | 2 | 50.00 |) | | | | | |
| | Name of Employer Missoula Bone & Joint | Occupation Orthopaedic | | | | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 250.00 |] | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Samar Kumar Ray MD | | | | Date o | f Re | ceipt | | | | | | | | |
| | Mailing Address 2725 S 144th St Ste 212 | | | | м м 04 | / | 05 |) / Y | 2012 | | 1 | | | | |
| | City Omaha | State NE | Zip Code 68144-5253 | | | | | A1E118 Receipt th | | | 3F88E | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 5 | 600.0 | 0 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
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| or | for commercial purposes, other than using t | he name and a | ddress of any political committe | e to | solicit co | ntrib | utions f | from such | n comm | ittee | | | | | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Orth | opa | nedic S | Sur | aeon | s | | | | | | | | |
| | | | | - 4- | | | 9001 | - | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Daniel R Ripa MD | | | | Date o | f Re | ceipt | | | | | | | | | |
| | Mailing Address 4000 S 98th St | | | | M M | / | D - D |) / Y | YY | | 1 | | | | | |
| | City | State | Zip Code | _ | 04 05 2012 Transaction ID : AC1B41166BC254F0AAE Amount of Each Receipt this Period | | | | | | | | | | | |
| | Lincoln | NE | 68520-9317 | | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 3 | 25 | 50.00 |) | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | | |
| | Nebraska Ortho & Sports Med | Orthopaedi | c Surgeon | | | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Gary J Roberts MD | | | | Date o | f Re | ceipt | | | | | | | | | |
| | Mailing Address 1005 S Hemlock St | | | | м м 04 | / | 05 |) / Y | y y 2012 | Y | 1 | | | | | |
| | City | State | Zip Code | | | acti | | A79093D | | 24DI | FBA28 | | | | | |
| | Iron Mountain | MI | 49801-3854 | | Amoun | t of | Each R | leceipt th | is Peric | bd | | | | | | |
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| | Name of Employer | Occupation | | | | | | | | | | | | | | |
| | Self Employed | Orthopaedic | c Surgeon | | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | | | | | |
| <u></u> . | Full Name (Last, First, Middle Initial) Franklin H Sim MD | | | | Date o | f Re | ceipt | | | | | | | | | |
| | Mailing Address 200 1st St SW | | | | 04 | / | 05 | | 2012 | Y | 1 | | | | | |
| | City | State | Zip Code | | | sact | the second se | A93C81 | | B42 | 0BB4C | | | | | |
| | Rochester | MN | 55905-0001 | | | | | leceipt th | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 50 | 00.00 | 0 | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | | |
| | Mayo Clinic | Orthopaedi | c Surgeon | | | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | |
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| or for commercial purposes, other than usin | ng the name and a | address of any political committee | e to solicit cor | ntributions fro | m such | committe | e. | | | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of | of the Americ | an Association of Orth | opaedic S | urgeons | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. William Stuart Singer MD | | | Date of | Date of Receipt | | | | | | | | |
| Mailing Address 2725 S 144th St Ste 212 | 2 | | M M 04 | / D D 05 | / Y | үчү 2012 | Y | | | | | |
| City Omaha | State NE | Zip Code 68144-5253 | | action ID : A | | | 15C99CI | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 500. | 00 | | | | | |
| Name of Employer Ortho West | Occupatior Orthopaedi | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| Other (specify) | | 500.00 |] | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Craig R Springmeyer MD | | | Date of | f Receipt | | | | | | | | |
| Mailing Address 1455 E Bert Kouns Indst | rl Loop | | 04 | / D D 05 | | y y 2012 | Y | | | | | |
| City | State LA | Zip Code | | action ID : AS | | | 6C292C | | | | | |
| Shreveport | LA | 71105-5634 | Amount | t of Each Rec | ceipt this | Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | 500.0 | 00 | | | | | |
| Name of Employer Highland Clinic | Occupatior | | | | | | | | | | | |
| Receipt For: | Orthopaedi | | | | | | | | | | | |
| Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | 1 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Robert A Steele MD | | | Date of | f Receipt | | | | | | | | |
| Mailing Address Medical Arts Pavilion St 4745 Ogletown Stanton | Rd | | м м 04 | / D D 05 | | ү ү 2012 | Y | | | | | |
| City Newark | State DE | Zip Code 19713-2067 | | action ID : A | | | 303825 | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | 2500. | 00 | | | | | |
| Name of Employer | Occupatior | 1 | | | | | | | | | | |
| First State Orthopaedics | Orthopaed | ic Surgeon | | | | | | | | | | |
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| or | for commercial purposes, other than using the | ne name and a | ddress of any political committee | e to s | solicit cor | ntrib | utions f | rom such | n committ | ee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Ortho | opa | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Eric Strauss MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 301 East 17th Street | | | | M M | / | DD | / Y | YY | Y |
| | Suite 1616 | State | Zip Code | _ | 04 | | 05 | 105000 | 2012 | 100100 |
| | New York | NY | 10003-3804 | | | | | eceipt th | | 4DC18AA |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 100 | .00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | NYU Hospital for Joint Diseases | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 350.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Bernard N Stulberg MD | 1 | | | Date of | f Re | ceipt | | | |
| | Mailing Address 1730 W 25th St Ste 4E | | | | M M 04 | / | 05 | / Y | ү ү 2012 | Y |
| | City | State | Zip Code | | | | | | | 4B5CBEI |
| | Cleveland | OH | 44113-3108 | _ | Amount | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 1000 | .00 |
| | Name of Employer Cleveland Clinic | Occupation Orthopaedi | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) David Surdyka MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 2740 W. Main St | | | | м м 04 | / | 05 | / Y | y y 2012 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : | AFBCB3 | E6A52F | C47A8A51 |
| | Visalia | CA | 93291-4332 | - | Amount | t of | Each R | eceipt th | is Period | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of the second s | ne America | an Association of Orth | opa | edic S | Sur | geon | S | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Owen B Tabor Jr, MD | | | | Date of | f Re | eceipt | | | | | | | | | |
| M | Mailing Address 6500 May Creek | | | | м м 04 | / | 05 | / Y | 2012 | Y | | | | | | |
| | City Memphis | State TN | Zip Code 38119-6529 | | Transaction ID : AF63ADF30B3BC46EDI Amount of Each Receipt this Period | | | | | | | | | | | |
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| | Name of Employer Fabor Orthopaedics | Occupation Orthopaedi | | | | | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Michael C Thompson MD | | | | Date of | f Re | eceipt | | | | | | | | | |
| _ | Mailing Address 21925 Stanford Circle | | | | м м 04 | 1 | 05 | / Y | ү ү 2012 | Y | | | | | | |
| | City | State NE | Zip Code | | | | | | | 498398B | | | | | | |
| - | Elkhorn | | 68022-2234 | | Amoun | t of | Each R | eceipt th | is Perio | t | | | | | | |
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| | Name of Employer Drtho West | Occupation | | | | | | | | | | | | | | |
| _ | | Orthopaedic | - | | | | | | | | | | | | | |
| r | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) W Michael Walsh MD | | | | Date of | f Re | eceipt | | | | | | | | | |
| M | Mailing Address 2530 I'On Ave | | | | м м 04 | / | 05 | / Y | 2012 | Y | | | | | | |
| | City Sullivans Island | State SC | Zip Code 29482-9693 | _ | | | - | A1CDF6 | | 94E6492F d | | | | | | |
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| 1 | Name of Employer | Occupation | | | | | | | | | | | | | | |
| | Ortho West | Orthopaedi | c Surgeon | | | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee of the | | |
| Full Name (Last, First, Middle Initial) James G Warmbrod Jr, MD Mailing Address 616 W Forest Ave City Jackson FEC ID number of contributing federal political committee. Name of Employer Jackson Clinic Receipt For: Primary General Other (specify) | State Zip Code TN 38301-3902 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Steven D Washburn MD Mailing Address 4830 Highway 260 Ste 103 City Lakeside FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code AZ 85929-5851 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Thomas Lisle Whitman MD Mailing Address Applachian Orthopaedic Asso 1 Medical Park Blvd Ste 300E City Bristol FEC ID number of contributing federal political committee. Name of Employer Appalachian Orthopaedic Receipt For: Primary General Other (specify) | | Date of Receipt |
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| | AME OF COMMITTEE (In Full) Political Action Committee of the | e America | an Associatior | n of Ortho | pae | dic S | Sur | geoi | ns | | | | |
| | ull Name (Last, First, Middle Initial) Alan L Whitney MD | | | | | Date of | Re | ceipt | | | | | |
| M | ailing Address 2699 N 17th St | | | | | м – м 04 | / | D 0 | | / Y | |)12 | Y |
| | ity coos Bay | State OR | Zip Code 97420-2134 | | | Trans Amount | | | | | 2CES | 538EE | 340EF907 |
| | EC ID number of contributing deral political committee. | С | | | | | | 7 | | 1 | | 250. | .00 |
| | ame of Employer outh Coast Orthopedic Assn | Occupation Orthopaedic | c Surgeon | | | | | | | | | | |
| | eceipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ | 250.00 | | | | | | | | | |
| | ull Name (Last, First, Middle Initial) Thomas C Wilder Jr, MD | | | | | Date of | Re | ceipt | | | | | |
| M | ailing Address 239 Parfitt Way, Unit 1B | | | | | м м 04 | 1 | D 0 | | / Y | | 12 | Y |
| | ity sinkridas Island | State WA | Zip Code | | | | | | | | | | 599806 |
| - | ainbridge Island EC ID number of contributing | | 98110-4900 | _ | _ | Amount | of | Each | Re | ceipt th | is P | eriod | _ |
| fe | deral political committee. | C | | | | | _ | 7 | _ | | - | 500. | 00 |
| | ame of Employer roup Health Permanente | Occupation | Surgeon | | | | | | | | | | |
| | eceipt For: | Orthopaedic | Year-to-Date ▼ | | _ | | | | | | | | |
| | Primary General Other (specify) ▼ | | | 500.00 | | | | | | | | | |
| | ull Name (Last, First, Middle Initial) Richard Franklin Bruch MD | | | | | Date of | Re | ceipt | | | | | |
| M | ailing Address 207 Pineview Rd | | | | | м м 04 | / | D 0 | D 16 | / Y | |) 12 | Y |
| | ity Durham | State NC | Zip Code 27707-2845 | | | Trans Amount | | | | | | | 43D7992 |
| | EC ID number of contributing deral political committee. | С | | | | | | 7 | | 3 | | 500 | .00 |
| N | ame of Employer | Occupation | | | | | | | | | | | |
| | elf Employed | Orthopaedic | c Surgeon | | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | |
| | Political Action Committee of the | ne America | an Association of Orthe | opae | edic S | urgeo | ons | | |
| Α. | Full Name (Last, First, Middle Initial) Henry G Chambers MD | | | | Date of | Receip | ıt | | |
| | Mailing Address 3030 Children's Way | | | | M M | / D | D / | Y Y Y Y | Y |
| | Ste 410 | | | | 04 | L | 07 | 2012 | _ |
| | City | State | Zip Code | | Trans | action I | D : A6189 | B852CFB | 1429FB1 |
| | San Diego | CA | 92123-4228 | | Amount | of Eac | h Receipt | this Period | b |
| | FEC ID number of contributing federal political committee. | С | | | | - 7 | | 25 | 0.00 |
| | Name of Employer | Occupation | | | | | | | |
| | University of California | Orthopaedi | c Surgeon | | | | | | |
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| | Primary General | 00 10 10 | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | |
| | Full Name (Last, First, Middle Initial) John S Early MD | | | | Date of | Receip | t | | |
| | Mailing Address 8210 Walnut Hill Ln Ste 130 | | | | м м 04 | / D | 09 | 2012 | Y |
| | City | State | Zip Code | \neg | | action I | | 70490ACB | 340A0930 |
| | Dallas | ТΧ | 75231-4418 | | | | | this Period | |
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| | federal political committee. | С | | | <u> </u> | | | 1000 | 0.00 |
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| | Texas Orthopaedic Associates | Orthopaedic | c Surgeon | | | | | | |
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| | Full Name (Last, First, Middle Initial) Paul Robert Alongi MD | | | | Date of | Becein | + | | |
| | Mailing Address 206 E Jericho Turnpike | | | | M M | | D / | Y Y Y Y | Y |
| | City | State | Zip Code | | 04 | | 10 | 2012 | |
| | Huntington Station | NY | 11746-7330 | | | | | 076B944E | |
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| | Name of Employer | Occupation | | | | , | | | |
| | Orthopaedic Spine Care of Long Island | Orthopaedi | | | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee of the | e America | an Association of Orth | opae | dic S | Sur | ge | eons | | | | |
| Full Name (Last, First, Middle Initial) Frank V Aluisio MD Mailing Address 6 Nolen Ct City Greensboro FEC ID number of contributing federal political committee. Name of Employer Greensboro Orthopaedic Center Receipt For: Primary General Other (specify) ▼ | State NC C Occupation Orthopaedia Aggregate | | | | / acti | ion | 10 10 1D: A | AD31C1 | 20 5C1 | | 4B58803 |
| Full Name (Last, First, Middle Initial) Robert Randolph Bell MD Mailing Address El Paso Ortho 1755 Curie Ste B City El Paso FEC ID number of contributing federal political committee. Name of Employer El Paso Orthopaedic Surg Group Receipt For: Primary General Other (specify) ▼ | State TX C Occupation Orthopaedic Aggregate | | | | / acti | ion | 10 10 | AG105 acceipt th | 3156 | | 018A08 |
| Full Name (Last, First, Middle Initial) Eric Gunn Bonenberger MD Mailing Address 25 West Crystal Lake St Ste 2 City Orlando FEC ID number of contributing federal political committee. Name of Employer Orlando Orthopaedic Center Receipt For: Primary General Other (specify) | State FL Occupation Orthopaedi | | | | / act | tion | 10 10 1 D : A | L | 20 BFFE | | 4785817 |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Orth | ора | edic S | Sur | geon | 6 | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Paul D Burton DO | | | | Date o | f Re | eceipt | | | | | | |
| | Mailing Address 250 Campbell Ave | | | 04 10 _ 2012 | | | | | | | | | |
| | City Redlands | State CA | Zip Code 92373-6832 | Transaction ID : A792A4BC284E7 Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | Amoun | | | eceipt in | | 0.00 | | | |
| | Name of Employer Arrowhead Orthopaedics | Occupation Orthopaedi | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Odest F Cannon MD | | | | Date o | f Re | eceipt | | | | | | |
| | Mailing Address 1015 SE 17th St Ste 100 | | | | м м 04 | 04 10 2012 Transaction ID : A5508D5254F34481B9A | | | | | | | |
| | City Ocala | State FL | Zip Code 34471-3920 | | Transaction ID : A5508D5254F34481 Amount of Each Receipt this Period | | | | | | | | |
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| | Name of Employer Self Employed | Occupation Orthopaedic | | | | | | | | | | | |
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| <u> </u> | Full Name (Last, First, Middle Initial) James D Capozzi MD | | | | Date o | f Re | eceipt | | | | | | |
| | Mailing Address 1300 Franklin Ave Ste UL3A | | | | м м 04 | / | 10 | / Y | 2012 | Ŷ | | | |
| | City Garden City | State NY | Zip Code 11530-1885 | | | | - | | 869C627 nis Perioc | 4347BC4 | | | |
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| | Name of Employer | Occupation | 1 | | | | | | | | | | |
| | Winthrop University Hospital | Orthopaedi | c Surgeon | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Ortho | opae | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Alan W Christensen MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 1011 Lincoln Circle | | | | 04 | / | 10 |) / Y | 201 | ү ү 2 | ſ |
| | City Winter Park | State FL | Zip Code 32789-2520 | | | | | A9DC89 leceipt th | | | E50B6B |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | ę | 500.0 | 00 |
| | Name of Employer Orlando Orthopaedic Center | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Jason David Cohen MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 776 Shrewsbury Ave Ste 201 | | | 04 | 1 | D D D 10 | / Y | y 2012 | | | |
| | City Tinton Falls | State NJ | Zip Code 07724-4507 | Transaction ID : Amount of Each F | | | | | | | D84AEB |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 10 | 000.0 | 0 |
| | Name of Employer Professional Orthopaedic Assoc | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Stephen B Cope MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address The Orthopaedic Group PO Box 86144 | | | | 04 | / | D D 10 |) / Y | y 2012 | | ſ |
| | City Mobile | State AL | Zip Code 36689-6144 | | | | | A547BE leceipt th | | | 874978 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | | 250.0 | 00 |
| | Name of Employer | Occupation | l | | | | | | | | |
| | The Orthopaedic Group | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit cor | ntrib | utions f | rom such | n committ | ee. |
| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | _ | | |
| | Political Action Committee of th | e America | an Association of Orthe | opa | edic S | sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Ayman Ahmad Daouk MD | | | | Date of | f Re | ceint | | | |
| - 41 | Mailing Address 311 W Sabal Palm Pl | | | | M M | / | |) / Y | Y Y | Y |
| | | | | | 04 | | 10 | | 2012 | |
| | City Longwood | State FL | Zip Code 32779-6057 | - | | | | | DD71C2 | 14870AE |
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| | federal political committee. | С | | | | | 7 | 7 | 250 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Physicians Associates | Orthopaedi | c Surgeon | | | | | | | |
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| | Full Name (Last, First, Middle Initial) | | , , | _ | | | | | | |
| в. | Jeffrey V Dermksian MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 36 W 60th St | | | | M M | / | D D | / Y | Y Y | Y |
| | 01 | 01-11- | 7 | | 04 | | 10 | | 2012 | |
| | City New York | State NY | Zip Code 10023-7903 | - | | | | | B8CF47A | 4563B23 |
| | | | 10023-7903 | | Amount | t of | Each H | ieceipt th | iis Period | _ |
| | FEC ID number of contributing federal political committee. | С | | | | _ | 7 | | 500 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Riverside Orthopaedics & Sports | Orthopaedic | c Surgeon | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| C. | John Marcus Dickason MD | | | | Date of | | | _ | | |
| | Mailing Address 1720 Murchison Dr | | | | м м 04 | / | 10 | | 2012 | Y |
| | City | State | Zip Code | | | acti | | A8B340 | 09E4FF6 | 43CBB95 |
| | El Paso | ТХ | 79902-2921 | | Amount | t of | Each R | leceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 300 | 0.00 |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom such | n commit | tee. |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne Americ | an Association of Orth | opa | edic S | Sur | geon | S | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| Α. | Noubar A Didizian MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 231 St Asaphs Rd Ste 621 | | | | м м 04 | / | 10 | / Y | 2012 | Y |
| | City | State | Zip Code | | | acti | | AA290D | C0076C3 | 49D6A2 |
| | Bala Cynwyd | PA | 19004-1416 | | Amoun | t of | Each R | eceipt th | is Period | |
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| | Name of Employer | Occupation | 1 | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
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| | Primary General Other (specify) ▼ | | 400.00 |] | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Donald A Dinwoodie MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 1254 Irvine Blvd Ste 230 | | | | м м 04 | / | 10 | / Y | y y 2012 | Y |
| | City | State | Zip Code | | | acti | | A4615C4 | 18357CC | 40D49CC |
| | Tustin | CA | 92780-3573 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 250 | .00 |
| | Name of Employer | Occupation | l | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Anthony J DiStasio II, MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address Sentara Division of Ortho Tra 600 Gresham Dr | | | | 04 | / | D D 10 | / Y | у у 2012 | Y |
| | City | State | Zip Code | | Trans | sacti | on ID : | A7145E | BAEC7C/ | 4B8B80 |
| | Norfolk | VA | 23507-1904 | | Amoun | t of | Each R | eceipt th | is Period | |
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| | Sentara Medical Group | Orthopaedi | c Surgeon | | | | | | | |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee o | f the Americ | an Association of Orth | opaedic Surgeons |
| A. James M Donley MD Mailing Address 5002 Lago Dr City | State | Zip Code | Date of Receipt |
| Madisonville FEC ID number of contributing federal political committee. | КҮ | 42431-9435 | Amount of Each Receipt this Period |
| Name of Employer Center for Orthopaedic Service Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedi Aggregate | |] |
| B. Full Name (Last, First, Middle Initial) James M Donley MD Mailing Address 5002 Lago Dr | | | Date of Receipt |
| City Madisonville | State KY | Zip Code 42431-9435 | 04 10 2012 Transaction ID : ADF930405BFC1487B91C Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Center for Orthopaedic Service | Occupation | | 1000.00 |
| Receipt For: Primary General Other (specify) | Orthopaedi Aggregate | Year-to-Date ▼ 2000.00 | 1 |
| Full Name (Last, First, Middle Initial) C. Raymond L Emerson MD | | | Date of Receipt |
| Mailing Address 575 Sioux Point Rd | State SD | Zip Code 57049-5312 | Mark / D / Y |
| FEC ID number of contributing federal political committee. | С | | 400.00 |
| Name of Employer CNOS Receipt For: | Occupation Orthopaedi | c Surgeon | |
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| or | for commercial purposes, other than using t | he name and a | ddress of any political committe | e to | solicit co | ntrib | outions | from suc | h commi | ttee. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Orth | ора | edic S | Sur | geon | S | | | |
| Α. | | | | | Date of Receipt | | | | | | |
| | Mailing Address 4770 Rockledge Rd | | | | M M | / | |) / Ү | Y Y | Y | |
| | City | State | Zip Code | | 04 Trans | sacti | 10 • ion ID | A383F9 | 2012 3BA70B | 34F23AB4 | |
| | Billings | MT | 59106-9523 | | Transaction ID : A383F93BA70B34F2: Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , , | | 25 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Billings Orthopedics & Sports | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 |] | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Michael A Fallon MD | | | | Date o | f Re | eceipt | | | | |
| | Mailing Address 1217 Calle Del Sur | | | | 04 / 10 / 2012 Transaction ID : AA089F31D60F34FFBB | | | | | | |
| | City | State TX | Zip Code | _ | | | | | | | |
| | El Paso | | 79912-3426 | | Amoun | t of | Each F | Receipt th | ns Perio | d | |
| | FEC ID number of contributing federal political committee. | С | | | L | | 7 | 7 | 30 | 0.00 | |
| | Name of Employer El Paso Orthopaedic Surg Group | Occupation | | | | | | | | | |
| | Receipt For: | Orthopaedie | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | 1 | | | | | | | |
| | Other (specify) | L | 300.00 | 4 | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) Richard D Ferkel MD | · | | | Date o | f Re | eceipt | | | | |
| | Mailing Address 6815 Noble Ave | | | | м м 04 | / | D I I | | 2012 | Y | |
| | City | State | Zip Code | | | sact | | | | D44D39F8 | |
| | Van Nuys | CA | 91405-3796 | | Amoun | t of | Each F | Receipt th | nis Perio | d | |
| | FEC ID number of contributing federal political committee. | S S S S S S S S S S S S S S S S S S S | | | | | | 7 | 25 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | SCOI | Orthopaedi | c Surgeon | | | | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee of | the Americ | an Association of Ortho | opaedic Surgeons |
| A. Full Name (Last, First, Middle Initial) Austin Thomas Fragomen MD Mailing Address 535 E 70th St City New York | State | Zip Code 10021-4823 | Date of Receipt 04 / D / Y Y Y Y Y 04 / 10 / 2012 - Transaction ID : A3C246F2C0B224432B24 |
| FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period |
| Name of Employer Hospital for Special Surgery Receipt For: | Occupation Orthopaedi Aggregate | |] |
| B. Full Name (Last, First, Middle Initial) Mailing Address PO Box 1200 | State | Zip Code | Date of Receipt |
| Santa Barbara FEC ID number of contributing federal political committee. | CA | 93102-1200 | Amount of Each Receipt this Period |
| Name of Employer Santa Barbara Medical Clinic Receipt For: Primary General Other (specify) v | Occupation Orthopaedi Aggregate | |] |
| C. Full Name (Last, First, Middle Initial) Charlotte J Harris MD Mailing Address 732 East Maple Leaf Rd | | | Date of Receipt |
| City Maysville | State KY | Zip Code 41056-9069 | Transaction ID : AE594DF785F8142CC9A0 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Fleming County Hospital Receipt For: Primary General Other (specify) | Occupation Orthopaedi Aggregate | |] |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| Political Action Committee of | of the America | an Association of Orth | opae | dic S | Surgeor | าร | | | | | | | |
| Full Name (Last, First, Middle Initial) A. John H Healey MD, FACS | | | | | (Deceint | | | | | | | | |
| Mailing Address 1275 York Ave | | | - 1 | | f Receipt | | | | | | | | |
| Maining Address 1275 Tork Ave | | | | 04 10 2012 Transaction ID : A2063DAF72A464FE6B5 | | | | | | | | | |
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| New York | NY | 10065-6007 | / | Amoun | t of Each | Receipt th | is Perior | d | | | | | |
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| Name of Employer | Occupation | | _ | | | | | | | | | | |
| Memorial Hospital | Orthopaedi | c Surgeon | | | | | | | | | | | |
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| Primary General Other (specify) ▼ | | 300.00 | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Jacob Samuel Heydemann MD | | | | Data a | f Dessist | | | | | | | | |
| Mailing Address 858 River Oaks | | | - | | f Receipt | D / Y | VVV | V | | | | | |
| Maining Address 856 River Oaks | | | | 04 | / D | | 2012 | Y | | | | | |
| City | State | Zip Code | | Trans | | : A49441D | | 48F09C4 | | | | | |
| El Paso | TX | 79912-3420 | | Amoun | t of Each | Receipt th | is Perior | d | | | | | |
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| Name of Employer | Occupation | | | | | | | | | | | | |
| Self Employed | Orthopaedie | c Surgeon | | | | | | | | | | | |
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| Full Name (Last, First, Middle Initial) C. Regina O Hillsman MD | | | | Date of | f Receipt | | | | | | | | |
| Mailing Address 1771 Post Rd E | | | | м м 04 | | D / Y 0 | ү ү 2012 | Y | | | | | |
| City Westport | State CT | Zip Code 06880-5606 | | | | : A04EC0 | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | Political Action Committee of the | ne Americ | an Association of Orthe | opa | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Mary Lloyd Ireland MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 601 Perimeter Dr Ste 200 | | | | м м 04 | / | 10 | | 2012 | Y |
| | City | State | Zip Code | | | acti | | | 2012 2BE0BC1 | C46CDA |
| | Lexington | KY | 40517-4121 | | Amount | t of | Each F | Receipt th | nis Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 500 |).00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Kentucky Sports Medicine Clinic | Orthopaedi | c Surgeon | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) John S Jackson DO | I | | | Date of | Re | ceipt | | | |
| | Mailing Address 4843 Olmos St | | | | M M | / | | eipt 10 / 2012 n ID : A853611C009BC4908B Each Receipt this Period | Y | |
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| | El Paso | TX | 79922-1751 | | | | | | | |
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| | federal political committee. | С | | | <u> </u> | - | 7 | 7 | 300 | .00 |
| | Name of Employer | Occupation | | - | | | | | | |
| | El Paso Orthopaedic Surg Group | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 300.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Craig P Jones MD | 1 | | | Date of | Re | ceipt | | | |
| | Mailing Address 25 West Crystal Lake St Ste | 200 | | | м м 04 | / | D 10 | | 2012 | Y |
| | City | State | Zip Code | \neg | | acti | | | A1BD9D | 640BB88 |
| | Orlando | FL | 32806-4476 | | | | | | nis Period | |
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| | Orlando Orthopaedic Center Orth | Orthopaedi | c Surgeon | | | | | | | |
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| or for commercial purposes, othe | | | | | | | | | | | | | | |
| NAME OF COMMITTEE (In F | | | | | | | | | | | | | | |
| Political Action Com | mittee of the America | an Association of Orth | opae | dic S | Sur | geons | 6 | | | | | | | |
| Full Name (Last, First, Middle A. Tammron Jay Kleeman | | | | Date of | f Ro | ceint | | | | | | | | |
| Mailing Address 16 Greenbria | | | | | | | / . | Y Y | Y | | | | | |
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| Wilton | | 06897-3401 | / | Amount | t of | Each Re | eceipt th | is Peric | d | | | | | |
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| Coastal Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | | | | |
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| Full Name (Last, First, Middle B. Jerome Kolavo MD | Initial) | | | Date of | f Ro | reint | | | | | | | | |
| Mailing Address 27650 Ferry F | Rd Ste 100 | | - ' | | | | | | | | | | | |
| | | | | 04 | ľ | 10 | | 2012 | | | | | | |
| City | State | Zip Code | Transaction ID : A1C1C1559CAB344 | | | | | | | | | | | |
| Warrenville | IL | 60555-3846 | / | Amount | t of | Each Re | eceipt th | is Peric | d | | | | | |
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| OAD Orthopaedics | Orthopaedie | c Surgeon | | | | | | | | | | | | |
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| Full Name (Last, First, Middle C. Emile C Li MD | Initial) | | | Date of | f Re | ceipt | | | | | | | | |
| Mailing Address 1988 Luke Lr | n | | | м м 04 | / | 10 | / Y | 2012 | Y | | | | | |
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| Fort Dodge | IA | 50501-8730 | / | Amount | t of | Each Re | eceipt th | is Peric | d | | | | | |
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| Orthopaedic & Sports Medicine | e Orthopaedi | c Surgeon | | | | | | | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | | 2 | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom such | h com | mitte | e. | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | geon | S | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Victor W Macko MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 2545 W Hammer Ln | | | 04 10 / Y Y Y Y Y Y | | | | | | | | | |
| | City Stockton | State CA | Zip Code 95209-2839 | Transaction ID : A2887A91CFA Amount of Each Receipt this Per | | | | | | | C48972 | | |
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| | Name of Employer Gould Medical Foundation | Occupation Orthopaedic | | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 1500.00 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Todd W Mailly MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 71 High Wood Rd | | | | 04 10 2012 Transaction ID : A7E9CCE0E49F04036E | | | | | | ſ | | |
| | City | State CT | Zip Code | | | | | | | | 036B13 | | |
| | West Hartford | UI | 06117-1117 | _ | Amoun | t of | Each R | eceipt th | nis Per | riod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | - | 7 | J | | 250.0 | 00 | | |
| | Name of Employer CT Ortho & Sports Medicine | Occupation Orthopaedic | | | | | | | | | | | |
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| | Other (specify) | | 250.00 | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Brian Makhuli MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 1748 Woodwalk Creek | | | | м м 04 | / | D D 10 | / Y | y 201 | | Y | | |
| | City Atlanta | State GA | Zip Code 30339-8480 | | | | | AFECD3 eceipt th | | | 935970 | | |
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| | Name of Employer | Occupation | 1 | _ | | | | | | | | | |
| | Resurgens Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | | |
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| | ts and Statements may not be sold or used by any sing the name and address of any political committed | |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the American Association of Orth | nopaedic Surgeons |
| A. Full Name (Last, First, Middle Initial) Mailing Address 1720 Murchison | State Zip Code TX 79902-2921 | Date of Receipt |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period |
| Name of Employer El Paso Orthopaedic Surg Group Receipt For: | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00 | |
| B. Full Name (Last, First, Middle Initial) Daniel Paul Mass MD Mailing Address 5841 S Maryland <u>MC3079</u> City | State Zip Code | Date of Receipt |
| Chicago FEC ID number of contributing federal political committee. | IL 60637-1447 | Transaction ID : AF4E43C7E8BCC4179A55 Amount of Each Receipt this Period 1000.00 |
| Name of Employer University of Chicago Receipt For: Primary General | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) C. G Grady McBride MD | 1000.00 | Date of Receipt |
| Mailing Address 25 West Crystal Lake | St Ste 200 State Zip Code | M + M / D + D / Y + Y + Y Y 04 10 2012 2012 Transaction ID : ADC05C13031424E639E4 |
| Orlando FEC ID number of contributing federal political committee. | FL 32806-4476 | Amount of Each Receipt this Period |
| Name of Employer Orlando Orthopaedic Center Receipt For: | Occupation Orthopaedic Surgeon | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
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| | ME OF COMMITTEE (In Full) olitical Action Committee of th | ne Americ | an Association of Ortho | opae | edic S | urg | jeons | 6 | | | | | | |
| | ll Name (Last, First, Middle Initial) obert Cameron More MD | | | Date of Receipt | | | | | | | | | | |
| Ма | iling Address 6 Sandhill Rd Suite 102 | | | | м м 04 | 1 | D D D | / Y | 2012 | Y | | | | |
| City Fle | y emington | State NJ | Zip Code 08822-4946 | | Transaction ID : A8DFD9BAC0D7745D4/ | | | | | | | | | |
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| | me of Employer nterdon Ortho Institute | Occupation Orthopaedi | | | | | | | | | | | | |
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| | ll Name (Last, First, Middle Initial) harles P Murphy MD | | | | Date of | Rec | eipt | | | | | | | |
| Ma | illing Address 671 W Esplanade Ave Ste 10 | 00 | | | Date of Receipt 04 10 2012 Transaction ID : AB0106A8F88D843089 Amount of Each Receipt this Period 250.00 | | | | | Y | | | | |
| City | - | State | Zip Code | | | | | | | | | | | |
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| | ll Name (Last, First, Middle Initial) Frian B Nielsen MD | | | | Date of | Rec | eipt | | | | | | | |
| Ма | iling Address 13075 E Speedway Blvd | | | | м м 04 | 1 | D D 10 | / Y | у у 2012 | Y | | | | |
| City | - | State | Zip Code | | Trans | actio | on ID : | ACF534 | FAD00C | F4149889 | | | | |
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| NAME OF COMMITTEE Political Action C | (In Full) ommittee of the America | an Association of Ortho | opaedic S | Surgeons | 5 | | | | | | | |
| Full Name (Last, First, M A. Thomas G Padanila | | | Date of Receipt | | | | | | | | | |
| Mailing Address 528 Fore | est Lake Dr | | 04 | / D D 10 | | y y 2012 | Y | | | | | |
| City Holland | State OH | Zip Code 43528-9028 | Transaction ID : AB49240D96436436DB5 Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contri federal political committee | ů. | | | | | 500.0 | 00 | | | | | |
| Name of Employer Toledo Orthopaedic Surge | eons Occupation | | | | | | | | | | | |
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| Full Name (Last, First, M B. Andrew J Palafox N | //D | | Date of | f Receipt | | | | | | | | |
| Mailing Address 331 Cro | | | 04 | | | | | | | | | |
| City | State | Zip Code | | | | | 84875 | | | | | |
| El Paso | TX | 79912-4805 | Amoun | t of Each R | eceipt this | Period | | | | | | |
| FEC ID number of contri federal political committee | ů. | | | | | 300.0 | 00 | | | | | |
| Name of Employer El Paso Orthopaedic Surg | Group Occupation Orthopaedic | | | | | | | | | | | |
| Receipt For: Primary G Other (specify) ▼ | eneral Aggregate | Year-to-Date ▼ 300.00 | | | | | | | | | | |
| Full Name (Last, First, M C. Richard Lee Parke | | | Date of | f Receipt | | | | | | | | |
| Mailing Address 6 Dowlin | ng Ct | | M M 04 | / D D 10 | | 2012 | Y | | | | | |
| City Old Westbury | State NY | Zip Code 11568-1220 | | saction ID : t of Each R | | | 32191C | | | | | |
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| Name of Employer | Occupation | | \neg | | | | | | | | | |
| South Nassau Ortho Surg | eons Orthopaedie | c Surgeon | | | | | | | | | | |
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| | | ine name and a | doress of any political committee | eios | SOUCIL COL | | utions i | rom sucr | 1 COMM | liee. | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of | the America | an Association of Orthe | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Johan J Penninck MD | | | Date of Receipt | | | | | | | |
| | Mailing Address 1720 Murchison Dr | | | | м м 04 | / | 10 | / Y | 2012 | Y | |
| | City El Paso | State TX | Zip Code 79902-2921 | | | | | A63486F eceipt th | | E4F8184C | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 30 | 0.00 | |
| | Name of Employer El Paso Orthopaedic Surg Group | Occupation Orthopaedi | | | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) Scott A Protzman MD | | | Date of Receipt | | | | | | | |
| | Mailing Address 1720 Murchison Drive | | | | 04 10 2012 Transaction ID : A55B86EC2F3EC4 | | | | | | |
| | City El Paso | State TX | Zip Code 79902-2921 | | | | | A55B86E eceipt th | | | |
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| <u> </u> | Full Name (Last, First, Middle Initial) Fred C Redfern MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address 600 Whitney Ranch Dr Ste D22 | | | | м м 04 | 1 | D D D | / Y | ү ү 2012 | Y | |
| | City Henderson | State NV | Zip Code 89014-2632 | | | | | A383141 eceipt th | | A4C1A8DE | |
| | FEC ID number of contributing federal political committee. | | | | | 7 | | 75 | 0.00 | | |
| | Name of Employer | | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
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| | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. |
| f the American Association of O | rthopaedic Surgeons |
| State Zip Code | Date of Receipt 04 10 2012 Transaction ID : A4FDBE43CA6994EF4929 |
| C | Amount of Each Receipt this Period |
| Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | 2 |
| 08 | Date of Receipt |
| State Zip Code CA 92868-3856 | Transaction ID : AEDAFFF00EEEC4D5AB3 Amount of Each Receipt this Period 500.00 |
| Occupation Orthopaedic Surgeon | |
| Aggregate Year-to-Date ▼ 1000.00 | |
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| State Zip Code PA 17601-4132 | 04 10 2012 Transaction ID : A22818EDABF58427A932 Amount of Each Receipt this Period |
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| | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee (| of the American Assoc | iation of Ortho | ppaedic Surgeons |
| Full Name (Last, First, Middle Initial) Philip Schrank MD Mailing Address 5 Schooners Cove City Setauket FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State Zip Code NY 11733-3 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date | 951 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Randy Steven Schwartzberg M Mailing Address 111 Arrowhead Ct | D | | Date of Receipt |
| City Winter Springs | State Zip Code FL 32708-4 | | Transaction ID : A98E7A40F37A34C0E9FB Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Orlando Orthopaedic Center Receipt For: | Occupation Orthopaedic Surgeon | | 500.00 |
| Other (specify) | Aggregate Year-to-Date | 500.00 | |
| C. David W Shenton Jr, MD Mailing Address 3134 Sycamore Ln | | | Date of Receipt |
| City Billings | State Zip Code MT 59102-0 | | 04 10 2012 Transaction ID : A7EE199B447754EE5A3C Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Ortho Montana | Occupation Orthopaedic Surgeon | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 880.00 | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of the | e America | an Association of Orth | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Stephanie E Siegrist MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address Bldg 100 Ste 105 | | | | M M | / | D |) / Ү | | Y Y | 1 |
| | 980 Westfall Rd City | State | Zip Code | | 04 | | 10 | A 900000 | 2012 | | Depa |
| | Rochester | NY | 14618-2605 | Transaction ID : A802C2AF9 Amount of Each Receipt this P | | | | | | | -DUD94 |
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| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedic | c Surgeon | | | | | | | | |
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| | Primary General Other (specify) | | 500.00 |] | | | | | | | |
| | Full Name (Last, First, Middle Initial) Manmohan Singh MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 110 Ridge Rd Ste 3 | | | 04 10 | | | | | | Y Y 2 | 1 |
| | City | State | Zip Code | | Trans | acti | on ID : | A0A54B | | | BBAC |
| | Munster | IN | 46321-1574 | | Amount | t of | Each F | Receipt th | nis Peri | iod | |
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| | Primary General Other (specify) ▼ | | 250.00 |] | | | | | | | |
| | Full Name (Last, First, Middle Initial)Lyle Sorensen MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address P.O. Box 900, X6 ORT | | | | м м 04 | / | 10 | | 2012 | | 1 |
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| | Seattle | WA | 98111-0900 | | Amount | t of | Each F | Receipt th | nis Peri | iod | |
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| | Virginia Mason Med Ctr | Orthopaedi | c Surgeon | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of t | he Americ | an Association of Orth | opae | edic S | Sur | geon | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Douglas J Straehley MD | | | | Date of | Re | ceipt | | | | | | | |
| | Mailing Address 660 Golden Ridge Rd Ste 2 | 50 | | | M M | / | DE |) / Y | YY | Y | | | | |
| | City | State | Zip Code | 04 10 2012 Transaction ID : A47F890752AB944FA84 | | | | | | | | | | |
| | Golden | CO | 80401-9541 | | | | | | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 500 | .00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | Panorama Ortho & Spine Center | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) | | 750.00 | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) John Gill Sullivan MD | | | | Date of | Re | ceipt | | | | | | | |
| | Mailing Address 37026 US Hwy 19 N | | | | м м 04 | / | 10 |) / Y | | Y | | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | A0E8485 | 2012 A0E8485344C4044D998/ ecceipt this Period | | | | | |
| | Palm Harbor | FL | 34684-1109 | | Amount | t of | Each F | leceipt th | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | 1000 | .00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Luis H Urrea II, MD | | | | Date of | Re | ceint | | | | | | | |
| 0. | Mailing Address 1700 Murchison | | | | | | |) / Y | Y Y | Y | | | | |
| | Attn: Melissa T. Boyer | | | | 04 | | 10 | | 2012 | | | | | |
| | City | State TX | Zip Code | | | | | | 70690414 | 296AD1 | | | | |
| | El Paso | 17 | 79902-2931 | _ | Amount | t of | Each F | leceipt th | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 300 | .00 | | | | |
| | Name of Employer | Occupation | l | | | | | | | | | | | |
| | El Paso Orthopaedic Surg Group | Orthopaedi | c Surgeon | | | | | | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions t | rom such | n commi | ttee. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | ора | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Steven Weber DO | | | Date of Receipt | | | | | | | |
| | Mailing Address 25 West Crystal Lake St Ste | 200 | | | м м 04 | / | 10 | / Y | 2012 | Y | |
| | City | State | Zip Code | | Trans | sacti | on ID : | AA2F24 | | 54EAF8A2 | |
| | Orlando | FL | 32806-4476 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 50 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Orlando Orthopaedic Center | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) J Criss Yelton MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 471 Klutey Park Plaza Dr | | | | Date of Receipt 04 10 2012 Transaction ID : AE31A22DBBDB947 Amount of Each Receipt this Period | | | | | Y | |
| | City | State | Zip Code | | Trans | acti | on ID : | AE31A2 | 2DBBDE | 39418EB0F | |
| | Henderson | KY | 42420-3347 | _ | Amoun | t of | Each R | leceipt th | nis Perio | d | |
| | FEC ID number of contributing federal political committee. | С | | | | | y | | 100 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Methodist Hospital | Orthopaedic | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | |
| — C. | Full Name (Last, First, Middle Initial) Edward W Younger III, MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 6555 Coyle Ave Ste 235 | | | | м м 04 | / | 10 |) / Y | 2012 | Y | |
| | City | State | Zip Code | | | sacti | | A31303 | | 2444A855 | |
| | Carmichael | CA | 95608-0370 | | Amoun | t of | Each R | leceipt th | nis Perio | d | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 25 | 0.00 | |
| | Name of Employer | Occupation | I | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | ı | | | | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committe | e to s | solicit co | ntrib | outions f | rom such | n commit | tee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of | the Americ | an Association of Orth | ора | edic S | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) Richard Zapanta MD | | | | Date o | f Re | eceint | | | |
| Λ. | Mailing Address 5830 Beverly Hills Dr | | | | M M | | | / Y | Y Y | Y |
| | <u></u> | Ctoto | Zip Code | | 04 | Ь., | 10 | | 2012 | |
| | City Whittier | State CA | 90601-3800 | | | | | | is Perioc | C4D2FBE |
| | FEC ID number of contributing federal political committee. | C | | | | | 5 | 7 | 500 | 0.00 |
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| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
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| | Other (specify) | | 500.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Milan M Patel MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address 3836 Sidestreet | | | | 04 | / | D D D 14 | / Y | 2012 | Y |
| | City | State | Zip Code | | | acti | | A903109 | F10A1C | 459599F |
| | Atlanta | GA | 30341-1773 | | | | | | is Perioc | |
| | FEC ID number of contributing federal political committee. | С | | | | | 5 | | 1000 | 0.00 |
| | Name of Employer | Occupation | l | | | | | | | |
| | Resurgens Orthopaedics | Orthopaedie | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | |
| | Other (specify) | | 1000.00 |] | | | | | | |
| с. | Full Name (Last, First, Middle Initial) David Harold Allmacher MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 900 N Orange St Ste 103 | | | | м м 04 | / | D D D | / Y | 2012 | Y |
| | City | State | Zip Code | | | sact | | A1AD26 | | 34756863 |
| | Missoula | MT | 59802-2951 | | Amoun | t of | Each R | eceipt th | is Perioc | l |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 250 | 0.00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Center for Joint Care | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General | Aggregate | | | | | | | | |
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| | | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the American Association of Or | thopaedic Surgeons |
| Full Name (Last, First, Middle Initial) Donald Mark Arms MD Mailing Address 207 Oak Park City McMinnville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State Zip Code TN 37110-1336 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | Date of Receipt 04 17 2012 Transaction ID : ABCA8488A57054B7BA43 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) B. Daniel J Berry MD Mailing Address 200 First St SW City Rochester FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Receipt For: Primary General Other (specify) ▼ | State Zip Code MN 55905-0001 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Warren R Bourgeois III, MD Mailing Address 10025 Hyde PI City River Ridge FEC ID number of contributing federal political committee. Name of Employer Audubon Orthopaedics Receipt For: Primary General Other (specify) ▼ | State Zip Code LA 70123-1521 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | Date of Receipt Date of Receipt Od 17 2012 Transaction ID : AE2DE534FE9A2469E947 Amount of Each Receipt this Period 250.00 |
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| or f | or commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | olicit co | ntrib | utions fi | rom such | n committ | ee. | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the | ne America | an Association of Ortho | opae | edic S | Sur | geons | 5 | | | | | | | |
| | Full Name (Last, First, Middle Initial) Deanna M Boyette MD | | | | Date of | f Re | ceint | | | | | | | | |
| | Mailing Address 2573 Stantonsburg Rd. Suite | B | | | M M | / | | / Y | Y Y | Y | | | | | |
| - | - | | | | 04 17 2012 | | | | | | | | | | |
| | City Greenville | State NC | Zip Code 27834-7213 | | | | | | 3804554 | 1C1B99 | | | | | |
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| 1 | Name of Employer | Occupation | | | | | | | | | | | | | |
| _ | BOSM | Orthopaedi | c Surgeon | | | | | | | | | | | | |
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| | Full Name (Last, First, Middle Initial) Clayton B Brandes MD | - | | | Date of | f Re | ceipt | | | | | | | | |
| - | Mailing Address 9536 NE 31st St | | | | M M | / | D D | / Y | Y Y | Y | | | | | |
| - | 21 | 01-1- | 7. 0. 1. | _ | 04 | | 17 | | | | | | | | |
| | City Clyde Hill | State WA | Zip Code 98004-1736 | - | | | | | | 0CBB47 | | | | | |
| - | • | | 90004-1750 | | Amoun | t of | Each R | eceipt th | is Period | _ | | | | | |
| | FEC ID number of contributing ederal political committee. | С | | | L. | | 7 | 7 | 250 | .00 | | | | | |
| 1 | Name of Employer | Occupation | I | _ | | | | | | | | | | | |
| F | Proliance Surgeons | Orthopaedie | c Surgeon | | | | | | | | | | | | |
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| | Primary General | | | 11. | | | | | | | | | | | |
| | Other (specify) | | 250.00 | 4 | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Steven J Bruce MD | 1 | | | Date of | f Re | ceipt | | | | | | | | |
| - | Mailing Address 3015 Squalicum Pkwy Ste 2 | 00 | | | M M | | D D | / Y | Y Y Y | Y | | | | | |
| (| City | State | Zip Code | | 04 Trans | acti | 17 on ID : | AA9703 | 2012 BD5FA62 | 4BC280 | | | | | |
| | Bellingham | WA | 98225-1906 | | | | | | is Period | | | | | | |
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| f | ederal political committee. | С | | | <u> </u> | | 7 | 7 | 250 | .00 | | | | | |
| 1 | Name of Employer | Occupation | I | | | | | | | | | | | | |
| | Peace Health | Orthopaedi | c Surgeon | | | | | | | | | | | | |
| F | | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | 380.00 | 00 | | | | | | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | | 2 | <u> </u> |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | utions | from sucl | h com | mitte | e. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | ne America | an Association of Ortho | opa | iedic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Paul B Canale MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 1505 Daphne Ave | | | | м м 04 | / | 17 |) / Y | y 201 | Y 1 2 | r |
| | City Daphne | State AL | Zip Code 36526-4298 | | Trans | | ion ID : | A21FEA | 8E359 | 99840 | D4A66 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1 | 000.0 | 00 |
| | Name of Employer Baldwin Bone and Joint | Occupation Orthopaedi | | | | | | | | | |
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| | Primary General Other (specify) | Aggregate | 1000.00 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Joseph W Clark MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address The Orthopaedic Center 927 Franklin St Se Ste 3 | | | 04 17 2012 Transaction ID : ADCBC75840B044 | | | | | | | |
| | City Huntsville | State AL | Zip Code 35801-4305 | _ | | | | ADCBC7 | | | F18996 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1 | 000.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | | Orthopaedie | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Pamela F Davis MD | I | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 4622 Progress Dr Ste C | | | | м м 04 | / | D 17 | | y 201 | | |
| | City Davenport | State IA | Zip Code 52807-3426 | | | | | ACCB97 Receipt th | | | B24B7C |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 250.0 |)0 |
| | Name of Employer | Occupation | I | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committe | e to s | olicit cor | ntrib | utions | from sucl | h committ | ee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | ne America | an Association of Orth | opae | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) David W Duffner MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address Suite W201 1180 N Indian Canyon Dr | | | | м м 04 | / | D 17 | | у у 2012 | Y |
| | City Palm Springs | State CA | Zip Code 92262-4876 | | | | | | 3BAC6F9 | 94C228D |
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| в. | Full Name (Last, First, Middle Initial) John English Feighan MD | 1 | | | Date of | Re | ceipt | | | |
| | Mailing Address 2260 Harcourt Dr | | | | 04 | / | D 17 | | y y 2012 | Y |
| | City | State | Zip Code | | | | | | 1817C4A4 | 4BDD8B |
| | Cleveland | OH | 44106-4610 | _ | Amount | t of | Each F | Receipt th | nis Period | |
| | FEC ID number of contributing federal political committee. | С | | | L | | 7 | | 250 | .00 |
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| | Primary General Other (specify) ▼ | | , 250.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Gautham Gondi MD | 1 | | | Date of | Re | ceipt | | | |
| | Mailing Address 2405 Atherholt Dr | | | | 04 | / | D 17 | | 2012 | Y |
| | City Lynchburg | State VA | Zip Code 24501-2184 | | | | - | | 3A624668 his Period | 43169FF |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 500 | .00 |
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| | Ortho Center of Central Virginia | Orthopaedi | c Surgeon | | | | | | | |
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| | ts and Statements may not be sold or used by any p using the name and address of any political committe | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the American Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. David M Gonzalez MD Mailing Address 11 Bridgenorth Ln City | State Zip Code | Date of Receipt 04 / 17 / 2012 _ Transaction ID : A38EA47CC8B3F4938875 |
| San Antonio FEC ID number of contributing federal political committee. | TX 78218-6056 | Amount of Each Receipt this Period |
| Name of Employer Self Employed Receipt For: | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 |] |
| B. Full Name (Last, First, Middle Initial) Mailing Address 19798 Chagrin Boule Sussex Courts | | Date of Receipt |
| City Beachwood FEC ID number of contributing federal political committee. Name of Employer | State Zip Code OH 44122-4921 | Transaction ID : A066B1A21B4F441089F3 Amount of Each Receipt this Period 200.00 |
| Walke of Elliptoyer Univ Hospital Case Medical Receipt For: Primary General Other (specify) ▼ | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00 |] |
| Full Name (Last, First, Middle Initial) C. John A Hefferon MD | | Date of Receipt |
| Mailing Address 676 N Saint Clair St | | 04 17 YYYYY 2012 |
| City Chicago | State Zip Code IL 60611-2849 | Transaction ID : ACA3F8F39FB9A4E98919 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |] |
| SUBTOTAL of Receipts This Page (opt | ional) | 1450.00 |

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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| | | | Detailed Summary Page | × | 11a | | 111 | | 11c | | 12 | | 1 |
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| | for commercial purposes, other than using the | | | | | | | | | | | | |
| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\Big $ | Political Action Committee of the | e America | an Association of Ortho | paeo | dic S | ur | ge | ons | | | | | |
| Α. | Full Name (Last, First, Middle Initial) William L Hennrikus Jr, MD | | | C | Date of | Re | eceij | pt | | | | | |
| | Mailing Address 75 Laurel Ridge Rd | | | | м м 04 | / | | 17 | / Y | | 012 | Y | |
| | City | State | Zip Code | | Trans | acti | ion | ID : A | E65004 | 12E | 81AB4 | 57F | AE7 |
| | Hershey | PA | 17033-2514 | A | mount | of | Ead | ch Re | eceipt th | is P | 'eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | _ | 7 | _ | 500. | 00 | |
| | Name of Employer | Occupation | | - | | | | | | | | | |
| | Penn State Hershey Medical Ctr | Orthopaedic | Surgeon | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) | | | | Date of | Re | ecei | pt | | | | | |
| | Mailing Address 1160 East 3900 South Ste 500 | 0 | | | м м 04 | / | | 17 | / Y | |)12 | Y | |
| | City | 1. | | acti | ion | | C45967 | | | 04E | A05 | | |
| | Salt Lake City | 84124-1275 | | | | | | ceipt th | | | - | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | _ | | _ | 2500. | 00 | |
| | Name of Employer Salt Lake Orthopaedic Clinic | Occupation Orthopaedic | | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | _ | | | | | | | | | |
| | Primary General | Ayyreyale | | | | | | | | | | | |
| | Other (specify) v | L | 2500.00 | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) John A Hurley MD | | | | Date of | Re | eceij | pt | | | | | |
| | Mailing Address 95 Madison Ave Suite B00 | | | | м м 04 | / | Γ | 17 | / Y | |)12 | Y | |
| | City | State | Zip Code | | Trans | act | ion | ID : / | AE58BE | 858 | BFEC | 408 | DAA |
| | Morristown | NJ | 07960-6023 | A | mount | of | Ead | ch Re | ceipt th | is F | 'eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 7 | _ | 500. | 00 | |
| | Name of Employer | Occupation | | _ | | | | | | | | | |
| | Summit Medical Group | Orthopaedic | c Surgeon | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
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| 11 | | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committe | e to s | olicit cor | ntrib | utions | from suc | h commit | tee. | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Orth | opa | edic S | Sur | geon | S | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Shepard R Hurwitz MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 400 Silver Cedar Ct Suite 100 |) | | | м м 04 | / | D 17 | | 2012 | Y | | | |
| | City Chapel Hill | State NC | Zip Code 27514-1585 | | | | | | | 4D76952 | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 300 | 0.00 | | | |
| | Name of Employer ABOS | Occupation Orthopaedi | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 550.00 |] | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Paul G Johnson MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 6490 Excelsior Blvd Ste E400 |) | | | M M 04 | / | D 17 | | у у 2012 | Y | | | |
| | City Minneapolis | State MN | Zip Code 55426-4721 | | | | | | F45A58E4 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 1000 | .00 | | | |
| | Name of Employer Park Nicollet Clinic | Occupation Orthopaedic | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Daniel J Karns MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address Medical Arts Ctr IV 6115 Powers Blvd Ste 100 | | | | м м 04 | / | D 17 | | y y 2012 | Y | | | |
| | City Cleveland | State OH | Zip Code 44129-5469 | | | | | | 67011D24 nis Period | 454DA8E | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | 7 | 250 |).00 | | | |
| | Name of Employer | Occupation | I | | | | | | | | | | |
| | Southwest Orthopaedics, Inc. | Orthopaedi | c Surgeon | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | 1 | | | | | | | | | |
| s | SUBTOTAL of Receipts This Page (optional) | | | | | | 7 | - 7 | 1550 | .00 | | | |

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FEC Schedule A (Form 3X) Rev. 02/2003

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| Т | EMIZED RECEIPTS | | Use separate schedule(s) for each category of the | (ch | eck onl | y or | ie) | _ | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of the | e America | an Association of Ortho | pae | edic S | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) Kurt J Kitziger MD Mailing Address The Carrell Clinic | | | | Date o | | ceipt | / Y | YYY | Y |
| | 9301 N Central Expy Ste 400 City Dallas | State TX | Zip Code 75231-0805 | | | | | | 2012 F1F4D26 his Period | 549EB870 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 50 | 0.00 |
| | Name of Employer The Carrell Clinic Receipt For: | Occupation Orthopaedic | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) John O Krause MD Mailing Address 14825 N Outer Forty Rd Ste 20 | 0 | | | Date o | | D D | / Y | Y Y | Ŷ |
| | City Chesterfield | State MO | Zip Code 63017-2152 | | | | | | 2012 69C65D8 his Period | 4B7B9F3 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1000 | 0.00 |
| | Name of Employer The Ortho Ctr of St Louis | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) John J Larkin Jr, MD | | | | Date o | f Re | ceipt | | | |
| | Mailing Address 2845 Chancellor Dr | | | | м м 04 | / | D D 17 | / Y | ү ү 2012 | Y |
| | City Crestview Hills | State KY | Zip Code 41017-3418 | _ | | | | | 37EF528 nis Period | A47A0A99 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 5 | 100 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit cor | ntribu | utions fi | rom sucl | h comm | ittee. | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | an Association of Outbu | | | | | _ | | | | |
| | Political Action Committee of th | le America | an Association of Ortho | opa | eaic S | surg | jeons | 5 | | | | |
| <u>v</u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| Α. | Cyrus J Lashgari MD | | | | Date of | Ree | ceipt | | | | | |
| | Mailing Address 2000 Medical Pkwy, Ste 101 | | | | M M | / | | / Y | Y Y | | | |
| | City | State | Zip Code | \neg | 04 Trans | acti | 17 on ID : | AD7E12 | 2012 D0C262 | | 2477 | |
| | Annapolis | MD | 21401-3743 | | | | | eceipt th | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 50 | 00.00 | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Anne Arundel Medical Center | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 | 11. | | | | | | | | |
| | | | gg | 41. | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Nicky L Leung MD | | | | Date of | Red | ceipt | | | | | |
| | Mailing Address 2000 Washington St Suite 34 | 1 | | | M M | / | DD | / Y | Y Y | Y | | |
| | City | State | Zip Code | | 04 | ١., | 17 | | 2012 | | | |
| | Newton Lower Falls | MA | 02462-1625 | \vdash | | | | A405217 eceipt th | | | E870 | |
| | FEC ID number of contributing | | | | Amount | | | eceipi ii | | | - | |
| | federal political committee. | С | | | | | 7 | | 25 | 50.00 | | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Newton Wellesley Orthopaedics | Orthopaedie | | | | | | | | | | |
| | Receipt For: | - | Year-to-Date ▼ | | | | | | | | | |
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| | Other (specify) | | , 250.00 | ч. | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) L Scott Levin MD | | | | Date of | Re | ceipt | | | | | |
| | Mailing Address 3400 Spruce St 5th Floor | | | | M M | | D D | / Y | - Y - Y | Y | | |
| | City | State | Zip Code | | 04 | | 17 | | 2012 | -4.42 | | |
| | Philadelphia | PA | 19104-4229 | \vdash | | | | AB5B5E eceipt th | | | 4UA4' | |
| | FEC ID number of contributing | 0 | | | Amount | | | | | | - | |
| | federal political committee. | С | | | L. | | 7 | 7 | 2 | 50.00 | | |
| | Name of Employer | Occupation | I | | | | | | | | | |
| | Penn University | Orthopaedi | c Surgeon | | | | | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | geon | S | | | | |
| Α. | Full Name (Last, First, Middle Initial) Jeffrey L Lovallo MD | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 7025 Benjamin St | | | | M M | | |) / Y | Y | Y | Y | |
| | | Ctata | Zin Codo | _ | 04 | ۰. | 17 | | 20 | | _ | |
| | City Mc Lean | State VA | Zip Code 22101-1550 | | | | | A3FA1F Receipt th | | | C7CB | 5A |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 1000.0 | 00 |] |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Anderson Clinic | Orthopaedie | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) John Fletcher Lovejoy MD | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 8605 Long Acre Ct | | | | м м 04 | / | 17 | / Y | 201 | 12 | Y | |
| | City | State | Zip Code | | | acti | | A483AA | | | E2B8 | 3E7 |
| | Bethesda | MD | 20817-3216 | | Amoun | t of | Each R | leceipt th | nis Pe | əriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 250.0 | 00 |] |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Childrens National Medical Center | Orthopaedic | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Michael M Lynch MD | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 40 Cross St | | | | м – м 04 | / | 17 |) / Y | 201 | Y 12 | Y | |
| | City | State | Zip Code | | | sacti | | A7A5E8 | | | 7E78 [,] | 12 |
| | Norwalk | СТ | 06851-4647 | | Amoun | t of | Each R | Receipt th | nis Pe | əriod | | - |
| | FEC ID number of contributing federal political committee. | С | | | | | 5 | | | 250.0 | 00 |] |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Coastal Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | |
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| | | | person for the purpose of soliciting contributions |
| | ng the name and a | address of any political committe | ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee (| of the Americ | an Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) | | | |
| A. Leland R Mayer MD | | | Date of Receipt |
| Mailing Address S 5841 County Rd B | | | 04 17 _ 2012 _ |
| City | State | Zip Code | Transaction ID : AF020BEE67EF0470A |
| Eau Claire | WI | 54701-8664 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer | Occupation | 1 | |
| Mayo Health System | Orthopaedi | c Surgeon | |
| Receipt For: | Aggregate | Year-to-Date V | |
| Other (specify) | | 500.00 |] |
| Full Name (Last, First, Middle Initial) B. Michael A Meese MD | | | Date of Receipt |
| Mailing Address 17 Elm Ave | | | 04 17 _2012 _ |
| City | State | Zip Code | Transaction ID : A854285F408AC432A8 |
| Hackensack | NJ | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer | Occupation | 1 | — |
| Sports Med & Ortho of New Jersey | Orthopaedi | c Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Other (specify) | | 1000.00 | |
| Full Name (Last, First, Middle Initial) C. Evangelos Megariotis MD | | | Date of Receipt |
| Mailing Address 21 Ravona St | | | 04 17 2012 |
| City | State | Zip Code | Transaction ID : AF8DBCBD221DB4D4 |
| Clifton | NJ | 07012-1521 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer | Occupatior | 1 | |
| Self Employed | Orthopaed | ic Surgeon | |
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| | tical Action Committee of t | he America | an Association of Orthe | opae | edic S | urg | eons | 6 | | |
| A. Mark | ame (Last, First, Middle Initial) k C Meier MD | | | | Date of | Rece | eipt | | | |
| Mailing | g Address Orhopaedic Associates | | | | M M | / | D D | / Y | YYY | Υ |
| City | 901 N Curtis #501 | State | Zip Code | _ | 04 Trans | actio | 17 n ID · / | 445C2B | 2012 1459A0B | 40.0994 |
| Boise | | ID | 83706-1343 | | | | | | is Period | 100007 |
| | D number of contributing I political committee. | С | | | | , | | 7 | 500 | .00 |
| Name | of Employer | Occupation | I | | | | | | | |
| | pedic Associates | Orthopaedi | c Surgeon | | | | | | | |
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| | ame (Last, First, Middle Initial) h klin Mirrer MD | | | | Date of | Rece | eipt | | | |
| Mailing | g Address 215 Toll Gate Rd Ste 206 | | | | м м 04 | / | D ∎ D 17 | / Y | 2012 | Y |
| City | | State | Zip Code | | | actio | | ABFBB4 | EC08429 | 4E6895 |
| Warwi | ick | RI | 02886-4461 | | Amount | of E | ach Re | eceipt th | is Period | |
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| | of Employer | Occupation | I | | | | | | | |
| | mployed | Orthopaedic | c Surgeon | | | | | | | |
| | ot For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | |
| | ame (Last, First, Middle Initial) nard F Morrey MD | | | | Date of | Rece | eipt | | | |
| Mailing | g Address 7703 Floyd Curl Drive | | | | м м 04 | / | □ □ 17 | / Y | 2012 | Y |
| City | | State | Zip Code | | | actio | - | A0ECD3 | AF03B19 | 4365BI |
| San A | Antonio | TX | 78229-3901 | | Amount | of E | ach Re | eceipt th | is Period | |
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| Name | of Employer | Occupation | | | | | | | | |
| Retire | | Orthopaedi | c Surgeon | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to | solicit co | ntrib | utions | from suc | h cor | nmitte | e. |
| \backslash | NAME OF COMMITTEE (In Full) | | an Assasiation of Outle | | | | | _ | | | |
| \vee | Political Action Committee of th | ie America | an Association of Ortho | opa | ieaic s | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Gary T Murata MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 2488 N California St | | | | M M | | D |) / ү | Y | Y | Y |
| | City | State | Zip Code | _ | 04 | | 17 | 455005 | | 12 | 4000.47 |
| | Stockton | CA | 95204-5508 | | | | | AE590E Receipt th | | | 4389A7 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | | 250.0 | 00 |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Alpine Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | 11 | | | | | | | |
| | | | 7 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Joseph Noah MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 836 Sunset Lake Blvd Ste 20 | 5 | | | M M | / | | | | Y | Y |
| | City | State | Zip Code | | 04 Trans | acti | 17 on ID · | A2F2EB | 201 9 41 | | 39FB6D |
| | Venice | FL | 34292-7556 | | | | | Receipt th | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | 7 | | 500.0 | 00 |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Suncoast Ortho & Sports Medici | Orthopaedic | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Douglas W Pahl MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 6500 -1 Green Island Dr | | | | 04 | / | 17 | | 201 | y 12 | Y |
| | City | State | Zip Code | | | sacti | | A27B8F | | | E74BD6 |
| | Columbus | GA | 31904-2245 | | Amoun | t of | Each F | Receipt th | nis Pe | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 500.0 | 00 |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | The Hughston Clinic | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | | |
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| or for commercial purposes, other than usin | ng the name and a | ddress of any political committee | e to solicit co | ntributions | from such | committ | ee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | of the America | an Association of Ortho | opaedic S | Surgeon | S | | |
| Full Name (Last, First, Middle Initial) A. Christopher William Peer MD, MS | S | | Date o | f Receipt | | | |
| Mailing Address 611 Oak Lawn Dr | | | M M | / D 17 | D / Y | у у 2012 | Y |
| City Hancock | State MI | Zip Code 49930-1631 | | saction ID : it of Each F | | | 42F3851 |
| FEC ID number of contributing federal political committee. | С | | | | 5 | 250 | .00 |
| Name of Employer | Occupation | I | | | | | |
| Portage Health | Orthopaedi | c Surgeon | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| Primary General Other (specify) ▼ | | 400.00 |] | | | | |
| Full Name (Last, First, Middle Initial) B. James D Perry MD | I | | Date o | f Receipt | | | |
| Mailing Address 1747 Imperial Blvd | | | M M | / D 17 | | у у 2012 | Y |
| City | State | Zip Code | Trans | saction ID : | A01D90D | 9B409A | 4279A01 |
| Lake Charles | LA | 70605-5362 | Amoun | it of Each F | Receipt thi | s Period | |
| FEC ID number of contributing federal political committee. | С | | | 7 | 3 | 1000. | 00 |
| Name of Employer Center for Orthopaedic Service | Occupation Orthopaedic | | | | | | |
| Receipt For: | | Year-to-Date ▼ | _ | | | | |
| Other (specify) ▼ | | 1000.00 |] | | | | |
| Full Name (Last, First, Middle Initial) C. Steven H Peterson MD | 1 | | Date o | f Receipt | | | |
| Mailing Address 691 Pauline Ct Ste L | | | 04 | / 0 17 | | у у 2012 | Y |
| City Sonora | State CA | Zip Code 95370-5216 | | saction ID : It of Each F | | 0F33944 | 939B84 |
| FEC ID number of contributing federal political committee. | С | | | | | 5 Period 750 | .00 |
| Name of Employer | Occupation | I | | | | | |
| Self Employed | Orthopaedi | c Surgeon | | | | | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | |
| Other (specify) | | 750.00 | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | Political Action Committee of th | e America | an Association of Orthe | opa | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Chitranjan S Ranawat MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 535 East 70th St 6th Fl | | | | M M | / | DD |) / Y | Y Y | Y |
| | Suite 637 | Otata | Zin Oada | | 04 | Ι. | 17 | | 2012 | |
| | City New York | State NY | Zip Code 10021-4823 | | | | | | is Period | 162A6C |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1000 | .00 |
| | Name of Employer | Occupation | l | | | | | | | |
| | Lenox Hill Hospital | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) ▼ | | 1000.00 |] | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Ronald K Robinson MD | L | | | Date of | f Re | ceipt | | | |
| | Mailing Address 2545 W Hammer Ln | | | | 04 | 1 | 17 | / Y | 2012 | Y |
| | City | State | Zip Code | | | acti | | A3D554E | BEE14904 | 41799C3 |
| | Stockton | CA | 95209-2839 | | Amoun | t of | Each R | leceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 500 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Sutter Gould Med Foundation | Orthopaedie | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | ı | | | | | | |
| _ | Full Name (Last, First, Middle Initial) Stephen W Rodrigue MD | | 1 | + | Data | (| | | | |
| υ. | Mailing Address 26 Arborside Dr | | | | Date of | | |) / Y | YY | Y |
| | | | | | 04 | | 17 | | 2012 | |
| | City Falmouth | State ME | Zip Code 04105-1442 | - | | | | | C73C05D is Period | 483A869 |
| | FEC ID number of contributing federal political committee. | С | | | | | , . | | 1000 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Falmouth Orthopaedic Center | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | |
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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| ITEMIZED RECEIPTS | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and St or for commercial purposes, other than using the | | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee of the | e American Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) Donald Roy Schengel MD Mailing Address 105 E Noble City Visalia FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Assoc Medical Clinic Receipt For: Primary General Other (specify) | State Zip Code C 93277-2717 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 7 7 | Date of Receipt 04 17 2012 Transaction ID : A8677C1C776E1406DA59 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) B. Charles P Schneider MD Mailing Address 206 E Elm St City Caldwell FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State Zip Code ID 83605-4815 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 04 17 2012 Transaction ID : AB914032D8D91401CA36 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) C. Sameer B Shammas MD Mailing Address 10905 Ft Washington Rd Ste 3 City Fort Washington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | 305 State Zip Code MD 20744-5812 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt 04 17 2012 Transaction ID : A985864558B044EE694C Amount of Each Receipt this Period 1000.00 |
| SUBTOTAL of Receipts This Page (optional) | | 1750.00 |

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| | nd Statements may not be sold or used by any g the name and address of any political committ | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee o | f the American Association of Orth | nopaedic Surgeons |
| Full Name (Last, First, Middle Initial) Wen Shen MD Mailing Address 1910 South Rd City Poughkeepsie FEC ID number of contributing federal political committee. Name of Employer Ortho Assoc of Dutchess County Receipt For: Primary General Other (specify) ▼ | State Zip Code NY 12601-6027 C Occupation Physician Aggregate Year-to-Date ▼ 500.00 500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Gregory S Slappey MD Mailing Address 139 Fairway Dr | · | Date of Receipt |
| City Carrollton FEC ID number of contributing federal political committee. Name of Employer Carrollton Orthopaedic Clinic Receipt For: Primary General | State Zip Code GA 30117-4134 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ | 04 17 2012 Transaction ID : A1BEA7AB4548848EDB9 Amount of Each Receipt this Period 250.00 |
| C. Full Name (Last, First, Middle Initial) C. Craig P Smith MD Mailing Address 4140 Centennial Hills Blv Ste A City Casper FEC ID number of contributing federal political committee. Name of Employer Casper Orthopaedics Receipt For: Primary General | rd State Zip Code WY 82609-3265 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ | Date of Receipt 04 17 2012 Transaction ID : AF33961F7A6D74030B93 Amount of Each Receipt this Period 500.00 |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional | 500.00 1) | 1250.00 |

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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | Political Action Committee of t | he Americ | an Association of Orthe | opae | edic S | Surgeo | ons | | | | |
| Α. | Full Name (Last, First, Middle Initial) Eric M Spencer MD | | | | Date of | Receip | ot | | | | |
| | Mailing Address 34 Greenhaven Rd | | | | 04 | / D | D / 17 | | 2012 | Y | |
| | City | State | Zip Code | | | action I | ID : A573 | | | 1358A | 7 |
| | Rye | NY | 10580-1019 | | Amount | of Eac | h Receipt | this I | Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | 250. | 00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Southern Westchester Orthopedi | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | 250.00 | 11. | | | | | | | |
| | Other (specify) | | 230.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Walter Stanwood MD | | | | Date of | Receip | ot | | | | |
| | Mailing Address 95 Tremont St Suite 1 | | | | 04 | / D | D / 17 | Y Y 2 | 012 | Y | |
| | City | State | Zip Code | | Trans | action I | D : A0A6 | 6D902 | BA934 | 1AE58 | 3E |
| | Duxbury | MA | 02332-4738 | | Amount | of Eac | h Receipt | this I | Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | y | 7 | | 1500. | 00 | |
| | Name of Employer | Occupation | l | | | | | | | | |
| | Plymouth Bay Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | , 1500.00 | | | | | | | | |
| — с. | Full Name (Last, First, Middle Initial) Cooper L Terry MD | | | | Date of | Receip | ot | | | | |
| | Mailing Address 497 Azalea Dr Ste 102 | | | | 0_4 | / D | D / 17 | | 012 | Y | |
| | City | State | Zip Code | | Trans | action | ID : AA70 | | | 427BA | .09 |
| | Oxford | MS | 38655-7906 | | Amount | of Eac | h Receipt | this I | Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | , | , | | 250. | .00 | |
| | Name of Employer | Occupation | I | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | 500.00 | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | - | | | | | |
| > Political Action Committee of | the Americ | an Association of Orth | opaedic S | urgeons | | |
| Full Name (Last, First, Middle Initial) A. James H Van Olst MD | | | Date of | Receipt | | |
| Mailing Address 136 SW Washington Ave | #605 | | M M | | Y Y Y | Y |
| City | State | Zip Code | 04 Trans | 17 action ID : A46E | 2012 1A433BE21 | 4C808D2 |
| Corvallis | OR | 97333-4879 | | of Each Receip | | |
| FEC ID number of contributing federal political committee. | С | | | | 500 | .00 |
| Name of Employer | Occupation | 1 | | | | |
| Retired | Orthopaedi | c Surgeon | | | | |
| | Aggregate | Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | | 625.00 |] | | | |
| Full Name (Last, First, Middle Initial) B. Albert G Volk MD | I | | Date of | Receipt | | |
| Mailing Address 5143 Holly Rd | | | 04 | / D D / | 2012 | Y |
| City | State | Zip Code | | action ID : A5F1 | | AB18C9 |
| Saint Augustine | FL | 32080-7204 | | of Each Receip | | |
| FEC ID number of contributing federal political committee. | C | | | | 500 | .00 |
| Name of Employer | Occupation | 1 | | | | |
| Orthopaedic Associates | Orthopaedi | c Surgeon | | | | |
| | Aggregate | Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | | 500.00 | 1 | | | |
| Full Name (Last, First, Middle Initial) C. Anthony S Wei MD | I | | Date of | Receipt | | |
| Mailing Address 20529 SE Brady Rd | | | 04 | / D D / 17 | 2012 | Y |
| City | State | Zip Code | Trans | action ID : AEEI | | 4B9FAC |
| Camas | WA | 98607-9042 | Amount | of Each Receip | t this Period | |
| FEC ID number of contributing federal political committee. | С | | | | 1000 | .00 |
| Name of Employer | Occupation | 1 | | | | |
| Northwest Surgical Specialists | Orthopaedi | c Surgeon | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee of th | ne Americ | an Association of Ortho | opaedic Surgeons |
| ✓ Full Name (Last, First, Middle Initial) A. Christopher Edward Wiggins MD Mailing Address 3615 Hospital Rd City Pascagoula FEC ID number of contributing federal political committee. Name of Employer Bienville Orthopaedic Specialists Receipt For: Primary General Other (specify) | State MS C Occupation Orthopaedi Aggregate | | Date of Receipt 04 17 2012 Transaction ID : A447CC87E5D4D429185 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) B. Thomas W Wright MD Mailing Address PO Box 112727 | | 7 7 7 | Date of Receipt |
| 3450 Hull Road City Gainesville FEC ID number of contributing | State FL | Zip Code 32607-4144 | 04 17 2012 Transaction ID : A536FC8E3C65F46F0A74 Amount of Each Receipt this Period 1000.00 |
| federal political committee. Name of Employer University of Florida Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedie | | |
| Full Name (Last, First, Middle Initial) C. Sheila Marie Algan MD Mailing Address Dept Ortho Surg Ste WP-138 | 80 | | Date of Receipt |
| 920 Stanton L Young Blvd City Oklahoma City | State OK | Zip Code 73104-5036 | 04 18 2012 Transaction ID : A930409781F8D4F6CA3 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 1 | 500.00 |
| OU Physicians Receipt For: Primary General Other (specify) ▼ | Orthopaedi Aggregate | ic Surgeon Year-to-Date ▼ 500.00 |] |
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| \square | NAME OF COMMITTEE (In Full) | | | | _ | | | | | |
| | Political Action Committee of th | e Americ | an Association of Orthe | opa | edic S | Surg | geons | 5 | | |
| Α. | Full Name (Last, First, Middle Initial) Thomas E Baumgarten MD | | | | Date of | Red | ceipt | | | |
| | Mailing Address 115 Ridgeland Dr | | | | M M | / | D D | / Y | YY | Y |
| | City | State | Zip Code | _ | 04 | | 18 | | 2012 | |
| | Greenville | SC | 29601-3016 | | | | | | is Period | 048B0B68 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 750 |).00 |
| | Name of Employer | Occupation | l | | | | | | | |
| | Piedmont Orthopaedics | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 1250.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Howard L Berg MD | | | | Date of | Red | ceipt | | | |
| | Mailing Address 13 Medical Dr | | | | м м 04 | 1 | 18 | / Y | 2012 | Y |
| | City | State | Zip Code | | | actio | | ACD6F8 | | 24EEEB2 |
| | Amarillo | ТХ | 79106-4121 | | Amount | t of I | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 250 | .00 |
| | Name of Employer | Occupation | I | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) John T Chance MD | | | | Date of | Red | ceipt | | | |
| | Mailing Address OA Centers for Orthopaedics 33 Sewall St | ; | | | м м 04 | / | D D 18 | / Y | y y 2012 | Y |
| | City | State ME | Zip Code | | Trans | acti | on ID : | AE4A38 | E8A6DB | F49EFA1 |
| | Portland | IVIE | 04102-2603 | | Amount | t of I | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | L | _ | , | 7 | 250 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Orthopaedic Associates | Orthopaedi | c Surgeon | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Orth | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Mark R Colville MD | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 2375 NW Overton St. | | | | м м 04 | / | 18 |) / Y | ې 201 | 12 | Y |
| | City Portland | State OR | Zip Code 97210-2928 | | Trans | | ion ID : | AEF4DB leceipt th | A0D | 55694 | I3AEBD [.] |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1 | 1000.0 | 00 |
| | Name of Employer Northwest Surgical Specialists | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 2000.00 | 1 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Stephen M Cyphers MD | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 4300 Golden Center Dr Ste C | ; | | | м м 04 | / | 18 | / Y | y 201 | | Y |
| | City Placerville | State CA | Zip Code | | | | | A5AE25 | | | 385811 |
| | | | 95667-6278 | | Amoun | t of | Each H | leceipt th | iis Pe | eriod | _ |
| | FEC ID number of contributing federal political committee. | С | | | L. | | 7 | | | 250.0 | 00 |
| | Name of Employer Western Sierra Ortho Center | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Timothy A Garvey MD | I | | | Date of | f Re | eceipt | | | | |
| | Mailing Address Twin Cities Spine Center 913 E 26th St Ste 600 | | | | м м 04 | / | 18 |) / Y | y 201 | 2 | Y |
| | City Minneapolis | State MN | Zip Code 55404-4515 | | | | | A46BC5 leceipt th | | | 4301BF8 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1 | 1000.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Twin Cities Spine Center | Orthopaedi | c Surgeon | | | | | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committee | e to s | olicit co | ntrib | utions f | rom such | n commit | tee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \backslash | Political Action Committee of | the Americ | an Association of Ortho | opa | edic S | Sur | geons | 3 | | | | |
| Α. | Full Name (Last, First, Middle Initial) Christopher D Hamilton MD | | | | Date of | f Re | ceint | | | | | |
| ^ . | Mailing Address 2400 Bahamas Dr, #200 | | | | M M | | | / Y | Y Y | Y | | |
| | | | | | 04 | | 18 | | 2012 | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | A62D23 | E7DA4C | 0442A8A | | |
| | Bakersfield | CA | 93309-0747 | _ | Amoun | t of | Each R | eceipt th | is Period | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 250 |).00 | | |
| | Name of Employer | Occupation | l | | | | | | | | | |
| | Southern California Ortho Institute | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Brian R Hamlin MD | | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address Suite 1601 | | | | M M | / | DD | / Y | Y Y | Y | | |
| | 300 Halket Street | 01-1- | 7. 0. 1. | | 04 | | 18 | | 2012 | | | |
| | City | State PA | Zip Code 15213-3108 | | | | | | | 4D0798E | | |
| | Pittsburgh | FA | 15213-3106 | | Amoun | t of | Each R | eceipt th | is Period | | | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | 9 | J | 1000 | .00 | | |
| | Name of Employer WVU School of Medicine | Occupation | | | | | | | | | | |
| | | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) ▼ | | 1000.00 | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Alfred W Hanmer MD | | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address 2000 Washington St Ste 34 | 11 | | | м м 04 | 1 | D D D | / Y | 2012 | Y | | |
| | City | State | Zip Code | | | acti | | A4BE7F | | 40F2862 | | |
| | Newton Lower Falls | MA | 02162 | | | | | | is Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | 7 | 200 | 0.00 | | |
| | Name of Employer | Occupation | 1 | \neg | | | | | | | | |
| | Newton Wesley Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | | 11. | | | | | | | | |
| | Other (specify) | | 300.00 | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opaedic | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) David Irvine MD | | | Date | of Re | eceipt | | | |
| | Mailing Address 13012 Sunny Dawn Ct | | | 04 | M / | 18 | / Y | 2012 | Y |
| | City Saint Louis | State MO | Zip Code 63127-1939 | Tran | | ion ID : / | | 79EA9DB is Period | 4E13AC |
| | FEC ID number of contributing federal political committee. | C | | | | 3 | | 500 | .00 |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | 1 | | | | | |
| В. | Full Name (Last, First, Middle Initial) John J Larkin Jr, MD | l | | Date | of Re | eceipt | | | |
| | Mailing Address 2845 Chancellor Dr | | | 04 | M / | D D 18 | / Y | 2012 | Y |
| | City | State KY | Zip Code | | | - | | 35CABBC | 42C989 |
| | Crestview Hills | ΓĬ | 41017-3418 | Amou | nt of | Each Re | eceipt th | is Period | _ |
| | FEC ID number of contributing federal political committee. | С | | | | - | | 1000. | 00 |
| | Name of Employer Self Employed | Occupation | | | | | | | |
| | Receipt For: | Orthopaedic | 5 | _ | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | 1 | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Edward C Littlejohn MD | 1 | | Date | of Re | eceipt | | | |
| | Mailing Address 14911 National Ave Ste 3A | | | м 04 | | D D 18 | / Y | 2012 | Y |
| | City Los Gatos | State CA | Zip Code 95032-2632 | | | | | 38822184 is Period | 11C872 |
| | FEC ID number of contributing federal political committee. | C | | Γ. | | 7 | | 250 | .00 |
| | Name of Employer | Occupation | 1 | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | _ | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | |
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| or | for commercial purposes, other than using t | he name and a | ddress of any political committee | e to s | solicit cor | ntribu | utions f | rom sucl | h com | mitte | е. |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Orthe | opa | edic S | Surg | geon | 5 | | | |
| <u>к</u> | Full Name (Last, First, Middle Initial) David C Markel MD | | | | Date of | f Red | ceipt | | | | |
| | Mailing Address 22250 Providence Dr Ste 4 | 01 | | | м м 04 | / | 18 | / Y | y 201 | Y ■ 1 2 | |
| | City Southfield | State MI | Zip Code 48075-6212 | | Trans | | on ID : | AEEA17 eceipt th | 'F1D2 | A0B4 | DDF83 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 1 | 000.0 | 00 |
| | Name of Employer Porretta Ctr for Orthopaedic Surgery | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 2000.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Javad Parvizi MD, FRCS | | | | Date of | f Red | ceipt | | | | |
| | Mailing Address 925 Chestnut St - 5th Fl | | | | 04 | / | D D D | / Y | 201 | 2 | |
| | City Philadelphia | State PA | Zip Code 19107-4206 | _ | | | | AE2BFA | | | 5B99F4 |
| | FEC ID number of contributing | | 19107-4200 | | Amoun | tori | Each H | eceipt th | iis Pei | riod | - |
| | federal political committee. | С | | | L. | | 7 | 7 | 1 | 000.0 | 0 |
| | Name of Employer Rothman Institute | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) John Sargent Rogerson MD | | | | Date of | f Red | ceipt | | | | |
| | Mailing Address 2 Science Ct #101 | | | | 04 | / | 18 | / Y | 201 | | ſ |
| | City Madison | State WI | Zip Code | _ | | | | A3FBE6 | | | E19B4 |
| | FEC ID number of contributing federal political committee. | C | 53711-1088 | | Amount | t of I | Each R | eceipt th | | riod 250.0 | 00 |
| | | | | | | | 7 | 7 | - | | |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | |
| | Primary General | , iggi ogaio | | | | | | | | | |
| | Other (specify) | | 750.00 | 4 | | | | | | | |
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| | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| NAME OF COMMITTEE (In Full) Political Action Committee | e of the Americ | an Association of Orth | opaedic Surgeons |
| A. Peter W Ross MD Mailing Address 291 N Fireweed St | | | Date of Receipt |
| City | State | Zip Code | 04 18 2012 Transaction ID : ABB4CCD2B31864D988F |
| Soldotna | AK | 99669-7540 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer | Occupatior | 1 | |
| Self Employed | Orthopaedi | c Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General | | 250.00 | 1 |
| Other (specify) | | 250.00 | 1 |
| Full Name (Last, First, Middle Initial) B. Harry Schmaltz MD | | | Date of Receipt |
| Mailing Address 334 Main St Ste 1 | | | 04 18 2012 |
| City | State | Zip Code | Transaction ID : AAEBFF6BDD8EB4BB19I |
| Scranton | PA | 18519-1668 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer | Occupation | 1 | |
| Scranton Orthopaedic Specialists | Orthopaedi | c Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initial) C. Stephen G Silver MD | | | Date of Receipt |
| Mailing Address 713 Bellaire Dr | | | 04 18 2012 |
| City | State | Zip Code | Transaction ID : A3A8D4CC9F82040B4BD |
| Demarest | NJ | 07627-1324 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer | Occupatior | 1 | |
| Self Employed | Orthopaed | c Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | 1 |
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| or | for commercial purposes, other than using the | ne name and a | address of any political committe | e to s | solicit cor | ntribi | utions t | rom suc | n commit | ee. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Orth | iopa | edic S | urg | geon | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Gregory Solis MD | | | | Date of | Red | ceipt | | | | | | | |
| | Mailing Address 10610 Brighton Hill Circle N | | | | м м 04 | / | 18 |) / Y | 2012 | Y | | | | |
| | City Jacksonville | State FL | Zip Code 32256-4536 | | | | | | BBF4294E | 04328A08 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 250 | .00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Jacksonville Ortho Institute Receipt For: | Orthopaedi | • | | | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | - 1 | | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Nicholas G Weiss MD | | | | Date of | Red | ceipt | | | | | | | |
| | Mailing Address 5803 Neal Ave N. | | | | м м 04 | / | 18 | / Y | у у 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | actio | on ID : | A8ED9B | 1FB335B | 4BDBA9 | | | | |
| | Stillwater | MN | 55082-2177 | | Amount | of | Each R | leceipt th | nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 500 | .00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | St Croix Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) David L Wood III, MD | | | | Date of | Red | ceipt | | | | | | | |
| | Mailing Address 202 Summit Ave | | | | 04 | / | 18 |) / Y | 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | A18D90 | F02397F4 | 40F5829 | | | | |
| | Redlands | CA | 92373-6852 | | Amount | of | Each R | leceipt th | nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 250 | 0.00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | Arrowback Medical Group | Orthopaedi | c Surgeon | | | | | | | | | | | |
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| or | | e name and a | doress of any political committee | e to s | SOLICIT COL | ntrib | utions t | rom sucr | 1 comr | mittee | э. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Jeffrey R Smith MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 2646 N Foothill Dr | | | | м м 04 | / | 21 |) / Y | 2012 | 2 _ 1 | |
| | City Provo | State UT | Zip Code 84604-4390 | _ | | | | A03176E leceipt th | 3A674 | 994A | 799E0 |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | 250.0 | 0 |
| | Name of Employer Intermountain Healthcare | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 375.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Jaafar M Bazih MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 4802 S 109th East Ave | | | | м м 04 | / | 23 | / Y | y 2012 | | |
| | City Tulsa | State OK | Zip Code 74146-5822 | | | | | AAB20B leceipt th | | | A0AF0 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 250.0 | 0 |
| | Name of Employer Tulsa Bone & Joint Associates | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General | | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | L | 250.00 | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) B Hudson Berrey MD, FACS | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address PO Box 40006 | | | | м м 04 | / | 23 |) / Y | 2012 | | |
| | City Jacksonville | State FL | Zip Code 32203-0006 | | | | | A3FCC9 leceipt th | | | AA49FF |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 250.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Univ of Florida | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit cor | ntrib | utions | from suc | h commit | tee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | geon | IS | | |
| Α. | Full Name (Last, First, Middle Initial) Robert H Blotter MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 1414 W Fair Ave Ste 190 | | | | м м 04 | / | 23 | | ү ү 2012 | Y |
| | City Marquette | State MI | Zip Code 49855-5406 | | | | | | 44E2F5A | 4BC490F |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 500 | 0.00 |
| | Name of Employer Advanced Center for Orthopedics | Occupation Orthopaedi | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | A | | Date of | | | | | |
| в. | Robert William Bucholz MD Mailing Address 5323 Harry Hines Blvd | Mailing Address 5323 Harry Hines Blvd | | | | | | D / Y | 2012 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : | A682CC | D4EE3F1 | 40DCBE |
| | Dallas | TX | 75390-7201 | _ | Amount | t of | Each I | Receipt th | nis Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | | 500 | .00 |
| | Name of Employer UT Southwestern | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | | | | | | | |
| — C. | Full Name (Last, First, Middle Initial) Nathaniel P Cohen MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 14601 S Bascom Ave Ste 200 | 0 | | | м м 04 | | 23 | | 2012 | Y |
| | City Los Gatos | State CA | Zip Code 95032-2031 | | | | | | 6C46E97 | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 750 |).00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
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| Any information copied from such Reports and or for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee of the second sec | he Americ | an Association of Orthe | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Howard J Gelb MD Mailing Address 6214 NW 120th Dr City Coral Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State FL C Occupation Orthopaedi Aggregate | | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. John R Gleason MD Mailing Address 5671 Peachtree Dunwoody I Suite 700 City Atlanta FEC ID number of contributing federal political committee. Name of Employer | Rd NE GA C Occupatior | Zip Code 30342-5047 | Date of Receipt 04 23 2012 Transaction ID : AC5FA07BCD4D74330AE Amount of Each Receipt this Period 1000.00 |
| Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼ | Orthopaedi Aggregate | c Surgeon Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initial) C. Richard E Grant MD Mailing Address 19798 Chagrin Boulevard Sussex Courts City Beachwood FEC ID number of contributing federal political committee. Name of Employer Univ Hospital Case Medical Receipt For: Primary General Other (specify) ▼ | State OH C Occupation Orthopaedi Aggregate | | Date of Receipt |
| SUBTOTAL of Receipts This Page (optional) | | | 1450.00 |

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| | for commercial purposes, other than using th | e name and a | ddress of any political committe | e to s | SOUCIT COL | ntrib | utions | from suc | n commit | tee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Orth | opa | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Steven I Grindel MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address Dept of Ortho Surg | | | | M M | 1 | DI | | YY | Y |
| | 9200 W Wisconsin Ave | State | Zip Code | | 04 | | 23 | | 2012 BCAC753 | |
| | Milwaukee | WI | 53226-3522 | | | | | | nis Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 250 | 0.00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Medical College of Wisconsin | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) | | 250.00 | | | | | | | |
| | Full Name (Last, First, Middle Initial) John David Hannah MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 215 McNeel Ln | | | | M M | / | 23 | | 2012 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : | A83A69 | | 44A5AB4 |
| | North Platte | NE | 69101-6054 | | Amount | t of | Each F | Receipt th | nis Period | l |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 500 | 0.00 |
| | Name of Employer | Occupation | I | | | | | | | |
| | North Platte Orthopaedics | Orthopaedie | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | |
| | Full Name (Last, First, Middle Initial) Alan S Hilibrand MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 925 Chestnut St 5th Fl | | | | м м 04 | / | 23 | | 2012 | Y |
| | City | State | Zip Code | | | acti | | | | 41CFA4E |
| | Philadelphia | PA | 19107-4206 | | | | | | nis Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 1000 | 0.00 |
| | Name of Employer | Occupation | l | | | | | | | |
| | Reconstruction Orthopaedic Assoc | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | | | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | | | 7 | - 7 | 1750 | .00 |

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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | utions f | rom such | n comm | ittee. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | edic S | Sur | geon | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Glenn J Jarrett MD | | | | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 2360 Mullan Rd Ste C | | | | м м 04 | / | 23 |) / Y | 2012 | Y | | | | |
| | City Missoula | State MT | Zip Code 59808-1811 | _ | 04 23 2012 Transaction ID : AB83AD81576844619827 Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | С | | | | 9 | | 25 | 0.00 | | | | |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | 1 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Alexandre S Kindy MD | I | | | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 101 3rd Ave SW Ste 101 | | | | м м 04 | / | 23 | / Y | ү ү 2012 | Y | | | | |
| | City Minot | State ND | Zip Code 58701-3880 | | | | | A19D805 leceipt th | | | B | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | 50 | 0.00 | | | | |
| | Name of Employer Trinity Health | Occupation Orthopaedic | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | |
| — C. | Full Name (Last, First, Middle Initial) John Marshall Knight MD | | , , | - | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 2405 Shadelands Dr Ste 210 PO Box 31396 |) | | | м м 04 | | 23 |) / Y | 2012 | Y | | | | |
| | City Walnut Creek | State CA | Zip Code 94598-5905 | _ | | | | A072AC | | | D6 | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 25 | 50.00 | | | | |
| | Name of Employer | Occupation | 1 | \neg | | | | | | | | | | |
| | Muir Orthopaedic Specialists | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | 1 | | | | | | | | | | |
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| Any information copied from such | n Reports and Statements m | ay not be sold or used by any p | erson for the | purpose of | 15 soliciting | 16 contribut | 17 ions | | | |
| or for commercial purposes, othe | | address of any political committee | e to solicit co | ntributions f | from such | committe | ee. | | | |
| NAME OF COMMITTEE (In F Political Action Com | | an Association of Orth | opaedic S | Surgeon | S | | | | | |
| Full Name (Last, First, Middle A. Jeffrey R Kuhlman MD | Initial) | | Date of Receipt | | | | | | | |
| Mailing Address 650 Signal Hi | ll Dr Ext | | 04 | / D 0 |) / Y | y y y y y y y y y y y y y y y y y y y | Y | | | |
| City Statesville | State NC | Zip Code 28625-4353 | | saction ID : t of Each R | | C024734 | 194AB46 | | | |
| FEC ID number of contributing federal political committee. | C | | | 3 | | 250. | 00 | | | |
| Name of Employer Piedmont Healthcare, PA | Occupation Orthopaed | | | | | | | | | |
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| Primary Generation Other (specify) ▼ | | 250.00 | 1 | | | | | | | |
| Full Name (Last, First, Middle B. Douglas M Lange MD | Initial) | | Date o | f Receipt | | | | | | |
| Mailing Address 2405 Shadela PO Box 3139 | | | м м 04 | / 23 | | ууу 2012 | Y | | | |
| City Walnut Creek | State CA | Zip Code 94598-5905 | | saction ID : t of Each R | | | <u>15B5B5A</u> | | | |
| FEC ID number of contributing federal political committee. | C | | | 7 | | 250. | 00 | | | |
| Name of Employer Muir Orthopedic Specialists | Occupation Orthopaed | | | | | | | | | |
| Receipt For: Primary Genera Other (specify) ▼ | | Year-to-Date ▼ 250.00 |] | | | | | | | |
| Full Name (Last, First, Middle C. James Hon-Kit Lau M | | | Date o | f Receipt | | | | | | |
| Mailing Address 3460 E La Pa | alma Ave | | 04 | / D D |) / Y | y y y y y y y y y y y y y y y y y y y | Y | | | |
| City Anaheim | State CA | Zip Code 92806-2020 | | saction ID : t of Each R | | | 945E2976 | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 250. | .00 | | | |
| Name of Employer | Occupation | 1 | | | | | | | | |
| Kaiser Permanente | Orthopaed | ic Surgeon | | | | | | | | |
| Receipt For: | | Year-to-Date ▼ | | | | | | | | |
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| ITEMIZED RECEIPTS | | for each category of the | | | (check only one) | | | | | |
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| 11 | | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | 47 |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Orth | iopa | edic S | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) Richard M Little MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address 2479 East Colorado Blvd | | | | м м 04 | / | D D D 23 | / Y | 2012 | Y |
| | City | State | Zip Code | | Trans | sacti | ion ID : | A112B2 | EA630FC | 4BDC9C |
| | Spearfish | SD | 57783-3204 | | Amoun | t of | Each R | eceipt th | nis Perioc | ł |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 1000 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Regional Health | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 1000.00 | 11 | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Randall Evan Marcus MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address 11100 Euclid Ave | | | | м м 04 | / | 23 | / Y | 2012 | Y |
| | City | State | Zip Code | | | acti | | AEE2C6 | 0938704 | 4817934 |
| | Cleveland | OH | 44106-1716 | | Amoun | t of | Each R | eceipt th | nis Perioc | 1 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 250 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | University Hospital Medical Group | Orthopaedie | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| C. | Thomas L Martin MD Mailing Address 900 Buffalo Rd Frnt 1 | | | | Date of | | | | | |
| | Maning Address 900 Buttalo Rd FINt 1 | | | | 04 | | 23 | / Y | 2012 | Y |
| | City | State | Zip Code | | | sact | | A19720 | | 4BE5B6E |
| | Lewisburg | PA | 17837-1206 | | Amoun | t of | Each R | eceipt th | nis Perioc | I |
| | FEC ID number of contributing federal political committee. | С | | | | | | | 100 | 0.00 |
| | Name of Employer | Occupation | | -+ | | | | | | |
| | Sun Orthopaedic Group | Orthopaedi | c Surgeon | | | | | | | |
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| | Primary General | | | чĿ. | | | | | | |
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| or for commercial purposes, other the | an using the name and a | address of any political committe | e to so | licit cor | ntrib | utions f | rom suc | h comm | ittee. | | |
| NAME OF COMMITTEE (In Full) Political Action Commit | tee of the Americ | an Association of Orth | iopae | dic S | Sur | geon | S | | | | |
| Full Name (Last, First, Middle Initi A. Alan R McCall MD | al) | | | Date of Receipt | | | | | | | |
| Mailing Address 7447 W Talcott A | ve Ste 500 | | | м м 04 | 1 | 23 |) / Y | 2012 | Y | | |
| City Chicago | State IL | Zip Code 60631-3716 | | | | | AA22E6 leceipt th | | :94512B9D d | | |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 50 | 00.00 | | |
| Name of Employer Northwest Orthopaedics | Occupation Orthopaedi | | | | | | | | | | |
| Receipt For: | | Year-to-Date ▼ | | | | | | | | | |
| Primary General Other (specify) ▼ | | 500.00 | | | | | | | | | |
| Full Name (Last, First, Middle Initi B. Robert M O'Hollaren MD | al) | | | Date of | Re | ceipt | | | | | |
| Mailing Address 3525 Loma Vista | | | | м м 04 | / | 23 | / Y | y y 2012 | Y | | |
| City Ventura | State CA | Zip Code 93003-3101 | | | | | | | 44CDFBF3 | | |
| | | 93003-3101 | ′ | Amount | t ot | Each H | leceipt th | iis Perio | a | | |
| FEC ID number of contributing federal political committee. | C | | | | - | g | - J | 50 | 0.00 | | |
| Name of Employer Ventura Ortho & Sports Medical | Occupation Orthopaedi | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Other (specify) | | , 500.00 | | | | | | | | | |
| Full Name (Last, First, Middle Initi c. Christian T Royer MD | al) | | | Date of | Re | ceipt | | | | | |
| Mailing Address 5159 Stillwater Tr | ail | | | м м 04 | 1 | 23 |) / Y | 2012 | Y | | |
| City Frisco | State TX | Zip Code 75034-1215 | | | | - | A6C466 leceipt th | | E1479BB65 d | | |
| FEC ID number of contributing federal political committee. | C | | | | | , | . , | 25 | 50.00 | | |
| Name of Employer | Occupation | 1 | | | | | | | | | |
| Orthopedic Associates of Dallas | Orthopaedi | ic Surgeon | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | | |
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| | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | s and Statements may not be sold or used by any pe sing the name and address of any political committee | |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the American Association of Ortho | paedic Surgeons |
| A. J R Rudzki MD Mailing Address 5306 Elliott Rd | | Date of Receipt |
| City Bethesda | State Zip Code MD 20816-2911 | 04 23 2012 Transaction ID : A3A045B4DBF68463594D Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Washington Orthopaedic Center | Occupation Orthopaedic Surgeon | - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) B. Gerald J Shealy MD | | Date of Receipt |
| Mailing Address 229 King George St | | 04 23 _2012 _ |
| City Daniel Island | State Zip Code SC 29492-8244 | Transaction ID : A0002D36E278F45FB8E6 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) C. James Spiegel MD | | Date of Receipt |
| Mailing Address 2907 Chanticleer Ave First Floor | | 04 / D D / Y Y Y Y Y 23 2012 |
| City Santa Cruz | StateZip CodeCA95065-1815 | Transaction ID : A2B2C6931DBF74139A69 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | |
| Palo Alto Medical Foundation Group Receipt For: Primary General Other (specify) ▼ | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | _ |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntrib | outions f | rom such | n commit | tee. |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | geons | S | | |
| / | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| Α. | Robert A Stanton MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address 75 Kings Hwy Cutoff Ste 100 | | | | м м 04 | / | 23 | / Y | 2012 | Y |
| | City | State | Zip Code | | Trans | acti | | AF34296 | | 4F6384E |
| | Fairfield | СТ | 06824-5340 | | Amount | t of | Each R | eceipt th | is Perioc | ł |
| | FEC ID number of contributing federal political committee. | | | | | | 7 | 9 | 500 | 0.00 |
| | Name of Employer | Occupation | I | | | | | | | |
| | Orthopaedic Specialty Group | Orthopaedie | c Surgeon | | | | | | | |
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| | Primary General | | E00.00 | 11. | | | | | | |
| | Other (specify) | | 500.00 | 4 | | | | | | |
| в. | Full Name (Last, First, Middle Initial) George H Thompson MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address 11100 Euclid Ave | | | | м м 04 | / | 23 | / Y | 2012 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : | A736C64 | 4C89B97 | 4B8181F |
| | Cleveland | OH | 44106-1716 | _ | Amount | t of | Each R | eceipt th | is Perioc | ł |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | y | 500 |).00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Case Medical Center | Orthopaedic | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) James C Vailas MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address New Hampshire Orthopedic O 17 Riverside Street Ste 101 | Center | | | м м 04 | / | 23 | / Y | 2012 | Y |
| | City | State | Zip Code | | | act | | A4287E | | 545B9856 |
| | Nashua | NH | 03062-1383 | | Amount | t of | Each R | eceipt th | is Perioc | 1 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 1000 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | New Hampshire Orthopedic Center | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
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| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE (check onl | NUMBER: y one) | PAGE 83 OF 298 | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of the | e America | an Association of Ortho | opaedic S | Surgeons | ; | | | |
| Α. | Full Name (Last, First, Middle Initial) William David Weiss MD | | | Date of | f Receipt | | | | |
| | Mailing Address Specialty Clinics of Georgia-C 1240 Jesse Jewell Pkwy SE S | | | M M 04 | / D D 23 | / Y Y Y Y Y 2012 | | | |
| | City Gainesville | State GA | Zip Code 30501-3861 | Transaction ID : AEC5A1A72426B48CD Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 7 | 250.00 | | | |
| | Name of Employer | Occupation | 1 | | | | | | |
| | Specialty Clinics of Georgia | Orthopaedi | c Surgeon | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | |
| | Full Name (Last, First, Middle Initial) David L Wiest MD | | | Data at | f Doosint | | | | |
| р. | Mailing Address 2301 25th St S | | | f Receipt | 2012 | | | | |
| | City Fargo | State ND | Zip Code 58103-6104 | Trans | action ID : A | A663E7B72FCE843FF98C | | | |
| | FEC ID number of contributing federal political committee. | С | | | | eceipt this Period 250.00 | | | |
| | Name of Employer Sanford Health | Occupation Orthopaedic | | _ | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Robert Horace Wilson MD | | | Date of | f Receipt | | | | |
| | Mailing Address 1160 Varnum St NE Ste 312 | | | 04 | / D D 23 | / Y Y Y Y _2012 | | | |
| | City Washington | State DC | Zip Code 20017-2103 | | action ID : / | A468C97CDFA524C6DB10 ecceipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 250.00 | | | |
| | Name of Employer | Occupation | | | | | | | |
| | Rankin Orthopaedics | Orthopaedi | c Surgeon | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | 1 | | | | | |
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| Any information copied from such Reports or for commercial purposes, other than us | and Statements ma | y not be sold or used by any p ddress of any political committe | e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the America | an Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) Terry Younger MD Mailing Address 929 W. Higgins Rd City Schaumburg FEC ID number of contributing federal political committee. Name of Employer Barrington Orthopedic Speciali Receipt For: Primary General Other (specify) ▼ | State IL Occupation Orthopaedic Aggregate | Zip Code 60195-3203 : Surgeon Year-to-Date ▼ 1000.00 | Date of Receipt |
| B. Full Name (Last, First, Middle Initial) Jeffery P Beckenbaugh DO Mailing Address 4121 8th St SW | | | Date of Receipt |
| City Rochester FEC ID number of contributing federal political committee. | State MN | Zip Code 55902-8751 | 04 29 2012 Transaction ID : A7EBA90180AA644D18AC Amount of Each Receipt this Period 100.00 |
| Name of Employer Olmsted Medical Center Receipt For: Primary General Other (specify) V | Occupation Orthopaedic Aggregate | Surgeon Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Cary B Chapman MD Mailing Address 1534 Victory Blvd City Staten Island FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State NY C Occupation Orthopaedid Aggregate | Zip Code 10314-3548 Surgeon Year-to-Date ▼ 600.00 | Date of Receipt 04 29 2012 Transaction ID : A2744238C89754D91833 Amount of Each Receipt this Period 150.00 |
| SUBTOTAL of Receipts This Page (optio | nal) | | 1250.00 |

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) _ _ _ _ _

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| IT. | EMIZED RECEIPTS | | Use separate schedule(s) | (c | heck onl | y or | ne) | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of the | ne America | an Association of Ortho | ора | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Kenneth J Edwards MD | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 183 Peace Blvd | | | | M M | / | DD |) / Y | | Y | Y |
| | City | State | Zip Code | | 04 Trans | act | 29 | A047C1 | 201 | | 725B4E |
| | Saint Joseph | MI | 49085-9146 | | | | | leceipt th | | | 123041 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | | 100.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Southwest Michigan Ctr for Orthopedics | Orthopaedie | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 400.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Daniel William Green MD | 1 | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 535 E 70th St | | | | 04 | / | 29 | / Y | y 201 | 2 | ſ |
| | City | State | Zip Code | + | | | | A9EC89 | | | 178D7 |
| | New York | NY | 10021-4823 | | Amoun | t of | Each R | leceipt th | nis Pe | riod | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | 7 | | | 167.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Hospital for Special Surgery Receipt For: | Orthopaedic | 5 | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 668.00 | ų. | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Dr. Samir Mehta MD | l | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 3400 Spruce St 2 Silvertstein Pavilion | | | | м м 04 | / | 29 |) / Y | y 201 | | Y |
| | City Di la da la bia | State | Zip Code | | Trans | sact | ion ID : | A85FDF | BB3A | A2AD | 4AE5966 |
| | Philadelphia | PA | 19104-4208 | _ | Amoun | t of | Each R | leceipt th | nis Pe | riod | _ |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | | 199.9 | 99 |
| | Name of Employer | Occupation | | | | | | | | | |
| | University of Pennsylvania Receipt For: | Orthopaedi | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 274.99 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | • | | | 5 | | | 466.9 | 9 |

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| | NAME OF COMMITTEE (In Full) Political Action Committee of the | he America | an Association of Orth | opa | edic S | Sur | geon | S | | |
| Α. | | | | | Date of | f Re | ceipt | | | |
| | Mailing Address Dept of Ortho, Acad Serv | | | | M M | / | DE |) / Y | Y Y | Y |
| | 701 Grove Rd 2nd Fl Suprt T City | <u>wr</u> State | Zip Code | | 04 Trans | | 29 | | 2012 | |
| | Greenville | SC | 29605-5601 | | | | | | is Period | 44DB68C ′ 1 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 5.00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Greenville Hospital System | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) | | 340.00 | וך | | | | | | |
| | | | 7 | - | | | | | | |
| в. | Full Name (Last, First, Middle Initial) William J Robb III, MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address Walgreen Bldg, Dept of Orth 2650 Ridge Ave Ste 2505 | | | | м м 04 | / | 29 |) / Y | y y 2012 | Y |
| | City | State | Zip Code | \vdash | | | | | | 43DF83C |
| | Evanston | IL | 60201-1718 | | Amoun | t of | Each R | leceipt th | nis Perioo | ł |
| | FEC ID number of contributing federal political committee. | С | | | L | | | | 1000 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Illinois Bone & Joint Institute | Orthopaedic | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 3000.00 | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Marc J Rosen MD | <u>I</u> | | | Date of | f Re | ceipt | | | |
| | Mailing Address 5605 W Eugie Ste 111 | | | | м м 04 | / | 29 | | 2012 | Y |
| | City | State | Zip Code | | Trans | sacti | ion ID : | A902FC | D1F22F | 4C458FE |
| | Glendale | AZ | 85304-1273 | | Amoun | t of | Each R | leceipt th | nis Perioc | k |
| | FEC ID number of contributing federal political committee. | С | | | L | | 7 | | 10 | 0.00 |
| | Name of Employer | Occupation | l | | | | | | | |
| | Orthopaedic Surgeons Network of North | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 1400.00 | 1 | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 1b | 11c | 12 | | |
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| or | for commercial purposes, other than using t | he name and a | ddress of any political committee | e to s | solicit co | ntribu | tions f | rom suc | h com | mittee | э. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Orth | opa | edic S | Surg | eons | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Nathaniel J Stewart MD | | | | Date o | f Rec | eipt | | | | |
| | Mailing Address 2480 Fieldstone | | | | м – м 04 | / | D D D | / Y | 201: | | |
| | City | State | Zip Code | | Trans | sactio | n ID : | ADA826 | 325126 | 3944 | 85B33 |
| | Eau Claire | WI | 54701-7869 | _ | Amoun | t of E | ach R | eceipt th | nis Per | iod | |
| | FEC ID number of contributing federal political committee. | С | | | | , | | . , | | 100.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Chippewa Valley Orthopedic and Sports | Orthopaedie | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | |
| | Primary General Other (specify) ▼ | | 400.00 | | | | | | | | |
| — B. | Full Name (Last, First, Middle Initial) Wendall W Adams Jr, MD | | | | Date o | f Rec | eipt | | | | |
| | Mailing Address 3801 5th St SE Ste 110 | | | | M M | 1 | D D 30 | / Y | 2012 | | 7 |
| | City | State | Zip Code | | | actio | | ADDB75 | | | 96D94D |
| | Puyallup | WA | 98374-2106 | | Amoun | t of E | ach R | eceipt th | nis Per | iod | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | 7 | Ę | 500.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Proliance Surgeons | Orthopaedic | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | |
| | Other (specify) | | , 500.00 |] | | | | | | | |
| — с. | Full Name (Last, First, Middle Initial) Norberto Baez MD | | | | Date o | f Rec | eipt | | | | |
| | Mailing Address PO Box 1019 | | | | 04 | / | 0 D | / Y | 2012 | | |
| | City | State | Zip Code | | Trans | sactio | n ID : | A4B379 | A5875 | 3645 | 35ABD |
| | Sabana Grande | PR | 00637-1019 | | Amoun | t of E | ach R | eceipt th | nis Per | iod | |
| | FEC ID number of contributing federal political committee. | С | | | | , | | 7 | | 250.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Baez Orthopaedic & Joint Institute | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 |] | | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to soli | cit cor | ntrib | outions f | rom suc | h com | mitte | э. |
| \backslash | NAME OF COMMITTEE (In Full) | . . | | | | | | | | | |
| | Political Action Committee of the | ne America | an Association of Ortho | opaec | lic S | sur | geon | 5 | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| Α. | Donald Robert Bassman MD | | | D | ate of | f Re | eceipt | | | | |
| | Mailing Address 522 N New Ballas Rd Ste 19 | 9 | | 1.0 | M M | / | | / Y | | Y = 1 | |
| | City | State | Zip Code | | 04 Trans | act | 30 ion ID : | A6F053 | 201 3E8E5 | | B9B23 |
| | Saint Louis | MO | 63141-6815 | | | | | eceipt th | | | |
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| | federal political committee. | U | | | - | | 7 | | | 000.0 | |
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| | Self Employed | Orthopaedie | c Surgeon | | | | | | | | |
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| | Other (specify) | | 300.00 | 11 | | | | | | | |
| | | | | 1 | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) Donald Donavon Berg MD | | | | | | | | | | |
| в. | Mailing Address 1005 Pennsylvania Ste 212 | | | | ate of | r Re | · . | (| V | Y Y | |
| | | | | | 04 | <i>'</i> | 30 | / т | 2012 | | |
| | City | State | Zip Code | | Trans | acti | ion ID : | A555B7 | | | B79D8 |
| | Ottumwa | IA | 52501-6414 | Ai | mount | t of | Each R | eceipt th | nis Per | riod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 1: | 500.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedic | Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | _ | | | | | | | |
| | Other (specify) ▼ | | 1500.00 | | | | | | | | |
| | | | · | · | | | | | | | |
| c | Full Name (Last, First, Middle Initial) H Morton Bertram III, MD | | | | ate of | F Bc | coint | | | | |
| Ο. | Mailing Address PO Box 112649 | | | | | | | / V | Y | Y | |
| | | | | | 04 | | 30 | | 201 | | |
| | City | State FL | Zip Code 34108-0145 | | | | | AF94CE | | | E14991 |
| | Naples | | 34106-0145 | Ai | mount | t of | Each R | eceipt th | nis Per | riod | _ |
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| or fo | or commercial purposes, other than using th | ne name and a | ddress of any political committe | e to s | solicit cor | ntribu | tions fro | om such | n committ | ee. |
| | IAME OF COMMITTEE (In Full) | | | | | | | | | |
| | Political Action Committee of the second sec | ne Americ | an Association of Orth | opa | edic S | urg | eons | | | |
| | iull Name (Last, First, Middle Initial) Robert J Bielski MD | | | | Date of | Rec | eipt | | | |
| N | Ailing Address 5841 S. Maryland Ave | | | | M M | / | D D | / Y | Y Y | Y |
| _ | Mc3079 | | | | 04 | | 30 | | 2012 | |
| | Sity Chicago | State IL | Zip Code 60637-1447 | _ | | | | | AD0D54F | 4CD4AE |
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| | EC ID number of contributing ederal political committee. | С | | | | | | | 500 | .00 |
| N | lame of Employer | Occupation | l | | | | | | | |
| | Iniversity of Chicago | Orthopaedi | c Surgeon | | | | | | | |
| F | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | |
| | ull Name (Last, First, Middle Initial) Stephen E Blythe MD | | | | Date of | Bec | eint | | | |
| _ | Aailing Address 1403 N Green Way Dr | | | | M M | / | | / Y | Y Y | V |
| | in the second seco | | | | 04 | , | 30 | | 2012 | |
| C | City | State | Zip Code | | Transa | actio | n ID : A | A89A0 | CFF12CE | 40D3AC |
| _ | Coral Gables | FL | 33134-4774 | | Amount | of E | ach Re | eceipt th | is Period | |
| | EC ID number of contributing ederal political committee. | С | | | | . , | | , | 1000 | .00 |
| | lame of Employer | Occupation | I | | | | | | | |
| | elf Employed | Orthopaedi | c Surgeon | | | | | | | |
| F | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) | | 2000.00 |] | | | | | | |
| | ull Name (Last, First, Middle Initial) Richard M Bochner MD | | | | Date of | Rec | eipt | | | |
| N | Aailing Address 2500 Marcus Ave Ste 103 | | | | м м 04 | / | D D D | / Y | 2012 | Y |
| C | Sity | State | Zip Code | | Trans | actio | on ID : A | | EAAD59 | 14A1AA |
| | New Hyde Park | NY | 11042-1018 | | Amount | of E | ach Re | eceipt th | is Period | |
| | EC ID number of contributing ederal political committee. | С | | | | , | | 7 | 250 | .00 |
| N | lame of Employer | Occupation | 1 | | | | | | | |
| _ | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit cor | ntrib | utions f | rom suc | h commi | ttee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | geon | 5 | | |
| Α. | Full Name (Last, First, Middle Initial) William Landess Bourland MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 6286 Briarcrest Ave | | | | м м 04 | / | 30 | / Y | у у 2012 | Y |
| | City Memphis | State TN | Zip Code 38120-4023 | | | | | A510D9 eceipt th | | 34C42AA d |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 50 | 0.00 |
| | Name of Employer Ortho Memphis | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | \neg | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Salvador B Cecilio MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address Orthopedic Surgery 302 California Ave Ste 202 | | | | м м 04 | / | 30 | / Y | 2012 | Y |
| | City | State | Zip Code | | | | | | | 24879859 |
| | Wahiawa | HI | 96786-1841 | | Amount | t of | Each R | eceipt th | nis Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 30 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Self Employed | Orthopaedic | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Richard Chang MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 1081 Route 22 W | | | | м м 04 | / | D D 30 | / Y | 2012 | Y |
| | City Bridgewater | State NJ | Zip Code 08807-2921 | | | | | A478B7 eceipt th | | 546A89FB d |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 50 | 0.00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Somerset Orthopaedics Inc | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 500.00 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | ► _ | <u> </u> | | 7 | 5 | 130 | 0.00 |

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| or | for commercial purposes, other than using the | ne name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom sucl | h commi | ttee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | he America | an Association of Orth | opa | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Jeffrey Chase MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address PO Box 8179 | | | | м м 04 | 1 | 30 | / Y | 2012 | Y |
| | City | State | Zip Code | | | sacti | | A8244E | | 4687A20 |
| | St Thomas | VI | 00801-1179 | _ | Amoun | t of | Each R | leceipt th | nis Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | | _ | , . | | 25 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Virgin Islands Ortho & Sports Med | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Richard H Cobden MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 385 Forest Hills Ct | | | | м м 04 | / | 30 | / Y | 2012 | Y |
| | City Fairbanks | State AK | Zip Code 99709-2454 | | | | | AB1619I leceipt th | | 64C52BA |
| | FEC ID number of contributing | | | | Amoun | | | | | |
| | federal political committee. | C | | | | _ | 9 | 1 | 50 | 0.00 |
| | Name of Employer Fairbanks Orthopaedics | Occupation | | | | | | | | |
| | Receipt For: | Orthopaedic | - | _ | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Edward Adrian Connolly MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 2300 53rd Ave Suite LI04 | | | | м м 04 | / | 30 |) / Y | 2012 | Y |
| | City | State | Zip Code | | | sacti | | A965A9 | | F4290B28 |
| | Bettendorf | IA | 52722-7565 | _ | Amoun | t of | Each R | leceipt th | nis Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 25 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Orthopaedic & Rheumatology Ass | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | 1 | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b 14 | 11c | | 12 16 | 17 |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | 11 001 | | |
| | Political Action Committee of th | he America | an Association of Ortho | ора | edic S | Sur | geon | S | | | |
| Α. | , , | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 75 Tortilla Dr | | | | м м 04 | / | 30 |) / Y | | ү 12 | Y |
| | City | State | Zip Code | | Trans | acti | ion ID : | A0F46F | | | F01875 |
| | Sedona | AZ | 86336-3721 | | Amoun | t of | Each R | Receipt th | his Pe | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 500.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Jeffrey W Cook MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 3310 Aspen Grove Dr Ste 10 |)2 | | | м м 04 | / | 30 |) / Y | 20 | ү 12 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : | A0DA79 | 950CE | EC1A4 | 1B8CB28 |
| | Franklin | TN | 37067-2841 | | Amoun | t of | Each R | Receipt th | his Pe | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 250.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Franklin Ortho & Sports Medicine | Orthopaedic | c Surgeon | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Mark George Creighton MD | 1 | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 61 Channing Cross | | | | 04 | / | 30 | | 20 | Y 12 | Y |
| | City | State | Zip Code | | | sacti | | A4D522 | | | E61846 |
| | Hampton Bays | NY | 11946-1431 | | Amoun | t of | Each R | Receipt th | his Pe | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 500. | 00 |
| | Name of Employer | Occupation | I | \neg | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions | from such | 1 comm | nittee | Э. |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | Political Action Committee of th | e America | an Association of Ortho | ора | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Daniel J Daluga MD | | | | Date of | f Do | opint | | | | |
| А. | Mailing Address 4601 Penelope Ct | | | | | | | | - Y - Y | | |
| | | | | | 04 | | 30 | , , , , | 2012 | | |
| | City | State | Zip Code | | Trans | sact | ion ID : | A0D9347 | 76AE1E | E643 | 6DBD4 |
| | West Lafayette | IN | 47906-5740 | | Amoun | t of | Each F | leceipt th | is Peric | od | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 20 | 00.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
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| | Primary General | | 400.00 | 11. | | | | | | | |
| | Other (specify) | | 400.00 | 4 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Richard Greenfield MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 3737 Moraga Ave Ste A106 | | | | M | / | D | / Y | Y Y | / Y | 1 |
| | City | State | | 04 Trana | a a ti | 30 | A02FE30 | 2012 | 244 | | |
| | San Diego | CA | Zip Code 92117-5467 | | | | | Receipt th | | | UD9AJ |
| | FEC ID number of contributing | 0 | | | | | | | | | - |
| | federal political committee. | C | | | <u> </u> | | 7 | | 25 | 50.00 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedie | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | 250.00 | 11 | | | | | | | |
| | Other (specify) | | , | 4 | | | | | | | |
| ~ | Full Name (Last, First, Middle Initial) Kenneth A Gustke MD | | | | Date of | f Pa | opint | | | | |
| 0. | Mailing Address 13020 N Telecom Pkwy | | | - | | | | | Y Y | / | |
| | | | | | 04 | | 30 | | 2012 | | |
| | City | State | Zip Code | | Trans | sact | ion ID : | A1B4BF | 093776 | 684C | 22AE9 |
| | Temple Terrace | FL | 33637-0925 | _ | Amoun | t of | Each F | leceipt th | is Peric | od | |
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| | Name of Employer | Occupation | | \neg | | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | | 12 | <i></i> |
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| or | for commercial purposes, other than using the | name and a | ddress of any political committee | e to | solicit co | ntrik | outions | from suc | h com | nmitte | е. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | e America | an Association of Ortho | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Stephen Austin Hunt MD | | | | Date o | of Re | eceipt | | | | |
| | Mailing Address 1590 Rt 206 North | | | | м м 04 | / | 30 | | ۲ 202 | 12 | ſ |
| | City Bedminster | State NJ | Zip Code 07921 | _ | | | | A7B540 Receipt th | B7A3 | 3F54(| 015BF7 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 500.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Bedminster Ortho & Sports Med | Orthopaedie | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) David Turner Jones MD | | | | Date o | of Re | eceipt | | | | |
| | Mailing Address Bone and Joint Surgery Clinic 3410 Executive Dr Ste 103 | | | | M M | / | 30 | | y 201 | 2 2 | |
| | City Raleigh | State NC | Zip Code 27609-7457 | _ | | | | A782C0 Receipt th | | | BCBE4 |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | | 1 | 000.0 | 0 |
| | Name of Employer Self Employed | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | | |
| <u></u> с. | Full Name (Last, First, Middle Initial) Jay R Lieberman MD | | | | Date o | of Re | eceipt | | | | |
| | Mailing Address 263 Farmington Ave | | | | M M | / | 30 | | 201 | | |
| | City | State | Zip Code | | Trans | sact | ion ID : | AB2790 | 69EE | 10E4: | 3BAA10 |
| | Farmington | СТ | 06030-0001 | _ | Amoun | t of | Each F | Receipt th | nis Pe | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1 | 1000.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Univ of Connecticut Health Ctr | Orthopaedi | c Surgeon | | | | | | | | |
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| or | for commercial purposes, other than using the | name and a | ddress of any political committee | e to | solicit co | ntrib | utions | from such | h comm | nittee |) . |
| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \backslash | Political Action Committee of the | e America | an Association of Ortho | opa | iedic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Neal D Lintecum MD | | | | Date o | f Ro | ceint | | | | |
| ~ . | Mailing Address 1112 W 6th St Ste 124 | | | | M M | | |) / Y | Y Y | Y | |
| | | | | | 04 | | 30 | | 2012 | | |
| | City Lawrence | State KS | Zip Code 66044-2249 | | | | | A105CF | | | 839FE |
| | | _ | 00044-2245 | | Amoun | t of | Each F | Receipt th | nis Perio | od | _ |
| | FEC ID number of contributing federal political committee. | С | | | L. | | 7 | 7 | 25 | 50.00 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Ortho Kansas | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 500.00 | 11 | | | | | | | |
| | | | A)A | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mark Herman Meyer MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address PO Box 2410 | | | | M M | / | DE |) / Y | Y Y | Y | 1 |
| | 0:+- | Otata | Zin Oada | | 04 | | 30 | | 2012 | | |
| | City Kearney | State NE | Zip Code 68848-2410 | - | | | - | A688132 | | | 882B |
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| | FEC ID number of contributing federal political committee. | С | | | L. | | 7 | 7 | 100 | 00.00 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | St Anthony's Hospital | Orthopaedic | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 1000.00 | 11 | | | | | | | |
| | | | , | 11 | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) John S Place MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 3907 Creekside Loop Ste 100 | 1 | | | M M | | D | | Y Y | Y | 1 |
| | City | State | Zip Code | _ | 04 Trong | | 30 | A90C60 | 2012 | 04E | 70 / 11 |
| | Yakima | WA | 98902-4879 | | | | | Receipt th | | | 10441 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 10 | 00.0 | 0 |
| | Name of Employer | Occupation | I | _ | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| \backslash | Political Action Committee of the | ne Americ | an Association of Ortho | opae | dic S | urg | jeons | 5 | | |
| Α. | Full Name (Last, First, Middle Initial) Stanley R Rothschild MD | | | 1 | Date of | Bec | ceint | | | |
| | Mailing Address 3301 New Mexico Ave NW S | Ste 248 | | | M M | / | D D | / Y | Y Y | Y |
| | <u></u> | <u> </u> | | 41 | 04 | | 30 | L | 2012 | |
| | City Washington | State DC | Zip Code 20016-3610 | | | | | | 48352E9 | |
| | FEC ID number of contributing | _ | | _ / | Amount | OTE | ach Re | eceipt th | is Period | _ |
| | federal political committee. | С | | | | | 7 | 7 | 250 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Self Employed Receipt For: | Orthopaedi | • | _ | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) ▼ | | 250.00 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) David Thomas Sowa MD | | | | Date of | Rec | ceipt | | | |
| | Mailing Address 301 Center Meeting Rd | | | | M M | 1 | DD | / Y | Y Y | Y |
| | | | Zip Code | | 04 | | 30 | L | 2012 | |
| | City | State DE | | | | | | 26958944 | | |
| | Wilmington | DE | 19807-1307 | _ | Amount | of E | Each Re | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 1000 | .00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | First State Orthopaedics | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) ▼ | | 1000.00 | | | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) Robert E Stein MD | I | | | Date of | Rec | ceipt | | | |
| | Mailing Address 301 21st Ave N | | | | м м 04 | / | 30 | / Y | 2012 | Y |
| | City | State | Zip Code | | | actio | | A3A76D | 0F13EFB | 42549D6 |
| | Nashville | TN | 37203-1821 | A | Amount | of E | Each Re | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 250 | 0.00 |
| | Name of Employer | Occupation | 1 | \neg | | | | | | |
| | Tennessee Orthopaedic Clinics | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 250.00 | | | | | | | |
| | Other (specify) | | 230.00 | | | | | | | |
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| | and Statements may not be sold or used by any ping the name and address of any political committe | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | of the American Association of Orth | |
| ✓ Full Name (Last, First, Middle Initial) A. David Strege MD Mailing Address 12830 Horton Ln City Saint Louis FEC ID number of contributing federal political committee. Name of Employer Mid County Orthopedic Surgery Receipt For: Primary General Other (specify) ▼ | State Zip Code MO 63131-1410 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Malcolm J Stubbs MD Mailing Address 1103 Kaliste Saloom R | d Ste 102 | Date of Receipt |
| City Lafayette FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼ | State Zip Code LA 70508-5784 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | 04 30 2012 Transaction ID : AC04BB869391848AC83A Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) C. Eric T Johnson MD Mailing Address 4745 Ogletown Stanton City Newark FEC ID number of contributing federal political committee. Name of Employer First State Orthopaedics Receipt For: Primary General Other (specify) ▼ | n Rd Ste 225 State Zip Code DE 19713-1340 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt 05 03 2012 Transaction ID : ADE44237B88604A3BB9 Amount of Each Receipt this Period 1000.00 |
| SUBTOTAL of Receipts This Page (option | nal) | 2500.00 |

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FEC Schedule A (Form 3X) Rev. 02/2003

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| <u> </u> | or commercial purposes, other than using the | e name and a | ddress of any political committee | e to so | licit coi | ntrib | utions | from | such | commit | tee. | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | die O | . | | | | | | | | | | | | | |
| \bigvee | Political Action Committee of th | | an Association of Urthe | opae | | sur | yeor | IS | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Daniel Lee MD | | | | | 4 D | o alimit | | | | | | | | | | | | |
| · · · · | Mailing Address 9808 Winter Palace Dr | | | | | | | | Date of Receipt | | | | | | | | | | |
| 1 | Maning Address 9000 WILLER Palace DI | | | | 05 | / | 0 | | Y | 2012 | Y | | | | | | | | |
| , | City | State | Zip Code | | Trans | sacti | | | 70E6 | |)42F9A2 | | | | | | | | |
| - | Las Vegas | NV | 89145-8638 | / | Amount | t of | Each | Recei | pt thi | s Period | ł | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | 750 | 0.00 | | | | | | | | |
| 7 | Name of Employer | Occupation | | | | | | | | | | | | | | | | | |
| | Self Employed | Orthopaedic | c Surgeon | | | | | | | | | | | | | | | | |
| Ī | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | | | | |
| | Primary General Other (specify) | | 1250.00 | 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) David Eli Rojer MD | | | | Date of | f Re | ceipt | | | | | | | | | | | | |
| ļ | Mailing Address 419 Walton Rd | | | | M M | / | D | D / | Y | Y Y | Y | | | | | | | | |
| | City | State | Zip Code | _ | 05 | ١. | 0 | | | 2012 | | | | | | | | | |
| | Maplewood | NJ | 07040-1119 | | | | | | | s Period | 4FFFB9 | | | | | | | | |
| - | FEC ID number of contributing | | | | Aniouni | | Lacii | necei | prum | 5 1 61100 | | | | | | | | | |
| | federal political committee. | С | | | | | 7 | | 7 | 1000 | 0.00 | | | | | | | | |
| i | Name of Employer | Occupation | | | | | | | | | | | | | | | | | |
| | Jnion County Orthopaedic Group | Orthopaedic | | | | | | | | | | | | | | | | | |
| Ī | Receipt For: | - | Year-to-Date ▼ | | | | | | | | | | | | | | | | |
| | Primary General Other (specify) v | | 1000.00 |] | | | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Melvyn Augustus Harrington MD | | | | Date of | f Be | ceipt | | | | | | | | | | | | |
| - | Mailing Address Dept of Ortho 6620 Main St Ste 1325 | | | | м м 05 | | D 0 | | Y | y y 2012 | Y | | | | | | | | |
| , | City | State | Zip Code | | Trans | sact | ion ID | : A12 | AB40 | 06B2730 | 04EC797 | | | | | | | | |
| - | Houston | TX | 77030-2332 | / | Amount | t of | Each | Recei | pt thi | s Period | ł | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | 1000 | 0.00 | | | | | | | | |
| 1 | Name of Employer | Occupation | | | | | | | | | | | | | | | | | |
| | Baylor College of Medicine | Orthopaedi | c Surgeon | | | | | | | | | | | | | | | | |
| l | | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | | | | |
| | Other (specify) | | 1000.00 | 11 | | | | | | | | | | | | | | | |
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| | s and Statements may not be sold or used by any p sing the name and address of any political committe | |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the American Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) Ira H Kirschenbaum Mailing Address 1650 Selwyn Ave | | Date of Receipt |
| City Bronx | State Zip Code NY 10457-7626 | 05 07 2012 Transaction ID : ACB36F442E37B49CC9C Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Bronx-Lebanon Hospital Center | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initial) B. Mary I O'Connor MD | | Date of Receipt |
| Mailing Address 4500 San Pablo Rd | | 05 07 2012 |
| City | State Zip Code | Transaction ID : A58447C4CA7E440FCAE |
| Jacksonville | FL 32224-1865 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | |
| Mayo Clinic Jacksonville | Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | 1 |
| Full Name (Last, First, Middle Initial) C. Mark D Weber MD | | Date of Receipt |
| Mailing Address 2333 Progress Rd St | € C | 05 07 2012 |
| City West Branch | StateZip CodeMI48661-9384 | Transaction ID : A104580CAB537418F935 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | |
| Mid Mich Family Ortho | Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 |] |
| SUBTOTAL of Receipts This Page (opti | onal) | 2500.00 |

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| | for each category of the Detailed Summary Pa | |
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| | | y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee o | f the American Association of | Orthopaedic Surgeons |
| Full Name (Last, First, Middle Initial) John W Acampa MD Mailing Address 180 E. Main St Suite 7 City Bay Shore FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State Zip Code NY 11706-8427 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250 | Date of Receipt Date of Receipt Dot 2012 Transaction ID : A645641498038454BA48 Amount of Each Receipt this Period 250.00 |
| B. Steven L Buckley MD Mailing Address 6007 Macon Ct | | Date of Receipt |
| City Huntsville FEC ID number of contributing federal political committee. | State Zip Code AL 35802-1931 | Transaction ID : AC2D6EFC477394D58AB2 Amount of Each Receipt this Period 500.00 |
| Name of Employer TOC Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000 | .00 |
| Full Name (Last, First, Middle Initial) C. Gary Drillings MD | | Date of Receipt |
| Mailing Address 1777 Hamburg Tpke Ste | 305 | 05 10 / Y Y Y Y 2012 |
| City Wayne | StateZip CodeNJ07470-5243 | Transaction ID : ACBD7375052654318BD3 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | 0.00 |
| SUBTOTAL of Receipts This Page (optional | ۱ ۱) | 1250.00 |

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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom such | n commit | tee. | | |
| \backslash | NAME OF COMMITTEE (In Full) | o Amorio | on According of Orth | | adia C | ` | | - | | | | |
| | Political Action Committee of th | ie America | | opa | eaic a | sur | jeons | 5 | | | | |
| Α. | Full Name (Last, First, Middle Initial) James W Gallentine MD | | | | Date of | f Ro | ceint | | | | | |
| ~ . | Mailing Address 3121 Sheridan Blvd | | | | | | | / Y | Y Y | Y | | |
| | | | | | 05 | | 10 | JL | 2012 | | | |
| | City Lincoln | State NE | Zip Code 68502-5232 | | | | | | | 40BCBB | | |
| | | | 00002 0202 | | Amount | t of | Each R | eceipt th | is Period | _ | | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | 7 | 9 | 500 | 0.00 | | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Nebraska Ortho & Sports Med | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Richard E Grant MD | | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address 19798 Chagrin Boulevard | | | | M M | / | DD | / Y | Y Y | Y | | |
| | Sussex Courts | Otata | Zin Oada | | 05 | | 10 | | 2012 | | | |
| | City Beachwood | State OH | Zip Code 44122-4921 | \vdash | | | | | | D6D874 | | |
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| | federal political committee. | С | | | L. | | 7 | 7 | 200 | .00 | | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Univ Hospital Case Medical | Orthopaedic | c Surgeon | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) ▼ | | , 1000.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Richard E Grant MD | | | | Date of | f Re | ceint | | | | | |
| 0. | Mailing Address 19798 Chagrin Boulevard | | | | M M | | D D | / Y | Y Y | Y | | |
| | Sussex Courts City | State | Zip Code | - | 05 Trans | acti | 10 on ID : | A1D0R3 | 2012 771669E | 445B86A | | |
| | Beachwood | ОН | 44122-4921 | | | | | | is Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | 7 | 200 | 0.00 | | |
| | Name of Employer | Occupation | | \neg | | | | | | | | |
| | Univ Hospital Case Medical | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 |] | | | | | | | | |
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| or | for commercial purposes, other than using t | he name and a | ddress of any political committee | e to s | olicit cor | ntribu | tions fro | om such | i commit | tee. | | |
| $\left \right $ | NAME OF COMMITTEE (In Full) | | · · · · | | | | | | | | | |
| $ \rangle$ | Political Action Committee of t | he Americ | an Association of Ortho | opae | edic S | surg | eons | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Nicholas M Halikis MD | | | | Date of | Poo | oint | | | | | |
| А. | Mailing Address 23456 Hawthorne Blvd Ste | 300 | | | | | | | V V | V | | |
| | | | | 05 10 2012 | | | | | | | | |
| | City | State | | | actio | | C24C0 | | F4293AC | | | |
| | Torrance | CA | 90505-4716 | | Amount | t of E | ach Re | ceipt th | is Period | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 7 | 300 | 0.00 | | |
| | Name of Employer | Occupation | l | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | 300.00 | 11 | | | | | | | | |
| | Other (specify) | | 300.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Laurie O Hughes MD | | | | Date of | f Rec | eipt | | | | | |
| | Mailing Address 46 Kings Arms Rd | | | | M M | / | D D | / Y | Y Y | Y | | |
| | City | Ctoto | Zin Codo | | 05 | | 10 | | 2012 | | | |
| | City Little Rock | State AR | Zip Code 72227-2120 | \vdash | | | | | | 43D38A9 | | |
| | | | 12221-2120 | | Amount | totE | ach He | ceipt th | is Period | | | |
| | FEC ID number of contributing federal political committee. | С | | | L | - 7 | | 7 | 300 | .00 | | |
| | Name of Employer | Occupation | l | | | | | | | | | |
| | Central Arkansas Veterans Heal | Orthopaedie | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | , 300.00 |] | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Steven Harris Jones MD | | _ | | Date of | f Rec | eipt | | | | | |
| | Mailing Address 1115 Boulders Dr | | | | м – м 05 | / | D D D | / Y | 2012 | Y | | |
| | City | State | Zip Code | \neg | | actio | | 2FC00 | | 459AA45 | | |
| | North Chesterfield | VA | 23225-4067 | | | | | | is Period | | | |
| | FEC ID number of contributing | 0 | | | _ | - | | | | _ | | |
| | federal political committee. | C | | | L | 7 | | | 1000 | 0.00 | | |
| | Name of Employer | Occupation | l | \neg | | | | | | | | |
| | Ortho Virginia | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | 1000.00 | 11. | | | | | | | | |
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| | | ne name and a | | | CIL COI | ומחור | ations in | STT SUCI | 1 Committe | e. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Orth | opaeo | dic S | Surg | geons | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Bret T Kean MD | | | D | ate of | Red | ceipt | | | | | | | |
| | Mailing Address 2930 SE Carlton St | | | M = M / D = D / Y = Y = Y = Y Y 05 10 2012 | | | | | | | | | | |
| | City Portland | | | | | | 049710A4 is Period | 769B94 | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | , | | 500. | .00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Self Employed Receipt For: | Orthopaedi | - | | | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) | | 500.00 | 4 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Paul S Kenyon MD | | | D | ate of | Red | ceipt | | | | | | | |
| | Mailing Address 150 S. East Ave Po Box 600 | | | | м м 05 | / | D D D | / Y | y y 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | actio | on ID : A | CCCEA | A740E869 | 4EC3AA | | | | |
| | Jackson | MI | 49201-2412 | A | mount | t of E | Each Re | ceipt th | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | - 7 | 250. | .00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Self Employed | Orthopaedic | : Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 | 1 | | | | | | | | | | |
| — с | Full Name (Last, First, Middle Initial) Drew E Kiernan MD | | | | ate of | Rec | ceipt | | | | | | | |
| | Mailing Address 2405 Atherholt Rd | | | | м м 05 | | 10 | / Y | 2012 | Y | | | | |
| | City | State | Zip Code | | | acti | | 490A64 | 4F83BC94 | 4981B76 | | | | |
| | Lynchburg | VA | 24501-2184 | A | mount | tofE | Each Re | ceipt th | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | | | | | | , | | 750 | .00 | | | | |
| | Name of Employer | Occupation | | _ | | | | | | | | | | |
| | Central Virginia Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 |] | | | | | | | | | | |
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| or for commercial purposes, other than us | sing the name and a | ddress of any political committe | e to solicit cor | ntributions fro | om such | committe | e. | | | | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the Americ | an Association of Orth | opaedic S | urgeons | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Bruce P Klein MD | | | Date of | Receipt | | | | | | | | | |
| Mailing Address 229 Parrish St Suite 10 | 00 | | 05 10 _ 2012 _ | | | | | | | | | | |
| City | State | Zip Code | | action ID : A | 9F847 <i>A</i> | | 5C0B16 | | | | | | |
| Canandaigua | NY | 14424-1791 | Amount | of Each Re | ceipt thi | s Period | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | 250. | 00 | | | | | | |
| Name of Employer | Occupation | 1 | | | | | | | | | | | |
| Canandaigua Ortho Associates | Orthopaedi | c Surgeon | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| Primary General Other (specify) ▼ | | 250.00 |] | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Scott A Langford MD | | | Date of | Receipt | | | | | | | | | |
| Mailing Address 120 NE St Luke's Blvd | Ste 200 | | 05 | / D D D 10 | / Y | 2012 | Y | | | | | | |
| City | State | Zip Code | Trans | action ID : A | E53731 | CF41004 | 50ABD3 | | | | | | |
| Lees Summit | MO | 64086-6011 | Amount | of Each Re | ceipt thi | s Period | | | | | | | |
| FEC ID number of contributing federal political committee. | ů – Elektrik | | | | 7 | 500. | 00 | | | | | | |
| Name of Employer | Occupation | l | | | | | | | | | | | |
| Rockhill Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. J Wesley Mesko MD | | | Date of | Receipt | | | | | | | | | |
| Mailing Address 2815 S Pennsylvania | Ave Ste 204 | | м м 05 | / D D 10 | / Y | ү ү 2012 | Y | | | | | | |
| City | State | Zip Code | Trans | action ID : A | A7B5CD | A7BE7FC | 41EDB7 | | | | | | |
| Lansing | MI | 48910-3496 | Amount | of Each Re | ceipt thi | s Period | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | 7 | 400. | 00 | | | | | | |
| Name of Employer | Occupation | 1 | | | | | | | | | | | |
| Michigan Orthopaedic Center | Orthopaedi | c Surgeon | | | | | | | | | | | |
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| <u> </u> | | | | | | | utions | nom su | | mille | :e. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opae | dic S | Sur | geor | IS | | | | |
| Α. | Full Name (Last, First, Middle Initial) Christopher M Miller MD | | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address 5059 S Greenbriar Ave | | | | м м 05 | / | D 10 | | |) 12 | Y | |
| | City | State | Zip Code | | | sacti | | | | | 4AB988 | |
| | Springfield | MO | 65804-7758 | A | Amoun | t of | Each I | Receipt | this Pe | eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 1000.0 | 00 | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Ortho Specialists of Springfield | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) | | 1000.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Gary W Misamore MD | | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address 201 Pennsylvania Pkwy Ste 100 | | | | м м 05 | / | D 10 | | 20° | ү 12 | Y | |
| | City | State | Zip Code | | Trans | acti | on ID : | A2B10 | E3411 | F9E46 | 64CBCC | |
| | Indianapolis | IN | 46280-1393 | _ | Amoun | t of | Each I | Receipt | this Pe | eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | | 200.0 | 00 | |
| | Name of Employer Methodist Sports Medicine Center | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: | - | Year-to-Date ▼ | _ | | | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | 450.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Jose Manuel Montanez-Huertas I | MD | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address Villa Torrimar Reina Isabel 41 | 10 | | | м м 05 | / | D 10 | | y y 20 | | Y | |
| | City | State | Zip Code | - | | sacti | | | | | 342F7A2 | |
| | Guaynabo | PR | 00969 | A | | | | Receipt | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 400.0 | 00 | |
| | Name of Employer | Occupation | I | - | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
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| | | or used by any person for the purpose of soliciting contributions solicitical committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the American Associati | tion of Orthopaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Hector M Pedraza MD Mailing Address 101 Teal Pointe Dr City Pikeville FEC ID number of contributing federal political committee. Name of Employer Goldsboro Orthopaedic Assoc Receipt For: Primary General Other (specify) ▼ | State Zip Code NC 27863-8857 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ | Date of Receipt 05 10 2012 Transaction ID : ACAEEE6A4D16C4DB9B |
| B. Full Name (Last, First, Middle Initial) Mailing Address 1675 Woodbrooke Dr | | Date of Receipt |
| City Salisbury FEC ID number of contributing federal political committee. Name of Employer | State Zip Code MD 21804-8502 | 05 10 2012 Transaction ID : AC653D880B8664A1592E Amount of Each Receipt this Period 500.00 |
| Self Employed Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Orthopaedic Surgeon Aggregate Year-to-Date ▼ | 750.00 |
| C. Full Name (Last, First, Middle Initial) James W Scott MD Mailing Address PO Box 7630 | | Date of Receipt |
| City Tifton FEC ID number of contributing | State Zip Code GA 31793-7630 | 05 10 2012 Transaction ID : A6293A5FE4D274ECA87 Amount of Each Receipt this Period 1000.00 |
| federal political committee. Name of Employer Georgia Sports Medicine Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ | 2000.00 |
| SUBTOTAL of Receipts This Page (optional) | | 2000.00 |

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| or | for commercial purposes, other than using | the name and a | ddress of any political committe | e to : | SOLICIT COL | ntribu | tions fr | om sucr | commit | tee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of | the America | an Association of Orth | opa | edic S | Surg | eons | 5 | | |
| Α. | Full Name (Last, First, Middle Initial) David R Simpson MD | | | | Date of | Rec | eipt | | | |
| | Mailing Address 819 Eastview Ave | | | | м м 05 | / | D D | / Y | ү ү 2012 | Y |
| | City Delray Beach | State FL | Zip Code 33483-5968 | | | | | | BA150BA | 44E3976 |
| | FEC ID number of contributing federal political committee. | С | | | | , | | . , | 250 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Ctr for Bone & Joint Surg of the Palm | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | 1 | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Gregory W Soghikian MD | | | | Date of | Rec | eipt | | | |
| | Mailing Address 700 Lake Ave Ste 1 | | | | ^M 05 | / | D D 10 | / Y | y y 2012 | Y |
| | City Manchester | State NH | Zip Code 03103-2734 | | | | | | EB862A | 44BBA84 |
| | FEC ID number of contributing federal political committee. | С | | | | . , | | 7 | 1000 | 0.00 |
| | Name of Employer NH Orthopaedic Surgery | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Charles A Sommer MD | | | | Date of | Rec | eipt | | | |
| | Mailing Address 94 South St | | | | 0 <u>5</u> | / | 10 | / Y | 2012 | Y |
| | City Southbridge | State MA | Zip Code 01550-4000 | _ | | | | | 68DB736 is Period | 64AB2A2D |
| | FEC ID number of contributing federal political committee. | С | | | | , | | - 7 | 250 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Harrington Physician Services | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) |) | | | | | | 7 | 1500 | 0.00 |

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| Any information copied from such Rep or for commercial purposes, other that | orts and Statements may not be sold or used by any nusing the name and address of any political committed | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committe | ee of the American Association of Ortl | hopaedic Surgeons |
| A. Susan E Stephens MD Mailing Address 1776 Chartley | l) State Zip Code | Date of Receipt 05 10 2012 Transaction ID : AA1F8A1F1809943D6A25 |
| Gates Mills FEC ID number of contributing federal political committee. | OH 44040-9725 | Amount of Each Receipt this Period |
| Name of Employer The Institute for Spine, Inc Receipt For: Primary General Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00 | |
| B. Richard J Sternberg MD Mailing Address 2 Westridge Rd | 1) | Date of Receipt |
| City Cooperstown FEC ID number of contributing federal political committee. Name of Employer | State Zip Code NY 13326-1029 C Occupation | 05 10 2012 Transaction ID : A8C10D04911714FC88DB Amount of Each Receipt this Period 250.00 |
| Bassett Healthcare Receipt For: Primary General Other (specify) ▼ | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | |
| C. Jonathan B Ticker MD Mailing Address 1728 Sunrise Hwy | · | Date of Receipt |
| City Merrick | State Zip Code NY 11566-3745 | 05 10 2012 Transaction ID : A1F87D98B77974DA9B87 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Island Ortho & Sports Med Receipt For: | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (c | ptional) | 550.00 |

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FEC Schedule A (Form 3X) Rev. 02/2003

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| NAME OF COMMITTEE (In Full) Political Action Committee of the | e American Association of Orth | nopaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. David Blum MD | | Date of Receipt |
| Mailing Address 301 NW 84th Ave Ste 303 | | 05 21 _ 2012 _ |
| City | State Zip Code | Transaction ID : A7B06A110268F4BB0A11 |
| Plantation | FL 33324-1807 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Self Employed Receipt For: | Orthopaedic Surgeon | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) B. Jeffrey R Cusmariu MD | | Date of Receipt |
| Mailing Address 833 Saint Vincents Dr Suite 40 | | 05 21 2012 |
| City Birmingham | State Zip Code AL 35205-1614 | Transaction ID : AC3A39BE1635F4CFDA6 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | |
| Name of Employer OrthoSports Associates | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) c. Steven Eager MD | | Date of Receipt |
| Mailing Address 2488 N California St | | 05 21 _2012 _ |
| City Stockton | State Zip Code CA 95204-5508 | Transaction ID : A392B2E3961884DB8A93 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer | Occupation | |
| Alpine Orthopedic Medical Group | Orthopaedic Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Other (specify) | 250.00 | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| $\left \right\rangle$ | Political Action Committee of the | he America | an Association of Ortho | opa | edic S | Surgeo | ns | | | |
| Α. | Full Name (Last, First, Middle Initial) Anthony Louis Finuoli DO | | | | Date of | Receipt | | | | |
| | Mailing Address 23 Legends Cir | | | | м м 05 | / D 2 | D / Y | ү ү 2012 | Y | |
| | City Melville | State NY | Zip Code 11747-5301 | _ | | | : ADE230 Receipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | 7 | 50 | 0.00 | |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | | |
| | Receipt For: | 1 | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) | Aggregate | 500.00 | 1 | | | | | | |
| В. | Full Name (Last, First, Middle Initial) David A Fisher MD | | | | Date of | Receipt | | | | |
| | Mailing Address 8450 Northwest Blvd | | | | м м 05 | | D / Y | у у 2012 | Y | |
| | City | State | Zip Code | | Trans | action ID | : AD47F3 | 48BEC40 | 04786BFF | |
| | Indianapolis | IN | 46278-1381 | | Amount | of Each | Receipt th | nis Perioo | ł | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | 1000 | 0.00 | |
| | Name of Employer Orthopaedics Indianapolis | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | , 1000.00 | 1 | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Jonathan R Fox MD | | | | Date of | Receipt | | | | |
| | Mailing Address 5929 E Via del Cielo | | | | м м 05 | / D | D / Y 21 | 2012 | Y | |
| | City Paradise Valley | State AZ | Zip Code 85253-8107 | | | | : A802F6 Receipt th | | 94EB1B03 | |
| | FEC ID number of contributing federal political committee. | С | | | | . , | | 100 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | |
| | Desert Orthopaedic Specialists | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | 1 | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | 7 | | 2500 | 0.00 | |

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| ITEMIZED RECEIPTS | for each category Detailed Summary | of the |
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| | | by any person for the purpose of soliciting contributions 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. Humberto A Galleno MD | | Date of Receipt |
| Mailing Address Inter-Community Prof Pla 315 N 3rd Ave Ste 302 | za | 05 21 2012 |
| City Covina | StateZip CodeCA91723-1916 | Transaction ID : A54B396FCF5ED44779CA Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 250.00 |
| Full Name (Last, First, Middle Initial) B. Thomas David Greider MD | | Date of Receipt |
| Mailing Address 6624 Fannin St Ste 2600 | | |
| City | State Zip Code | 05 21 2012 Transaction ID : A3A39A29E87924A088EB |
| Houston | TX 77030-2338 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| Name of Employer | Occupation | |
| Self Employed | Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 300.00 |
| Full Name (Last, First, Middle Initial) C. Mark S Humphrey MD | | Date of Receipt |
| Mailing Address 18190 Berryhill Dr | | 05 21 2012 |
| City Stilwell | StateZip CodeKS66085-9433 | Transaction ID : A2726F3A167484C9FB25 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 750.00 |
| Name of Employer | Occupation | |
| Overland Park Orthopaedics | Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 750.00 |
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| or | for commercial purposes, other than using the | name and a | ddress of any political committee | e to s | solicit co | ntrib | utions | from su | ch co | mmitte | e. | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | geon | IS | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Shannon McClure Kelly MD | | | | Date o | f Re | ceipt | | | | | | |
| | Mailing Address 111 Michigan Ave NW | | | | м м 05 | / | 21 | | |)12 | Y | | |
| | City Washington | State DC | Zip Code 20010-2916 | | | | | : A033A Receipt | | | DDC8D0 | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 1000.0 | 00 | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Children's National Medical Center | Orthopaedic | c Surgeon | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) | | 1000.00 |] | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Thomas C Kennedy MD | | | | Date o | f Re | ceipt | | | | | | |
| | Mailing Address 1211 N 16th Ave | | | | м м 05 | / | 21 | | y y 20 | ү 12 | Y | | |
| | City | State | Zip Code | | | | | | | | CD0999 | | |
| | Yakima | WA | 98902-1347 | | Amoun | t of | Each F | Receipt | this P | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 1000.0 | 00 | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Orthopedics Northwest | Orthopaedic | c Surgeon | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Norman B Livermore III, MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 120 La Casa Via Ste 206 | | | | м м 05 | / | D 21 | | ү ү 20 | ү 12 | Y | | |
| | City Molecut Crock | State CA | Zip Code | | | | | | | | 5729ED | | |
| | FEC ID number of contributing federal political committee. | C | 94598-3007 | | Amoun | t of | Each F | Receipt | this P | eriod 500. | 00 | | |
| | | | | | | | 7 | 7 | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Self Employed Receipt For: | Orthopaedi | | | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committe | ee to | solicit co | ntrib | utions | from suc | h com | mitte | э. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | the America | an Association of Orth | nopa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Mark P Madden MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address Commonwealth Orthopaed | | | | M M | / | DI |) / Y | Y | Y | |
| | 1850 Town Center Pkwy St City | e 400 State | Zip Code | | 05 | | 21 | 400705 | 201 | | |
| | Reston | VA | 20190-3219 | | | | | AC276E Receipt th | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 5 | 7 | 1 | 000.0 | 10 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Commonwealth Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Douglas J McDonald MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address Ste 11300 West Pavillion | | | | M M | / | DI |) / Ү | | Y I Y | |
| | One Barnes-Jewish Hosp F | Plaza State | Zip Code | | 05 | ۰. | 21 | | 201 | | _ |
| | Saint Louis | MO | 63110 | F | | | | AFC7FA Receipt th | | | 28E9B0 |
| | FEC ID number of contributing | | | | Amoun | | Lacini | | | nou | - |
| | federal political committee. | C | | | | | 7 | 7 | | 250.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Washington Univ St Louis | Orthopaedic | c Surgeon | | | | | | | | |
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| | Primary General Other (specify) ▼ | | , 250.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Mark R McGinnis MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 214 18th St SE | | | | 05 | / | 21 | | 201 | | |
| | City | State | Zip Code | | | sact | | A22DF | | | 4F5BB |
| | Hickory | NC | 28602-1363 | | Amoun | t of | Each F | Receipt th | his Pe | riod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | | 250.0 |)0 |
| | Name of Employer | Occupation | | \neg | | | | | | | |
| | Hickory Orthopaedic Center | Orthopaedi | c Surgeon | | | | | | | | |
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| or | for commercial purposes, other than using the | name and a | ddress of any political committee | e to | solicit co | ntrib | outions f | rom such | comn | nittee |). |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | e America | an Association of Ortho | ppa | aedic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Murali Moorthy MD | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 2405 Shadelands Dr Ste 210 | | | | м м 05 | / | 21 | / Y | 2012 | Y Y | 1 |
| | City Walnut Creek | State CA | Zip Code 94598-5905 | | Trans | | ion ID : | A32FD5F leceipt thi | -82384 | 1A44 | 55871 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 250.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Muir Orthopaedic Specialists | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) John J Regan MD | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 8750 Wilshire Blvd #350 | | | | 05 | / | 21 | / Y | 2012 | | 1 |
| | City | State | Zip Code | | | | | ACE77BI | | | E7BFE |
| | Beverly Hills | CA | 90211-2700 | _ | Amoun | t of | Each R | leceipt thi | is Peri | od | |
| | FEC ID number of contributing federal political committee. | С | | | | | · · | | 10 | 00.00 | 0 |
| | Name of Employer Self Employed | Occupation | | | | | | | | | |
| | | Orthopaedic | - | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Daniel A Worrel MD | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 9301 N Central Expy Ste 400 | | | | м м 05 | / | 21 | / Y | 2012 | | 1 |
| | City Dallas | State TX | Zip Code 75231-0805 | _ | | | | A05A23E | | | 73831 |
| | FEC ID number of contributing federal political committee. | С | | | Amoun | t of | Each H | leceipt thi | | oa 500.0 | 0 |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Carrell Clinic | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | |
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| | | y person for the purpose of soliciting contributions hittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee c | of the American Association of Or | thopaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. James K Baker MD Mailing Address 727 Belvin St City San Marcos FEC ID number of contributing federal political committee. Name of Employer Lone Star Orthopedics, P.A. Receipt For: Primary General Other (specify) ▼ | State Zip Code TX 78666-4301 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 600.00 | Date of Receipt 05 23 2012 Transaction ID : A5063F5A7A7EB4BD7A3 Amount of Each Receipt this Period 300.00 |
| B. Arthur F Lee MD Mailing Address 5270 Drake Rd | | Date of Receipt |
| City Cincinnati FEC ID number of contributing federal political committee. | State Zip Code OH 45243-3609 | 05 25 2012 Transaction ID : A33114EC645BA45A7B72 Amount of Each Receipt this Period 250.00 |
| Name of Employer Wellington Orthopedics Receipt For: Primary General Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Andrew H Schmidt MD Mailing Address 701 Park Ave Mailcode G2 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Hennepin Health System Receipt For: Primary General Other (specify) | State Zip Code MN 55415-1623 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | Date of Receipt 05 / 25 / 2012 Transaction ID : AD55C8443A4F24175B1E Amount of Each Receipt this Period 500.00 |
| SUBTOTAL of Receipts This Page (option | al) | |

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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | - | 11b | 11c | 12 | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to solic | t cont | ributions | from suc | h committ | ee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne Americ | an Association of Ortho | opaedi | c Sı | urgeor | IS | | |
| Α. | Full Name (Last, First, Middle Initial) William E Wessels Jr, MD | | | Da | te of I | Receipt | | | |
| | Mailing Address 5200 Hummingbird Rd Ste 1 | 00 | | M | 05 | / 25 | | 2012 | Y |
| | City Wausau | State WI | Zip Code 54401-6316 | | | | | 2815E7C | 423598F |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | 1000 | .00 |
| | Name of Employer Bone & Joint Clinic | Occupation Orthopaedi | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Other (specify) ▼ | | 1000.00 | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mark A Wolgin MD | 1 | | Da | te of I | Receipt | | | |
| | Mailing Address Orthopaedic Associates 619 Pointe North Blvd | | | M | 05 | / D 25 | | 2012 | Y |
| | City Albany | State GA | Zip Code 31721-1514 | | | | | EE9FA32 | 43C5A37 |
| | FEC ID number of contributing federal political committee. | С | | | | | | 250 | .00 |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ 480.00 |] | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Charles D Hummer III, MD | 1 | | Da | te of I | Receipt | | | |
| | Mailing Address 1 Med Ctr Blvd Suite 324 | | | M | ™ 05 | / D 28 | | y y 2012 | Y |
| | City Chester | State PA | Zip Code 19013-3902 | | | | | 854EF81 | 4BE5BA8 |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | 1000 | .00 |
| | Name of Employer | Occupation | | | | | | | |
| | Premier Orthopaedics Receipt For: | Orthopaedi | 0 | _ | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ••••• | | | 7 | - 7 | 2250 | 00 |

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | (check only X 11a 13 | 11b | 11c 12 15 16 17 |
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| Any information copied from such Reports ar or for commercial purposes, other than using | | | | purpose of sol | liciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the Americar | Association of Ortho | opaedic S | urgeons | |
| Full Name (Last, First, Middle Initial) A. Allen F Anderson MD | | | Date of | Receipt | |
| Mailing Address 4230 Harding Rd Ste 1000 St Thomas Medical Bldg |) | | м м 05 | / D D 29 | 2012 |
| City Nashville | State TN | Zip Code 37205-2098 | | | 4B3549E2374457D9D0 eipt this Period |
| FEC ID number of contributing federal political committee. | С | | | - | 250.00 |
| Name of Employer TOA | Occupation Orthopaedic S | Surgeon | | | |
| Receipt For: Primary General Other (specify) | Aggregate Ye | |] | | |
| Full Name (Last, First, Middle Initial) B. Keith M Baumgarten MD | | | Date of | Receipt | |
| Mailing Address 810 E 23rd St Ste 5000 | | | 05 | / D D 29 | 2012 |
| City | State SD | Zip Code | | | 95EE147737B409B808 |
| Sioux Falls FEC ID number of contributing federal political committee. | C | 57105-2132 | Amount | of Each Rece | eipt this Period |
| Name of Employer Orthopaedic Institute of Wisconsin | Occupation Orthopaedic S | Surgeon | _ | | |
| Receipt For: Primary General Other (specify) | Aggregate Ye | ear-to-Date ▼ 1000.00 |] | | |
| Full Name (Last, First, Middle Initial) C. Allen A Deutsch MD | | | Date of | Receipt | |
| Mailing Address 4516 Oleander St | | | м м 05 | / D D 29 | 2012 |
| City Bellaire | State TX | Zip Code 77401-5119 | | | CA01426053A45BB817 |
| FEC ID number of contributing federal political committee. | C | | | 3 | 250.00 |
| Name of Employer | Occupation | | _ | | |
| Kelsey Seybold Clinic Receipt For: | Orthopaedic S | - | | | |
| Primary General Other (specify) | Aggregate Ye | ear-to-Date ▼ 250.00 |] | | |
| SUBTOTAL of Receipts This Page (optional |) | | | 7 | 1500.00 |

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| ITEMIZED RECEIPTS | | Use separate schedule(s) | (check only one) | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| Political Action Committee of | the Americ | an Association of Orth | opaedic | Su | geon | S | | | | | |
| Full Name (Last, First, Middle Initial) A. Gavan Patrick Duffy MD | | | Date | of R | eceipt | | | | | | |
| Mailing Address Heekin Orthopaedics 2627 Riverside Ave | | | 05 | | 29 |) / Y | 2012 | Υ | | | |
| City Jacksonville | State FL | Zip Code 32204-4712 | Trai | nsac | tion ID : | | 476A8994 | 13DCB29 | | | |
| | | 32204 4712 | Amou | int of | Each H | leceipt th | is Period | _ | | | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | - J | 1000 | .00 | | | |
| Name of Employer | Occupation | l | | | | | | | | | |
| Heekin Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | _ | | | | | | | | |
| Other (specify) | | 1000.00 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. William C MacCarty III, MD | | | Date | of R | eceipt | | | | | | |
| Mailing Address 422 Hamilton Blvd | | | 05 | | 29 | / Y | 2012 | Y | | | |
| City | State | Zip Code | | | | AF42AA | 3AAFE42 | 44928F3 | | | |
| South Boston | VA | 24592-5200 | Amou | int of | Each R | leceipt th | is Period | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | | 1000 | 00 | | | |
| Name of Employer | Occupation | 1 | | | | | | | | | |
| Southern Virginia Orthopedics | Orthopaedi | c Surgeon | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | _ | | | | | | | | |
| Other (specify) | | , 1000.00 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Anthony J Adrignolo III, MD | | | Date | of R | eceipt | | | | | | |
| Mailing Address 24965 Rivermere Dr | | | 05 | | 30 |) / Y | 2012 | Y | | | |
| City Eden | State MD | Zip Code 21822-2170 | | | | | 092D66F4 | 93198A | | | |
| FEC ID number of contributing | | | Amou | int of | Each H | leceipt th | is Period | _ | | | |
| federal political committee. | C | | | | a | | 250 | .00 | | | |
| Name of Employer | Occupation | | | | | | | | | | |
| Pennisula Orthopaedic Associates Receipt For: | Orthopaedi | | | | | | | | | | |
| Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Other (specify) | | 500.00 | | | | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | Г | _ |
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| or | for commercial purposes, other than using th | e name and a | nucress of any political committee | e 10 : | SUNCIT COI | UTID | uuons 1 | nom such | i comm | ntee | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Joseph Assenmacher MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 7024 White Tail Ct | | | | 05 | / | 30 |) / Y | 2012 | | 1 |
| | City Toledo | State OH | Zip Code 43617-1391 | _ | | | | A72AF62 Receipt th | | | 01928 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 25 | 50.00 | D |
| | Name of Employer Promedica Physician Group | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 250.00 |] | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Dirk A Bakker MD | · | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 1445 Sheldon Rd Ste G1 | | | | 05 | 1 | 30 |) / Y | 2012 | Y |] |
| | City Grand Haven | State MI | Zip Code 49417-2479 | ┝ | | | | A54541E | | | 45BFF |
| | FEC ID number of contributing federal political committee. | С | | | Amourn | | | Receipt th | | 00.00 |) |
| | Name of Employer Self Employed | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | 1 | Year-to-Date ▼ 500.00 | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Frank L Barnes MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 3117 Avalon Pl | | | | 05 | | D 10 30 | | y y 2012 | Y | 1 |
| | City Houston | State TX | Zip Code 77019-5905 | | | | | AD8E06 Receipt th | | | 98900 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 20 | 00.00 | 0 |
| | Name of Employer | Occupation | | \neg | | | | | | | |
| | Self Employed Receipt For: | Orthopaedi | | | | | | | | | |
| | Primary General Other (specify) | Aggregate | Year-to-Date ▼ 350.00 | 1 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······································ | | | | 7 | 7 | 95 | 50.00 |) |

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| TTEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | and Statements may not be sold or used by any p g the name and address of any political committe | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee o | f the American Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Richard J Barry MD Mailing Address 3906 Solar Hills Dr | | Date of Receipt |
| City Vacaville | State Zip Code CA 95688-9754 | 05 30 2012 Transaction ID : ACAD5ED3B869C4E3E93 |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period |
| Name of Employer Solano County | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 |] |
| Full Name (Last, First, Middle Initial) B. Carl E Becker MD | | Date of Receipt |
| Mailing Address Westphal Group 2150 Harrisburg Pike #2 | 00 | 05 30 2012 |
| City Lancaster | State Zip Code PA 17601-2644 | Transaction ID : AB49507CD88F441C9BF0 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2000.00 |
| Name of Employer Westphal Group | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4000.00 |] |
| Full Name (Last, First, Middle Initial) C. Michael J Bercik MD | | Date of Receipt |
| Mailing Address 711 Westminster Ave | | 05 30 _2012 _ |
| City Elizabeth | StateZip CodeNJ07208-2210 | Transaction ID : A269B3125692D42C98AE Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | |
| Self Employed Receipt For: Primary General Other (specify) ▼ | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 |] |
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| | | | e to solicit contributions from such committee. | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| Political Action Committee | of the Americ | an Association of Orth | opaedic Surgeons | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dessist | | | | | | |
| A. Scott Berkenblit MD, PhD Mailing Address 4313 Roland Springs D | r | | Date of Receipt | | | | | | |
| | I | | 05 30 2012 | | | | | | |
| City | State | Zip Code | Transaction ID : A4B819839DA1E42C2 | | | | | | |
| Baltimore | MD | 21210-2756 | Amount of Each Receipt this Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | | |
| Name of Employer | Occupation | 1 | | | | | | | |
| MedStar | Orthopaedi | c Surgeon | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| Primary General Other (specify) ▼ | | 250.00 | 1 | | | | | | |
| | | 7 7 7 | 1 | | | | | | |
| Full Name (Last, First, Middle Initial) B. Jacob M Buchowski MD, MS | | | Date of Receipt | | | | | | |
| Mailing Address Dept of Orthopaedic Su | | | M = M / D = D / Y = Y = Y | | | | | | |
| 660 S Euclid Ave Camp | | Zin Codo | 05 30 2012 | | | | | | |
| City Saint Louis | State MO | Zip Code 63110-1010 | Transaction ID : A02F6897A174444FEA | | | | | | |
| | | 03110-1010 | Amount of Each Receipt this Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | | |
| Name of Employer Washington Univ St Louis | Occupatior | | | | | | | | |
| 6 | Orthopaedi | c Surgeon | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| Other (specify) ▼ | | 250.00 | 1 | | | | | | |
| Full Name (Last, First, Middle Initial) C. Kathryn A Caulfield MD | | | Date of Receipt | | | | | | |
| Mailing Address 2391 Court Dr Ste 120 | | | M M / D D / Y Y Y Y Y 05 30 2012 | | | | | | |
| City | State | Zip Code | Transaction ID : AC2EA2B3BE46C4664 | | | | | | |
| Gastonia | NC | 28054-2197 | Amount of Each Receipt this Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 300.00 | | | | | | |
| Name of Employer | Occupation | 1 | | | | | | | |
| Southeastern Orthopaedic Specialists | Orthopaed | ic Surgeon | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| Primary General Other (specify) | | 300.00 | 1 | | | | | | |
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| or | for commercial purposes, other than using t | ne name and a | doress of any political committe | e to | SOUCIT CO | ntrid | utions t | rom sucr | n comm | littee | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Orth | ора | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Cary B Chapman MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 1534 Victory Blvd | | | | м м 05 | / | 30 |) / Y | у у 2012 | | 1 |
| | City Staten Island | State NY | Zip Code 10314-3548 | | | | | A3D1E1 | | | 91825 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 1 | 50.00 |) |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 |] | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Christian P Christensen MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 700 Bob-O-Link Dr | | | | м м 05 | / | 30 | / Y | 2012 | Y |] |
| | City | State | Zip Code | - | | | - | AAE8EF | | | 6485B |
| | Lexington | KY | 40504 | | Amoun | t of | Each R | leceipt th | is Peric | bd | _ |
| | FEC ID number of contributing federal political committee. | С | | | | _ | , | | 100 | 00.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Lexington Clinic | Orthopaedie | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | , 1000.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Kenneth J Edwards MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 183 Peace Blvd | | | | м м 05 | / | 30 |) / Y | у у 2012 | Y |] |
| | City Saint Joseph | State MI | Zip Code 49085-9146 | | | | | A37D10 leceipt th | | | 9BB09 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 1(| 00.00 |) |
| | Name of Employer | Occupation | 1 | \neg | | | | | | | |
| | Southwest Michigan Ctr for Orthopedics | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | |
| s | SUBTOTAL of Receipts This Page (optional). | | <u></u> | | | _ | 7 | | 125 | 50.00 | _ |

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| or | | he name and a | iddress of any political committee | e to : | solicit cor | ntrib | utions t | rom suc | n commit | iee. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | he Americ | an Association of Orthe | opa | edic S | Sur | geon | S | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Thomas L Erickson MD | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 1780 E Florence Blvd Ste 10 | 06 | | | м м 05 | / | 30 |) / Y | y y 2012 | Y | | | | |
| | City Casa Grande | State AZ | Zip Code 85222 | | | | | | 85F1A72 nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 5 | | 1000 | .00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Sierra Orthopaedics PC Receipt For: | Orthopaedi | - | | | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | 11 | | | | | | | | | | |
| | Other (specify) | L | 2000.00 | 4 | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Devon D Goetz MD | l | | | Date of | Re | ceipt | | | | | | | |
| | Mailing Address 6001 Westown Pky | | | | м м 05 | / | 30 | / Y | y y 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | AA59EC | ABA49E | 04B6DB2 | | | | |
| | West Des Moines | IA | 50266-7702 | | Amount | t of | Each R | leceipt th | nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | y | | 250 | .00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Des Moines Ortho Surgeons | Orthopaedie | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Daniel William Green MD | | | | Date of | Re | ceipt | | | | | | | |
| | Mailing Address 535 E 70th St | | | | 05 | / | 30 |) / Y | y y 2012 | Y | | | | |
| | City | State NY | Zip Code | _ | Trans | acti | ion ID : | A5FA66 | 8F2F61E | 4360ACF | | | | |
| | New York FEC ID number of contributing federal political committee. | C | 10021-4823 | | Amount | t of | Each R | leceipt th | nis Period 167 | 2.00 | | | | |
| | | | | | | | 7 | 9 | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Hospital for Special Surgery Receipt For: | Orthopaedi | 5 | _ | | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | 1 | | | | | | | | | | |
| | Other (specify) | | 835.00 | | | | | | | | | | | |
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| or | for commercial purposes, other than using t | he name and a | address of any political committe | e to s | SOLICIT CO | ntrib | outions fr | rom such | n committ | ee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Orth | opa | edic S | Sur | geons | 6 | | |
| Δ. | Full Name (Last, First, Middle Initial) Thomas J Grogan MD | | | | Date o | f Re | ceint | | | |
| ~ . | Mailing Address 2001 Santa Monica Blvd Ste | e 1160W | | | M M | | | / Y | Y Y | Y |
| | | 0 | 7. 0. 1 | | 05 | | 30 | | 2012 | |
| | City Santa Monica | State CA | Zip Code 90404-2120 | | | | | | 77875224 is Period | 66AB59 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 250 | .00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Carlos Guanche MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 24959 John Fremont Road | | | | м м 05 | / | D D D 30 | / Y | 2012 | Y |
| | City | State | Zip Code | | | acti | | A10B8B | | 48C08E2 |
| | Hidden Hills | CA | 91302-1134 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 7 | 500 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Self Employed | Orthopaedie | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | 1 | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Andrew P Gutow MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 741 Westminster Ln | | | | 05 | / | 30 | / Y | 2012 | Y |
| | City | State | Zip Code | | | sact | | A4D3C8 | | 4F1A8E9 |
| | Los Altos | CA | 94022-1144 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 7 | 250 | .00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Palo Alto Medical Foundation Group | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | 1 | | | | | | |
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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| | Detailed Summary Page | | | | | |] 11 14 | | 11c | | 12 16 | 17 |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of the | e America | an Association of Ortho | paeo | dic S | Sur | ge | eons | | | | |
| Α. | Full Name (Last, First, Middle Initial) David A Halsey MD | | | C | ate of | f Re | ecei | ipt | | | | |
| | Mailing Address 192 Tilley Drive | | | | м м 05 | / | | 30 | / Y | |)12 | |
| - | City South Burlington | State VT | Zip Code 05403-4440 | A | | | | | F0BA2 ceipt th | | | 9F18A(|
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | | 50.0 | 0 |
| | Name of Employer University of Vermont Medical Group | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Robert N Hensinger MD | | | | ate of | f Re | ecei | ipt | | | | |
| | Mailing Address Spc 5201 1500 E Medical Center Dr | | | | ™ M 05 | / | | 30 | / Y | ү 20 | 12 | |
| | City Ann Arbor | State MI | Zip Code 48109-5201 | | | | | | 051AB. ceipt th | | | <u>A09A3I</u> |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | | 200.0 | 0 |
| | Name of Employer Univ of Michigan Medical Center | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Gregory Lane Hummel MD | | | | ate of | f Re | ecei | ipt | | | | |
| | Mailing Address 15900 Ess Rd | | | | м м 05 | / | | 30 | / Y | ү 20 | 12 | |
| | City Kansas City | State MO | Zip Code 64136-1259 | A | | | | | 6DCFE | | | 41FC88 |
| | FEC ID number of contributing federal political committee. | С | | | | | 5 | | 7 | | 1000.0 | 00 |
| | Name of Employer | Occupation | | - | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | |
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| Political | Action Comr | nittee of the | America | an Association of Orth | nopae | edic S | Sur | geo | ons | | | |
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| Mailing Add | Iress 2310 Californi | ia Rd | | | | м м 05 | / | D | 30 | / Y | 2012 | Y |
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| Flagstaff | | | AZ | 86001-2000 | | | | | | | is Period | 423001 |
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| Name of Er | 1 2 | | Occupation | | | | | | | | | |
| | izona Orthopaedics | | Orthopaedic | Surgeon | | | | | | | | |
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| Hartford | | | СТ | 06106-5501 | | Amoun | t of | Eac | h Re | ceipt th | is Period | |
| | mber of contributing tical committee. | 1 | С | | | | | 7 | | 7 | 1000 | 0.00 |
| Name of Er | mployer | | Occupation | | | | | | | | | |
| Orthopedic | Associates, LLC | | Orthopaedic | : Surgeon | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | ора | edic S | Sur | geon | S | | | | |
| Α. | Full Name (Last, First, Middle Initial) Gregory Price Lee MD | | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address 226 Albermarle Pl | | | | м м 05 | / | 30 |) / Y | 2012 | | 1 | |
| | City Macon | State GA | Zip Code 31204-1308 | _ | Trans | | ion ID : | A68D95 | DB76CI | E745 | 52086F | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 50 | 00.0 | 0 | |
| | Name of Employer Ortho Georgia | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: | - | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Isador H Lieberman MD, MBA | | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address 6020 W Parker Rd Ste 200 | | | | ^M 05 | / | 30 |) / Y | y y 2012 | Y |] | |
| | City Plano | State TX | Zip Code 75093-8172 | - | | | | AD3489 | | | D8BC | |
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| | FEC ID number of contributing federal political committee. | С | | | L. | | 7 | | 37 | 75.00 | 0 | |
| | Name of Employer Texas Back Institute | Occupation | | | | | | | | | | |
| | Receipt For: | Orthopaedic | - | _ | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | 11 | | | | | | | | |
| | Other (specify) | L | 565.00 | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Peter J Mandell MD | | | | Date of | f Re | ceipt | | | | | |
| | Mailing Address 1663 Rollins Rd | | | | м м 05 | / | 30 | | y y 2012 | | 1 | |
| | City Burlingame | State CA | Zip Code 94010-2301 | | | | - | AD41C6 Receipt th | | | B88FC | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 50 | 00.0 | 0 | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committe | e to | solicit co | ntrib | outions | from suc | h commit | tee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of | the Americ | an Association of Orth | ора | aedic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Ryan C Meis MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address c/o CNOS | | | | M M | / | DE |) / Ү | YYY | Y |
| | 575 Sioux Point Rd | State | Zip Code | | 05 Trans | acti | 30 | | 2012 | 9441789E |
| | North Sioux City | SD | 57049-5312 | | | | | | nis Perioc | |
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| в. | Full Name (Last, First, Middle Initial) Michael David Miller MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 1555 E. River Rd | | | | м м 05 | / | 30 | | 2012 | Y |
| | City | State | Zip Code | | | | | | | 942D0924 |
| | Tucson | AZ | 85718-5831 | | Amoun | t of | Each F | Receipt th | nis Perioc | 1 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 250 | 0.00 |
| | Name of Employer University Orthopedic Specialists | Occupation | | | | | | | | |
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| | Primary General Other (specify) | Aggregate | Year-to-Date ▼ 250.00 | ı. | | | | | | |
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| с. | Full Name (Last, First, Middle Initial) David R Morawski MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 2525 Kaneville Rd | | | | м м 05 | / | D 1 30 | | 2012 | Y |
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| | Geneva | IL | 60134-2578 | | Amoun | t of | Each F | Receipt th | nis Perioc | 1 |
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| | Name of Employer | Occupation | | | | | | | | |
| | Fox Valley Orthopaedic Associates | Orthopaedi | c Surgeon | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to | solicit cor | ntribu | utions f | rom such | n comn | nittee | Э. |
| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \bigvee | Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Surg | geon | 5 | | | |
| Α. | Full Name (Last, First, Middle Initial) Murray Allan Morrison MD | | | | Date of | f Red | ceint | | | | |
| Λ. | Mailing Address 110 Stillson Rd | | | | M M | | | / Y | Y | Y Y | |
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| | City | State CT | Zip Code 06825-3212 | | | | | A201BF | | | 7F8B4 |
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| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Orthopaedic Surgery Group, PC | Orthopaedi | c Surgeon | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 250.00 | 11 | | | | | | | |
| | | | | | | | | | | | |
| B | Full Name (Last, First, Middle Initial) Richard A Morvant Jr, MD | | | | Date of | f Red | ceint | | | | |
| υ. | Mailing Address 806 Bayou Ln | | | | M M | / | | / Y | Y | Y Y | |
| | | | | | 05 | | 30 | | 2012 | | |
| | City | State | Zip Code | | Trans | actio | on ID : | AF741BI | D959B | 7749 | 748F2 |
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| | Self Employed | Orthopaedie | c Surgeon | | | | | | | | |
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| <u>с</u> . | Full Name (Last, First, Middle Initial) | | | | Date of | f Red | ceipt | | | | |
| | Mailing Address Des Moines Ortho Surgeons | | | | 05 | | 30 | / Y | 2012 | | |
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| | West Des Moines | IA | 50266-7702 | | | | | eceipt th | | | |
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| | Des Moines Ortho Surgeons | Orthopaedi | c Surgeon | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Orthe | opa | aedic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Gerald J Ortiz MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 5010 State Hwy 30 Ste 205 | | | | м – м 05 | / | 30 |) / Y | y 201 | Y = 1 | |
| | City | State | Zip Code | _ | | acti | | A8BEAE | | | B6CA37 |
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| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 250.0 | 00 |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Mohawk Valley Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Scott Edward Porter MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address Dept of Ortho, Acad Serv 701 Grove Rd 2nd Fl Suprt Tr | ٨/r | | | 05 | 1 | 30 | / Y | 201 | Υ∎\ 2 | |
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| | Greenville | SC | 29605-5601 | | Amoun | t of | Each R | leceipt th | nis Per | riod | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 85.0 | 0 |
| | Name of Employer | Occupation | l | | | | | | | | |
| | Greenville Hospital System | Orthopaedic | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ 425.00 | ı. | | | | | | | |
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| с. | Full Name (Last, First, Middle Initial) William J Robb III, MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 |) | | | м м 05 | 1 | 30 |) / Y | 201 | | |
| | City | State | Zip Code | | Trans | sacti | ion ID : | AD0873 | AB1A | 6C54 | FEB867 |
| | Evanston | IL | 60201-1718 | _ | Amoun | t of | Each R | leceipt th | nis Per | riod | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 1 | 000.0 | 00 |
| | Name of Employer | Occupation | 1 | \neg | | | | | | | |
| | Illinois Bone & Joint Institute | Orthopaedi | c Surgeon | | | | | | | | |
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| or | for commercial purposes, other than using th | he name and a | aaress of any political committe | etos | SOLICIT COL | ntrib | outions f | rom such | 1 commit | iee. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | he America | an Association of Orth | opa | edic S | Sur | geon | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Marc J Rosen MD | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 5605 W Eugle Ste 111 | | | | м м 05 | / | 30 | / Y | 2012 | Y | | | | |
| | City Glendale | State AZ | Zip Code 85304-1273 | | Trans | | ion ID : | A807FE | 4621FAC | 4FFDAF2 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , . | | 100 |).00 | | | | |
| | Name of Employer Orthopaedic Surgeons Network of North | Occupation Orthopaedi | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1500.00 |] | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Garth S Russell MD | | | | Date of | f Re | eceipt | | | | | | | |
| | Mailing Address 5344 Woodland Lakes Dr Ap | ot 325 | | | м м 05 | / | 30 | / Y | у у 2012 | Y | | | | |
| | City | State | Zip Code | | | | | | | 14A2F9B | | | | |
| | Palm Beach Gardens | FL | 33418-3958 | _ | Amoun | t of | Each R | leceipt th | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 500 | 0.00 | | | | |
| | Name of Employer Retired | Occupation Orthopaedic | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | 9 9 | - | | | | | | | | | | |
| - | Babak Sheikh MD Mailing Address 2532 Hunters Run Way | | | | | | D D |) / Y | - Y - Y | Y | | | | |
| | City | State | Zip Code | - | 05 Trans | sact | 30 ion ID : | A0816D | 2012 67689E1 | 4DCDA30 | | | | |
| | Weston | FL | 33327-1437 | | | | | leceipt th | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 750 | 0.00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ 1500.00 | | | | | | | | | | | |
| _ | Other (specify) | | 1300.00 | | | _ | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | , | 7 | 1350 | .00 | | | | |

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| TIEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | and Statements may not be sold or used by any ng the name and address of any political committe | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee of | of the American Association of Orth | nopaedic Surgeons |
| Full Name (Last, First, Middle Initial) Harris N Silver MD Mailing Address 79 Superior Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer Lakeside Health Systems Receipt For: | State Zip Code NY 14625-2112 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ | Date of Receipt |
| Other (specify) ▼ | 350.00 |] |
| Full Name (Last, First, Middle Initial) B. Mark A Sprague MD Mailing Address 24 Park St | | Date of Receipt |
| City Pittsfield | StateZip CodeMA01201-4037 | Transaction ID : AD4CAE275F0164141942 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 250.00 |
| BOA Receipt For: Primary General Other (specify) ▼ | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 380.00 | |
| Full Name (Last, First, Middle Initial) C. Scott P Steinmann MD | | Date of Receipt |
| Mailing Address 200 First St SW | State Zip Code | 05 30 2012 Transaction ID : A3ACCCD827A11407CBF |
| Rochester FEC ID number of contributing federal political committee. | MN 55905-0001 | Amount of Each Receipt this Period |
| Name of Employer Mayo Clinic Receipt For: | Occupation Orthopaedic Surgeon | |
| Primary General Other (specify) | Aggregate Year-to-Date ▼ 1500.00 | |
| SUBTOTAL of Receipts This Page (option | al) | ▶ 1500.00 |

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| 171 | | | Use separate schedule(s) | (cł | neck onl | y or | ne) | | | |
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| or | for commercial purposes, other than using the | ne name and a | daress of any political committe | e to s | olicit co | ntrib | outions f | rom such | n commit | tee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Orth | opa | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Nathaniel J Stewart MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 2480 Fieldstone | | | | м м 05 | / | 30 | / Y | 2012 | Y |
| | City Eau Claire | State WI | Zip Code 54701-7869 | | | | | | 6BB11B | 5423A904 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | J | 100 |).00 |
| | Name of Employer Chippewa Valley Orthopedic and Sports | Occupation Orthopaedi | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Edward F W Swan MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 257 Harmony Ln | | | | м м 05 | / | 30 | / Y | 2012 | Y |
| | City | State | Zip Code | | | | | | | E45A9AE |
| | Titusville | FL | 32780-2339 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | L | | 7 | | 500 | .00 |
| | Name of Employer Retired | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) David B Thordarson MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address 1520 San Pablo St Ste 2000 |) | | | м м 05 | / | 30 | / Y | 2012 | Y |
| | City | State | Zip Code | | Trans | sact | ion ID : | AB3FF3 | | 497CAA0 |
| | Los Angeles | CA | 90033-5322 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 250 | 0.00 |
| | Name of Employer | Occupation | | \neg | | | | | | |
| | USC Ortho Associates | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | <u> </u> |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | outions f | from suc | h comm | ttee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Orth | ора | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) John R Tongue MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 6485 SW Borland Rd | | | | M M | / | DE |) / Ү | Y Y | Y |
| | City Ste A | State | Zip Code | | 05 | | 30 | | 2012 | C 450 4 4 |
| | Tualatin | OR | 97062-9762 | | | | | ABD16D Receipt th | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 100 | 0.00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 2000.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Robert Gordon Veith MD | I | | | Date o | f Re | eceipt | | | |
| | Mailing Address 4011 Talbot Rd S Ste 300 | | м м 05 | / | 30 | | у у 2012 | Y | | |
| | City | State | Zip Code | | | | | A690370 | | |
| | Renton | WA | 98055-5791 | | Amoun | t of | Each F | leceipt th | nis Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 25 | 0.00 |
| | Name of Employer | Occupation | I | | | | | | | |
| | Proliance Surgeons | Orthopaedie | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) James John Verner MD | I | | | Date o | f Re | eceipt | | | |
| | Mailing Address 23075 Nottingham | | | | м м 05 | 1 | 30 | | 2012 | Y |
| | City | State | Zip Code | | | sact | | AFD86C | | 44572B1 |
| | Beverly Hills | MI | 48025-3416 | | | | | Receipt th | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 25 | 60.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| | | Detailed Summary Page | X | 11a 13 | | 11b 14 | \vdash | 11c 15 | 12 16 | 17 |
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| NAME OF COMMITTEE (In Full) Political Action Committee of t | the America | an Association of Ortho | opaeo | dic S | Sur | geor | าร | | | |
| Full Name (Last, First, Middle Initial) A. Michael B Vessely MD | | | | Date of | Re | ceipt | | | | |
| Mailing Address 522 Second St | | | | м м 05 | / | 30 | | / Y | у у 2012 | Y |
| City | State | Zip Code | | Trans | acti | on ID | : AD | D5280 | FA06F1 | 41C3892 |
| Lake Oswego | OR | 97034-3129 | A | mount | of | Each | Rece | eipt thi | s Period | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | Ţ | 1000 | .00 |
| Name of Employer | Occupation | | | | | | | | | |
| Willamette Valley Clinic | Orthopaedi | c Surgeon | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| Other (specify) | | 1000.00 | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Edward Akelman MD | | | | Date of | Re | ceipt | | | | |
| Mailing Address 2 Dudley St Suite 200 | | | | м м 05 | / | D 31 | | / Y | y y 2012 | Y |
| City | State | Zip Code | | Trans | acti | on ID : | : AF | 88F51 | 0B5B734 | 08BBA1 |
| Providence | RI | 02905-3248 | A | mount | t of | Each | Rece | eipt thi | s Period | |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | 500 | .00 |
| Name of Employer University Orthopaedic Clinic | Occupation Orthopaedic | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Miguel Pablo Prietto MD | | | | Date of | Re | ceipt | | | | |
| Mailing Address 280 S Main Ste 200 | | | | м м | / | 01 | | / Y | y y 2012 | Y |
| City Orange | State CA | Zip Code 92868-3852 | A | | | | | | 04824344 s Period | EBFA3/ |
| FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 500 | .00 |
| Name of Employer | Occupation | | | | | | | | | |
| Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
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| 11 | | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | solicit coi | ntrib | utions t | rom such | h comm | ittee. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | ора | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Todd J Albert MD | | | Date of Receipt | | | | | | | |
| | Mailing Address 925 Chestnut St 5th Fl | | | 06 04 Y Y Y Y Y 06 04 2012 | | | | | | | |
| | City Philadelphia | State PA | Zip Code 19107-4206 | | | | | ABBD88 | | 04184A8A d | |
| | FEC ID number of contributing federal political committee. | C | | | | | , | | 100 | 0.00 | |
| | Name of Employer Rothman Institute | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 |] | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) David E Attarian MD | 1 | | | Date of | f Re | ceipt | | | | |
| | Mailing Address Duke Medical Plaza- Page R 4709 Creekstone Drive, Suite | e 200 | | | м м 06 | / | 04 |) / Y | 2012 | Y | |
| | City Durham | State NC | Zip Code 27703-8411 | | | | | A6EF68: Receipt th | | 0439BAAD d | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 25 | 0.00 | |
| | Name of Employer Duke University | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Christopher B Bookout MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 522 Fairpoint Dr | | | | м м 06 | / | 04 | | 2012 | Y | |
| | City Gulf Breeze | State FL | Zip Code 32561-4161 | | | | | A9F3EA Receipt th | | 544BAAEE d | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 25 | 50.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Santa Rosa Orthopaedic Medical | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 450.00 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | <u> </u> | | | 3 | 3 | 150 | 0.00 | |

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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the Americ | an Association of Orthe | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Bruce R Buhr MD Mailing Address 1947 Founders Circle City Wichita FEC ID number of contributing | State KS | Zip Code 67206-3548 | Date of Receipt 06 04 2012 Transaction ID : A803FD40065204B198F6 Amount of Each Receipt this Period 250.00 |
| federal political committee. Name of Employer Via Christi Health Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedi | | |
| Full Name (Last, First, Middle Initial) B. Steven E Casey MD Mailing Address 711 Lawn Ave Prof Ctr Bldg 3 City Sellersville FEC ID number of contributing federal political committee. Name of Employer Upper Buck Orthopaedics Receipt For: Primary | State PA C Occupation Orthopaedie Aggregate | | Date of Receipt |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Frank A Cordasco MD Mailing Address 535 E 70th St City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State NY C Occupation Orthopaedi Aggregate | | Date of Receipt 06 04 2012 Transaction ID : A069C825C5A6E4B71BEE Amount of Each Receipt this Period 500.00 |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | olicit cor | ntributi | ions fro | om such | committ | ee. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | edic S | Surge | eons | | | | |
| Α. | Full Name (Last, First, Middle Initial) Stephen W Dailey MD | | | | Date of | Rece | eipt | | | | |
| | Mailing Address 2740 Allen Glen Dr | | | | 06 04 _ 2012 _ | | | | | | |
| | City Mechanicsburg | State PA | Zip Code 17055-5995 | _ | | | | | s Period | 103A82 | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 7 | 1000 | .00 | |
| | Name of Employer OIP | Occupation Orthopaedi | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Thomas C Degenhardt MD | | | | Date of | Rece | eipt | | | | |
| | Mailing Address 1405 Montgomery Dr Suite A | | | | м м 06 | / | 04 | / Y | y y 2012 | Y | |
| | City | State | Zip Code | | | | | | | 439B886 | |
| | Santa Rosa | CA | 95405-4557 | _ | Amount | t of Ea | ach Re | ceipt thi | s Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | . , | | 7 | 1000 | .00 | |
| | Name of Employer Santa Rosa Orthopedic Medical | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Timothy Burt Dixon MD | | | | Date of | Rece | eipt | | | | |
| | Mailing Address 6567 E Carondelet Dr Ste 41 | 5 | | | м м 06 | / | 04 | / Y | y y 2012 | Y | |
| | City Tucson | State AZ | Zip Code 85710-6157 | | | | | | 8589FCE s Period | 4410BA | |
| | FEC ID number of contributing federal political committee. | С | | | | 7 | | 7 | 500 | .00 | |
| | Name of Employer | Occupation | l | \neg | | | | | | | |
| | Arizona Community Surgeons | Orthopaedi | c Surgeon | | | | | | | | |
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| | for commercial purposes, other than using t | he name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | from suc | h comm | ittee. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Ortho | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Harry Anderson Dollahite MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 1401 Eighth Ave | | | | м м 06 | / | 04 |) / Y | у у 2012 | Y | |
| | City Fort Worth | State TX | Zip Code 76104-4111 | | | | | A6C250 | | | 8920 |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | | 100 | 00.00 | |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | | | |
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| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | | |
| | Full Name (Last, First, Middle Initial) Craig A Dopf MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 1 S. Park St 1st Fl | | | | M M 06 | / | 04 |) / Y | у у 2012 | Y | |
| | City | State | Zip Code | | Trans | acti | on ID : | A92064F | A1C3A | 94027 | A9C |
| | Madison | WI | 53715-1375 | | Amount | t of | Each R | leceipt th | nis Perio | d | |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | | 25 | 60.00 | |
| | Name of Employer Univ of Wisconsin | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | |
| | Full Name (Last, First, Middle Initial) Vermon Sims Esplin MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 560 Memorial Dr | | | | м м 06 | / | 04 | | 2012 | Y | |
| | City Pocatello | State ID | Zip Code 83201-4070 | | | | | A576594 Receipt th | | | 9FC |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 50 | 00.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Idaho Orthopaedic Specialists | Orthopaedi | c Surgeon | | | | | | | | |
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| | ts and Statements may not be sold or used by any pusing the name and address of any political committee | |
| NAME OF COMMITTEE (In Full) Political Action Committee | e of the American Association of Orth | opaedic Surgeons |
| A. Full Name (Last, First, Middle Initial) Mailing Address 709 Welford Ct | State Zip Code | Date of Receipt |
| Madison | MS 39110-7583 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Mississippi Sports Med & Ortho Ctr | Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4500.00 | 1 |
| Full Name (Last, First, Middle Initial) B. Abdul Foad MD | | Date of Receipt |
| Mailing Address 19152 247th Ave | | 06 04 2012 |
| City | State Zip Code | Transaction ID : ADB8A6A0FC0514FFFBD |
| Bettendorf | IA 52722-5790 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | |
| Self Employed | Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initial) C. Douglas Bentley Freedberg | MD | Date of Receipt |
| Mailing Address 6818 E Valley Vista L | n | 06 04 2012 |
| City | State Zip Code | Transaction ID : AA730B7C8443140DBB1 |
| Paradise Valley | AZ 85253-5349 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 375.00 |
| Name of Employer | Occupation | |
| Arizona State Medical Center | Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 875.00 |] |
| SUBTOTAL of Receipts This Page (opt | ional) | 2875.00 |

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

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| 17 | | | Use separate schedule(s) | (cl | neck only | y or | ne) | | | |
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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | <i></i> _ |
| | y information copied from such Reports an | | | | | | | | | |
| or | for commercial purposes, other than using | the name and a | ddress of any political committe | e to s | solicit coi | ntrib | utions fi | rom such | n commit | ttee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of | the America | an Association of Orth | opa | edic S | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) Howard I Freedberg MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 1110 W Schick Rd | | | | м м 06 | / | D D D 04 | / Y | 2012 | Y |
| | City Bartlett | State IL | Zip Code 60103-3007 | | Trans | | ion ID : | | EB9AA | 04780B50 |
| | FEC ID number of contributing | | 00103-3007 | _ | Amount | t of | Each R | eceipt th | | |
| | federal political committee. | С | | | | | 7 | 9 | 22 | 5.00 |
| | Name of Employer Suburban Orthopaedics | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) | | 425.00 | 1 | | | | | | |
| в. | Full Name (Last, First, Middle Initial) William D Fritz MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 207 Foote Ave | | | | м м 06 | / | D D D 04 | / Y | 2012 | Y |
| | City | State | Zip Code | | | | | | | 47609E3 |
| | Jamestown | NY | 14701-7077 | | Amount | t of | Each R | eceipt th | is Period | ł |
| | FEC ID number of contributing federal political committee. | C | | | | | , | , | 750 | 0.00 |
| | Name of Employer WCA Hospital Jamestown | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 1750.00 |] | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Stuart Alexander Gardner MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 686 Deercroft Dr | | | | м м 06 | / | 04 | / Y | 2012 | Y |
| | City | State VA | Zip Code | | Trans | | ion ID : | | 1BACAA | A94414A10 |
| | FEC ID number of contributing federal political committee. | C | 24060-0267 | | Amount | t of | Each R | eceipt th | | ו 0.00 |
| | | | | | | | 7 | 7 | | |
| | Name of Employer HCA | Occupation Orthopaedi | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 500.00 | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | | | | 7 | - 7 | 1475 | 5.00 |

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FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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| | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and Sta or for commercial purposes, other than using the r | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of the | American Association of Ortho | paedic Surgeons |
| Full Name (Last, First, Middle Initial) Jonathan P Garino MD Mailing Address 835 Stoke Rd City Villanova FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Ortho Center Receipt For: Primary General Other (specify) ▼ | State Zip Code PA 19085-2031 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Benjamin James Hackett MD Mailing Address 5200 Hummingbird Rd Suite 100 City Wausau FEC ID number of contributing federal political committee. Name of Employer Bone & Joint Clinic S.C. Receipt For: Primary General Other (specify) ▼ | D State Zip Code WI 54401-6316 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Thomas John Haverbush MD Mailing Address 315 E Warwick Rd Ste A City Alma FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code MI 48801-1083 C C Occupation C Orthopaedic Surgeon Aggregate Year-to-Date ▼ 563.00 563.00 | Date of Receipt 06 04 2012 Transaction ID : AFB1E3094E4454DD5BE6 Amount of Each Receipt this Period 188.00 |
| SUBTOTAL of Receipts This Page (optional) | | 2188.00 |

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| | D RECEIPTS | | for each category of the Detailed Summary Page | 11a | 11b 14 | 11c 12 15 16 17 | | |
| Any informat or for comm | ion copied from such Reports a ercial purposes, other than using | nd Statements may the name and a | ay not be sold or used by any p address of any political committee | erson for the e to solicit cor | purpose of s | soliciting contributions om such committee. | | |
| | COMMITTEE (In Full) al Action Committee of Action Committee of | the Americ | an Association of Orthe | opaedic S | Surgeons | i | | |
| | e (Last, First, Middle Initial) e Heppenstall MD | | | Date of | Receipt | | | |
| Mailing Ad | ddress St James Place Apt 4003 200 West Washington Sq | | | м – м 06 | / D D 04 | / Y Y Y Y 2012 | | |
| City | hia | State PA | Zip Code 19106-3576 | | | A2E6384C65159442E92I | | |
| Philadelp | | PA | 19106-3576 | Amount | t of Each Re | eceipt this Period | | |
| | umber of contributing blitical committee. | C | | | 7 | 1000.00 | | |
| Name of | Employer | Occupation | 1 | | | | | |
| | A School of Medicine | Orthopaedi | c Surgeon | | | | | |
| Receipt F | | Aggregate | Year-to-Date ▼ | | | | | |
| | er (specify) v | | 1000.00 |] | | | | |
| | e (Last, First, Middle Initial) Ichtertz MD | | | Date of | Receipt | | | |
| Mailing Ad | ddress 1803 W Charles St | | | 06 | / D D 04 | 2012 | | |
| City | | State | Zip Code | Trans | action ID : A | 1CA7DF957F9448258E | | |
| Grand Isla | and | NE | 68803-5904 | Amount | t of Each Re | eceipt this Period | | |
| | umber of contributing litical committee. | С | | | 7 | 2500.00 | | |
| Name of Nebraska | Employer Hand & Shoulder Institute | Occupation Orthopaedi | | | | | | |
| Receipt F | or: | · | Year-to-Date ▼ | | | | | |
| | nary General er (specify) v | | 3750.00 | 1 | | | | |
| | e (Last, First, Middle Initial) th K Ishizue MD | | | Date of | Receipt | | | |
| | ddress 12705 Corte Cordillera | | | 06 | · · | / Y Y Y Y Y _2012 | | |
| City Salinas | | State CA | Zip Code 93908-8942 | | | A8389001F5616489BAC | | |
| | umber of contributing olitical committee. | С | | | 7 | 188.00 | | |
| Name of | Employer | Occupation | 1 | | | | | |
| Self Empl | oyed | Orthopaedi | ic Surgeon | | | | | |
| Receipt F | | Aggregate | Year-to-Date ▼ 438.00 | 1 | | | | |
| SUBTOTAL | of Receipts This Page (optiona | I) | | | | 3688.00 | | |

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FEC Schedule A (Form 3X) Rev. 02/2003

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| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | FOR LINE NUMBER: PAGE 144 OF 298 (check only one) | | | | | | |
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| ITEN | AIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 13 | 11b 14 | 11c 12 15 16 17 | | | | | |
| | nformation copied from such Reports and S commercial purposes, other than using the | | | | | | | | | | |
| | ME OF COMMITTEE (In Full) olitical Action Committee of the | e America | an Association of Ortho | opaedic S | urgeons | | | | | | |
| | ll Name (Last, First, Middle Initial) Syle James Jeray MD | | | Date of | Receipt | | | | | | |
| Ma | ailing Address Department of Orthopaedic Su 701 Grove Road, 2nd Floor Su | • • | | M M M | / D D 04 | 2012 | | | | | |
| Cit | | State | Zip Code | Transa | action ID : A | 267850E7E06148BFB03 | | | | | |
| G | reenville | SC | 29605-5601 | Amount | of Each Re | ceipt this Period | | | | | |
| | EC ID number of contributing deral political committee. | С | | | 3 | 250.00 | | | | | |
| Na | ame of Employer | Occupation | 1 | | | | | | | | |
| | eenville Hospital System | Orthopaedi | c Surgeon | | | | | | | | |
| Re | eceipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | | | | | | | | |
| | II Name (Last, First, Middle Initial) ames A Keeney MD | | | Date of | Receipt | | | | | | |
| | ailing Address 660 S Euclid Ave Campus Box 8233 | | | м м 06 | / D D 04 | 2012 | | | | | |
| Cit | | State | Zip Code | | | 6C55A755E6974401890 | | | | | |
| Sa | aint Louis | MO | 63110-1010 | Amount | of Each Re | ceipt this Period | | | | | |
| | C ID number of contributing deral political committee. | С | | | | 1000.00 | | | | | |
| | ame of Employer ashington University | Occupation Orthopaedic | | | | | | | | | |
| Re | eceipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | , 2000.00 | | | | | | | | |
| | II Name (Last, First, Middle Initial) Drew E Kiernan MD | | | Date of | Receipt | | | | | | |
| Ma | ailing Address 2405 Atherholt Rd | | | 06 | / D D 04 | / Y Y Y Y 2012 | | | | | |
| Cit | - | State | Zip Code | Transa | action ID : A | C09B63E2A5424A11AD | | | | | |
| _Ly | ynchburg | VA | 24501-2184 | Amount | of Each Re | ceipt this Period | | | | | |
| | EC ID number of contributing deral political committee. | С | | | 3 | 1000.00 | | | | | |
| Na | ame of Employer | Occupation | 1 | | | | | | | | |
| | Central Virginia Orthopaedics Receipt For: | Orthopaedi | c Surgeon | | | | | | | | |
| Re | | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | L | 1750.00 | | | | | | | | |
| SUB | TOTAL of Receipts This Page (optional) | | | | 5 | 2250.00 | | | | | |

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| 11 | | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | | 12 | _ | | | |
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| or | for commercial purposes, other than using the | ne name and a | aaress of any political committee | e to | solicit co | ntrib | utions | trom suc | n cor | mmitte | е. | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | he America | an Association of Ortho | opa | iedic S | Sur | geon | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ronald M Kristensen MD | | | | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 1735 N Claremont Dr | | | | м м 06 | / | 04 | | |) 12 | Y | | | |
| | City | State | Zip Code | | Trans | sacti | on ID : | AF5F94 | | | AAABC | | | |
| | Boise | ID | 83702-3006 | | Amoun | t of | Each F | Receipt tl | his Pe | eriod | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 150.0 | 00 | | | |
| | Name of Employer | Occupation | | \neg | | | | | | | | | | |
| | St. Lukes Regional Medical Ctr | Orthopaedie | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 300.00 |] | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) George E Lewinnek MD | I | | | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 6 Trillium Ct | | | | м м 06 | / | 04 | | 2012 2012 20155544544570A4 20155544544570A4 | | | | | |
| | City | State | Zip Code | | Trans | sacti | on ID : | A59301 | 55544 | 45445 | 70A48 | | | |
| | Lunenburg | MA | 01462-4400 | | Amoun | t of | Each F | Receipt tl | his Pe | eriod | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 3 | | 250.0 | 00 | | | |
| | Name of Employer | Occupation | | \neg | | | | | | | | | | |
| | UMass Memorial | Orthopaedic | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 |] | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) David A Lewis MD | I | | | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 12462 Putnam St Ste 402 | | | | м м 06 | / | 04 | | 20 | ү 12 | Y | | | |
| | City | State | Zip Code | | Trans | sact | ion ID : | A916A7 | 75D50 | 083C4 | 272905 | | | |
| | Whittier | CA | 90602-1049 | \square | Amoun | t of | Each F | Receipt tl | his Pe | eriod | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | | 188. | 00 | | | |
| | Name of Employer | ame of Employer Occupation | | | | | | | | | | | | |
| | Bright Health Physicians | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 288.00 | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | 7 | - 7 | | 588.0 | 00 | | | |

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| ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 11a 13 | y one) 11b 14 | 11c 15 | 12 | 17 |
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| Any information copied from such Reports or for commercial purposes, other than usin | | | | | soliciting | contribu | tions |
| NAME OF COMMITTEE (In Full) Political Action Committee of | of the America | an Association of Orth | nopaedic S | Surgeons | | | |
| Full Name (Last, First, Middle Initial) A. Adolph V Lombardi Jr, MD Mailing Address 7277 Smith's Mill Rd Su Ste 200 | ite 200 | | Date of | FReceipt | / Y | y y 2012 | Ŷ |
| City New Albany | State OH | Zip Code 43054-8195 | | action ID : A | | | 19F8A27 |
| FEC ID number of contributing federal political committee. | C | | | | | 1000 | |
| Name of Employer Joint Implant Surgeons, Inc | Occupation Orthopaedic | Surgeon | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | |
| Full Name (Last, First, Middle Initial) Craig Robert Mahoney MD Mailing Address 2004 S 40th Ct | | | Date of | Receipt | / Y | Y Y | Y |
| City | State | Zip Code | 06 | 04 action ID : A | CCECA | 2012 | 450050 |
| West Des Moines | IA | 50265-5764 | | t of Each Re | | | .4509950 |
| FEC ID number of contributing federal political committee. | С | | | | | 375 | .00 |
| Name of Employer Iowa Ortho Center | Occupation Orthopaedic | Surgeon | | | | | |
| Receipt For: Primary General Other (specify) | · · | Year-to-Date ▼ 475.00 | | | | | |
| Full Name (Last, First, Middle Initial) C. Christopher Mahr MD | I | | Date of | Receipt | | | |
| Mailing Address 7447 W Talcott Ave Ste | 500 | | м м 06 | / D D 04 | / Y | y y 2012 | Y |
| City Chicago | State IL | Zip Code 60631-3716 | | action ID : A | | | 4D9F968 |
| FEC ID number of contributing federal political committee. | C | | | | 7 | 250 | .00 |
| Name of Employer | Occupation | | | | | | |
| Northwest Orthopaedic Associates Receipt For: | Orthopaedic | c Surgeon | | | | | |
| Primary General Other (specify) | | Year-to-Date ▼ 250.00 | | | | | |
| SUBTOTAL of Receipts This Page (option | al) | | | | 3 | 1625. | 00 |

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| | | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e Americ | an Association of Ortho | opaedic Surgeons |
| A. | Full Name (Last, First, Middle Initial) Ellen C Maitin MD Mailing Address 7500 Central Ave Ste 108 | | | Date of Receipt |
| | City | State | Zip Code | 06 04 2012 Transaction ID : AAE5FA74718D642118D0 |
| - | Philadelphia FEC ID number of contributing federal political committee. | РА | 19111-2431 | Amount of Each Receipt this Period |
| | Name of Employer OSRA | Occupation | | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 | |
| | Full Name (Last, First, Middle Initial) John W McClellan III, MD | | | Date of Receipt |
| - | Mailing Address 13616 California St Ste 100 | | | 06 04 Y Y Y Y Y 06 04 2012 |
| | City Omaha | State NE | Zip Code 68154-5336 | Transaction ID : A12C9872590174F4DA87 Amount of Each Receipt this Period |
| - | FEC ID number of contributing federal political committee. | С | | 2000.00 |
| | Name of Employer Nebraska Spine Center | Occupation Orthopaedic | | |
| Ī | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | |
| | Full Name (Last, First, Middle Initial) John J McGraw MD | | | Date of Receipt |
| - | Mailing Address The Knoxville Ortho Clinic 120 Hospital Dr Ste 120 | | | M = M / D = D / Y = Y = Y Y 06 04 2012 |
| | City Jefferson City | State TN | Zip Code 37760-5285 | Transaction ID : A21C66111FC2A4E94A39 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| 1 | Name of Employer | Occupation | | |
| | Knoxville Orthopaedic Clinic | Orthopaedi | c Surgeon | _ |
| 1 | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1000.00 | |
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| 17 | TEMIZED RECEIPTS | | Use separate schedule(s) | (c | heck onl | y or | ne) | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions 1 | from suc | h comm | nittee. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | ора | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Jeffrey Meisles MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 360 W Butterfield Rd Ste 160 | | | | м м 06 | 1 | 04 |) / Y | | | 1 |
| | City Elmhurst | State IL | Zip Code 60126-5099 | | | | | A204284 Receipt th | 44C19B | F4BF | DA67 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 100 | 00.00 | |
| | Name of Employer Orthopedic Specialists | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Gregory A Mencio MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 2200 Children's Way Ste 4202 DOT | | | | м м 06 | / | 04 |) / Y | 2012 | 16 17 contributions committee. 2012 C19BF4BFDAG Period 1000.00 2012 C19BF4BFDAG Period 500.00 500.00 2012 E498F4F86991 | |
| | City Nashville | State TN | Zip Code 37232-0005 | | | | | AAE8DE | | | 29AA5 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 50 | 00.00 | |
| | Name of Employer Vanderbilt University | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Shana N Miskovsky MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 18300 Shaker Blvd | | | | м м 06 | / | 04 | | 2012 | Y | |
| | City Cleveland | State OH | Zip Code 44120-1757 | | | | | A330A2 Receipt th | | | 699D |
| | FEC ID number of contributing federal political committee. | С | | | | | y | | 2 | 50.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Case Medical Center | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | 3 | | 175 | 50.00 | |

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

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| or for commercial purpos | es, other than using the n | | | | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTI Political Action | EE (In Full) Committee of the | America | an Association of | f Orthopa | edic Surgeons |
| Full Name (Last, First A. Ralph W Morales | DO | | | | Date of Receipt |
| Mailing Address 189 I | Merion | | 7.0.1 | | M / D D / Y |
| City Saint Simons Island | | State GA | Zip Code 31522-2414 | | Transaction ID : AD337843D2AD341D58EF Amount of Each Receipt this Period |
| FEC ID number of co federal political comm | 0 | С | | | 500.00 |
| Name of Employer Self Employed | | Occupation Orthopaedic | | | |
| Receipt For: Primary Other (specify) | General | Aggregate | Year-to-Date ▼ 50 | 00.00 | |
| Full Name (Last, First B. Patrick M Morse | | | | | Date of Receipt |
| Mailing Address 1300 | Lands End | | | | 06 04 2012 |
| City West Branch | | State MI | Zip Code 48661-8764 | | Transaction ID : A698535907BD24E5F9F4 Amount of Each Receipt this Period |
| FEC ID number of co federal political comm | 0 | С | | | 250.00 |
| Name of Employer Self Employed | | Occupation Orthopaedic | | | |
| Receipt For: Primary Other (specify) | General | Aggregate | Year-to-Date ▼ 25 | 0.00 | |
| Full Name (Last, First C. Claiborne Lake | | | | | Date of Receipt |
| Mailing Address 1007 | E Matthews | | | | 06 04 2012 |
| City Jonesboro | | State AR | Zip Code 72401-4308 | | Transaction ID : A030868D28B61445C961 Amount of Each Receipt this Period |
| FEC ID number of co federal political comm | 0 | С | |] | 500.00 |
| Name of Employer | | Occupation | | | |
| Arkansas Orthopaedic | s | Orthopaedic | c Surgeon | | |
| Receipt For: | General | Aggregate | Year-to-Date ▼ | | |
| Other (specify) |] | | 50 | 00.00 | |
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| or | for commercial purposes, other than using the | ne name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom sucl | n commi | ittee. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Orth | opa | edic S | Sur | geon | S | | | |
| Α. | - | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 625 6th Ave South | | | | M M | / | DD |) / Y | Y Y | Y | |
| | Suite 450 | State | Zip Code | | 06 | | 04 | A67555 | 2012 | CANADDE | |
| | Saint Petersburg | FL | 33701-4629 | | | | | A67FE5 | | C401DB5 4 d | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 50 | 0.00 | |
| | Name of Employer | Occupation | I | | | | | | | | |
| | Childrens Ortho & Scoliosis | Orthopaedi | c Surgeon | | - | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | Date of Receipt 06 / 04 2012 Transaction ID : A75372A74DB06482DE | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) David E Nonweiler MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address William Medical Bldg 6585 S Yale Ste 200 | | | M = M / D = D / Y = Y = Y 06 04 2012 | | | | | | Y | |
| | City Tulsa | State OK | Zip Code 74136-8315 | | | | | A753724 leceipt th | 474DB0 | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 0.00 | |
| | Name of Employer Central States Orthopaedic Specialists | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: | · | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 |] | | | | | | | |
| С. | Full Name (Last, First, Middle Initial) James Albert Nunley II, MD | I | | | Date of | f Re | ceipt | | | | |
| | Mailing Address Box 2923 Orthopaedic Department | | | | м м 06 | / | 04 | / Y | 2012 | Y | |
| | City | State | Zip Code | | | sacti | | AB6937 | | 94FD59A8 | |
| | Durham | NC | 27715-2923 | _ | Amoun | t of | Each R | leceipt th | nis Perio | d | |
| | FEC ID number of contributing federal political committee. | С | | | | | 3 | | 50 | 00.00 | |
| | Name of Employer | Occupation | | \neg | | | | | | | |
| | Duke University Medical Center | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1250.00 |] | | | | | | | |
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FEC Schedule A (Form 3X) Rev. 02/2003

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| ITEMIZED RECEIPTS | | Use separate schedule(s) | (0 | heck onl | y or | ne) | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | outions f | from such | n comm | nittee |). |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | an Association of Orth | | | · · · · | | _ | | | |
| | Political Action Committee of the | ne America | an Association of Ortho | opa | leaic S | sur | geon | S | | | |
| - | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| Α. | Kenneth M Oates MD | | | _ | Date o | f Re | eceipt | | | 16 17 ontributions committee. 2012 2012 22644D4622B Period 250.00 250.00 250.00 250.00 2012 75ADB4E74B Period 1000.00 | |
| | Mailing Address 3516 W 3rd St | | | | м – м 06 | 1 | 04 |) / Y | | | 1 |
| | City | State | Zip Code | | | sacti | | A5B3BE | | | 522B76 |
| | Anacortes | WA | 98221-1215 | | | | | leceipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | л. I | | 25 | 50.00 | 0 |
| | Name of Employer | Occupation | l | | | | | | | | |
| | Northwest Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) | | 250.00 | 11 | | | | | | | |
| | | | g g g | 41 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mary I O'Connor MD | | | | Date o | f Re | eceipt | | | | |
| | Mailing Address 4500 San Pablo Rd | | | | M M | / | DD |) / Y | Y Y | Y | 1 |
| | City | State | Zip Code | _ | 06 | ۰. | 04 | | 2012 | | |
| | Jacksonville | FL | 32224-1865 | ŀ | | | | | | | <u> 74B52</u> |
| | FEC ID number of contributing | | | | Anoun | | Lacinin | | is i enc | Ju | - |
| | federal political committee. | С | | | | | 7 | 7 | 100 | 00.00 |) |
| | Name of Employer | Occupation | 1 | _ | | | | | | | |
| | Mayo Clinic Jacksonville | Orthopaedic | | | | | | | | | |
| | Receipt For: | · · · | Year-to-Date ▼ | | | | | | | | |
| | Primary General | riggrogato | | 11 | | | | | | | |
| | Other (specify) | | , 2000.00 | 4 | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| C. | Richard Fairfax Pell IV, MD | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 13510 SW 73rd Ct | | | | M M | / | |) / Y | | Y | 1 |
| | City | State | Zip Code | | 06 Trans | sact | 04 ion ID · | ΔΕΔ47Ε | | RF4 | F47884 |
| | Miami | FL | 33156-6819 | | | | | Receipt th | | | 47000 |
| | FEC ID number of contributing federal political committee. | С | | | Γ. | | , | | 18 | 88.0 | 0 |
| | Name of Employer | Occupation | 1 | - | | | | | | | |
| | South Florida Int'l Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 438.00 | 11 | | | | | | | |
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| 17 | ITEMIZED RECEIPTS | | Use separate schedule(s) | (c | heck onl | y or | ne) | | | |
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| or | for commercial purposes, other than using the | ne name and a | ddress of any political committee | e to s | solicit co | ntrib | outions fi | rom such | n commit | ee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Orthe | ора | edic S | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) Richard N. Peterson JD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 6300 N. River Rd | | | | 06 | / | 04 | / Y | 2012 | Y |
| | City Rosemont | State IL | Zip Code 60018-4206 | | | | | | | 40698FA |
| | FEC ID number of contributing federal political committee. | С | | | | | л. I. | 7 | 250 | .00 |
| | Name of Employer American Academy of Orthopaedic Surg | Occupation General Co | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 250.00 | 1 | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Christopher S Proctor MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 511 Bath St | | | | м м 06 | / | D D D 04 | / Y | ү 2012 | Y |
| | City Santa Barbara | State CA | Zip Code 93101-3403 | | | | - | | 56ABE8 is Period | 4D56986 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 375 | .00 |
| | Name of Employer Alta Orthopaedics | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 675.00 |] | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Peter C Rink DO | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 2300 53rd Ave Ste 100 | | | | м м 06 | / | 04 | / Y | ү ү 2012 | Y |
| | City Bettendorf | State IA | Zip Code 52722-7565 | | | | | | BBFF6CF | 495F87F |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | , | 250 | 0.00 |
| | Name of Employer | Occupation | | \neg | | | | | | |
| | Orthopaedic Surgery Associates | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | 1 | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | [] | | 7 | | 875 | .00 |

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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | |
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| or | for commercial purposes, other than using t | ine name and a | doress of any political committee | e to s | SOLICIT COL | ומוזזו | utions 1 | rom suc | n commit | lee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Ortho | opa | edic S | urę | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Richard Mills Roberts MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 2120 N MacArthur Blvd Ste | 100 | | | м – м 06 | / | 04 |) / Y | у у 2012 | Y |
| | City Irving | State TX | Zip Code 75061-2260 | | | | | | 30252FC4 nis Period | 446B8EC |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1000 | 0.00 |
| | Name of Employer IOSM | Occupation Orthopaedi | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) ▼ | | 2000.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Craig S Roberts MD, MBA | | | | Date of | Re | ceipt | | | |
| | Mailing Address 550 S. Jackson St 1st Floor | | | | м м 06 | / | 04 | / Y | 2012 | Y |
| | City Louisville | State KY | Zip Code 40202-1622 | | | | | | 595291B4 his Period | AFDA35 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 500 | .00 |
| | Name of Employer Univ of Louisville | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Michael W Roberts MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 1367 NC 108 Hwy | | | | м м 06 | 1 | 04 |) / Y | 2012 | Y |
| | City Rutherfordton | State NC | Zip Code 28139-7325 | | | | | | BF42C322 | 24DB986/ |
| | FEC ID number of contributing federal political committee. | С | | | | | , | - 7 | 500 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Rutherford Regional Medical Center | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | |
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| or for commercial purposes, other than using | the name and a | address of any political committee | e to solicit co | ntributions fr | om such | o committe | ee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the Americ | an Association of Orthe | opaedic S | Surgeons | 6 | | |
| Full Name (Last, First, Middle Initial) A. Craig William Roodbeen MD | | | Date of | f Receipt | | | |
| Mailing Address 1350 Kirts Blvd Ste 160 | | | м м 06 | / D D 04 | / Y | 2012 | Y |
| City Troy | State MI | Zip Code 48084-4852 | | saction ID : / | | | 3EE9C9 |
| FEC ID number of contributing federal political committee. | С | | | | | 250. | .00 |
| Name of Employer Self Employed | Occupation Orthopaedi | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| Primary General Other (specify) ▼ | | 250.00 | 1 | | | | |
| Full Name (Last, First, Middle Initial) B. Aron D Rovner MD | | | Date of | f Receipt | | | |
| Mailing Address 60 Riverside Blvd Apt. 701 | | | 06 | / D D 04 | / Y | у у 2012 | Y |
| City | State NY | Zip Code | | action ID : A | | | CE8803 |
| New York | IN Y | 10069-0209 | Amoun | t of Each Re | eceipt thi | is Period | |
| FEC ID number of contributing federal political committee. | С | | | , | | 225. | 00 |
| Name of Employer | Occupatior | 1 | | | | | |
| Self Employed | Orthopaedi | c Surgeon | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | 1 | | | | |
| Full Name (Last, First, Middle Initial) C. Alan Joseph Sarokhan MD | | | Date of | f Receipt | | | |
| Mailing Address 10 Mountain Blvd | | | M M 06 | / D D 04 | / Y | y y 2012 | Y |
| City | State NJ | Zip Code | | saction ID : | | | 4764AA |
| Warren | INJ | 07059-2639 | Amoun | t of Each Re | eceipt th | is Period | |
| FEC ID number of contributing federal political committee. | С | | | 3 | | 500 | .00 |
| Name of Employer | Occupatior | | | | | | |
| Orthopaedic Surgical Associate | Orthopaed | 3 | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | 1 | | | | |
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| II LIVIIZED NECEIFIJ | | for each category of the Detailed Summary Page | |
| | | | person for the purpose of soliciting contributions |
| | sing the name and a | address of any political committe | ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the Americ | an Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Scott P Schemmel MD | | | Date of Receipt |
| Mailing Address 1160 Pamela Ct | | | 06 04 2012 |
| City Dubuque | State IA | Zip Code 52003-8728 | Transaction ID : A8862BBC298C948EDI Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Medical Associates Clinic | Occupatior Orthopaed | | |
| Receipt For: | | - | <u> </u> |
| Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) B. Kevin G Shea MD | | | Date of Receipt |
| Mailing Address 600 N Robbins Rd Ste | 401 | | 06 04 2012 |
| City Boise | State ID | Zip Code 83702-4566 | Transaction ID : A5F61164658D34FF996 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer St. Lukes Health System | Occupatior Orthopaedi | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 |] |
| Full Name (Last, First, Middle Initial) C. Garth Robert Smith MD | | | Date of Receipt |
| Mailing Address 875 Mallard Circle | | | 06 04 _2012 _ |
| City Arnold | State MD | Zip Code 21012-1508 | Transaction ID : AFC84541AAAB34CB4 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer | Occupation | 1 | — |
| Anne Arundel Orthopaedic Surgeons | Orthopaed | ic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
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| IT. | | | Use separate schedule(s) | (c | heck onl | y or | ne) | L | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to : | solicit co | ntrib | outions f | from suc | h commi | ttee. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Orthe | opa | edic S | Sur | geon | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Peter J Stern MD | | | | Date of | f Re | eceipt | | | | | | | |
| | Mailing Address 231 Albert Sabin Way | | | | M M | / | DE |) / Ү | Y Y | Y | | | | |
| | Msb-5508 City | State | Zip Code | | 06 | | 04 | | 2012 | | | | | |
| | Cincinnati | OH | 45267-2827 | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 25 | 0.00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | Univ of Cincinnati College of Med | Orthopaedi | c Surgeon | | | | | | Y Y Y Y Y 2012 AED24790B1903428283 aceipt this Period 250.00 Y Y Y Y Y Y 2012 AAD95D8514B274460A aceipt this Period 250.00 | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Sean David Toomey MD | | | | Date of | f Re | eceipt | | | | | | | |
| | Mailing Address 601 Broadway Ste 600 | | | | 06 04 2012 | | | | | Y | | | | |
| | City | State | Zip Code | | Trans | acti | ion ID : | AAD95D | | 74460A8E | | | | |
| | Seattle | WA | 98122-5330 | | Amoun | t of | Each R | Receipt th | nis Perioo | b | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | - 7 | 250 | 0.00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Proliance Surgeons | Orthopaedi | c Surgeon | | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 250.00 | 1 | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Steven Tradonsky MD | I | | | Date of | f Re | eceipt | | | | | | | |
| | Mailing Address 7485 Mission Valley Rd #104 | 1 | | | м м 06 | 1 | 04 | | 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | sact | ion ID : | A1EB97 | | 74BAF8C | | | | |
| | San Diego | CA | 92108-4422 | | Amoun | t of | Each R | leceipt th | nis Period | k | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | л. I. | | 18 | 8.00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | California Orthopaedic Institute | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 438.00 |] | | | | | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | outions | from sucl | h com | mitte | e. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | ора | edic S | Sur | geon | S | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Arthur L Valadie III, MD | | | | Date o | f Re | eceipt | | | | | | | | |
| | Mailing Address 526 56th St | | | | м – м 06 | / | 04 | | y 201 | 2 | Y | | | | |
| | City Holmes Beach | State FL | Zip Code 34217-1528 | | Transaction ID : A9FC70C2AA0C248AF93 Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | | 250.0 | 00 | | | | |
| | Name of Employer Coastal Orthopaedics | Occupation Orthopaedi | | | | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 |] | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Robert N Walker MD | l | | | Date o | f Re | eceipt | | | | | | | | |
| | Mailing Address 1873 E Parkhurst Ct | | | | | | 04 | | 2012 | | Y | | | | |
| | City | State | Zip Code | ╞ | | | | A0EB9B | | | 1E2835 | | | | |
| | | ID | 83616-6803 | - | Amoun | t of | Each F | Receipt th | nis Per | riod | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | L | | 7 | | ę | 500.0 | 00 | | | | |
| | Name of Employer St. Lukes Health System | Occupation Orthopaedic | | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) William F Webb MD | I | | | Date o | f Re | eceipt | | | | | | | | |
| | Mailing Address 7925 Youree Dr. Ste 220 | | | | м м 06 | / | 04 | | 2012 | | Y | | | | |
| | City Shreveport | State LA | Zip Code 71105-5134 | | | | | A3B0CE Receipt th | | | 9F5B81 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1 | 000.0 | 00 | | | | |
| | Name of Employer | Occupation | | \neg | | | | | | | | | | | |
| | Highland Clinic | Orthopaedi | c Surgeon | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | | | | | |
| _ | Other (specify) | | 7 7 7 | | | | | | | | | | | | |
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| •• | | Detailed Summary Page | | | × | 11a | | 11b | | 1c | | 12 | | |
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| or | for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of t | | | | | | | | | such | | mmitt | ee. | |
| | | | | | ec | | Sui | yeu | 115 | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Richard B Welch MD Mailing Address PO Box 2190 | | | | D | ate o | f Re | eceipt | | | | | | |
| | Maining Address FO Box 2190 | | | | l | 06 M | <i>'</i> | |)4 | Y | | 012 | Y | |
| | City Napa | State CA | Zip Code 94558-0508 | | | | | |) : ADI Recei | | | | 4DF0 | A9 |
| | FEC ID number of contributing federal political committee. | С | | | | | | 3 | | 3 | | 150 | .00 | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Retired | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General | | 250.00 | 11. | | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) S Dale Yakish MD | | | | D | ate o | f Re | eceipt | | | | | | |
| | Mailing Address 1030 Beaner Hollow Rd | | E | м м 06 | / | | D / 04 | Y | |)12 | Y | | | |
| | City | State | Zip Code | | - | Trans | act | ion ID |) : AF1 | <u>3A53</u> | 5B | F5D0 | 4D25 | <u>961</u> |
| | Beaver | PA | 15009-9723 | | A | moun | t of | Each | Recei | pt thi | is P | eriod | | |
| | FEC ID number of contributing federal political committee. | s a l | | | | | | 7 | | 7 | | 1000 | .00 | |
| | Name of Employer | Occupation | l | | | | | | | | | | | |
| | Association of Specialty Physicians | Orthopaedie | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 |] | | | | | | | | | | |
| — C. | Full Name (Last, First, Middle Initial) Stephen John Augustine DO | | | | D | ate o | f Re | eceipt | | | | | | |
| | Mailing Address 4498 Coquina Dr | | | | ľ | м м 06 | 1 | | D / 05 | Y | |)12 | Y | |
| | City | State | Zip Code | | | Trans | sact | tion IE |) : A6F | 8510 | A1 | DA4C | :465A | .9E |
| | Jacksonville Beach | FL | 32250-2108 | | A | moun | t of | Each | Recei | ipt thi | is P | eriod | | |
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| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | Jacksonville Ortho Institute | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General | | | | | | | | | | | | | |
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| <u> </u> | mmercial purposes, other than using | the name and a | ddress of any political committee | e to s | solicit co | ntrib | utions | from suc | h comr | nittee | Э. | | | |
| | E OF COMMITTEE (In Full) tical Action Committee of | the America | an Association of Orth | opa | edic S | Sur | geon | S | | | | | | |
| | lame (Last, First, Middle Initial) ci G Barthel MD | | | | Date of | f Re | ceipt | | | | | | | |
| Mailin | g Address 3130 110th Ave SE | | | | м м 06 | / | 05 | | 2012 | | 1 | | | |
| City Belle | vue | State WA | Zip Code 98004-7504 | Transaction ID : ACC4FC221FE2E47A881 Amount of Each Receipt this Period | | | | | | | | | | |
| | ID number of contributing al political committee. | С | | | | | 7 | 7 | 5 | 500.0 | 0 | | | |
| | of Employer | Occupation Orthopaedi | | | | | | | | | | | | |
| Recei | pt For: Primary General | | | | | | | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | | | | |
| B. Jeff | lame (Last, First, Middle Initial) ery P Beckenbaugh DO | | | | Date of | f Re | ceipt | | | | | | | |
| | g Address 4121 8th St SW | | | | | | | | y 2012 | | | | | |
| - | City Rochester | State MN | Zip Code 55902-8751 | | | | | AD6923 Receipt th | | | BAA74 | | | |
| | ID number of contributing al political committee. | С | | | | | | 7 | 1 | 00.00 | 0 | | | |
| | of Employer ed Medical Center | Occupation Orthopaedic | | | | | | | | | | | | |
| | pt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 |] | | | | | | | | | | |
| | lame (Last, First, Middle Initial) /in P Black MD | | | | Date of | f Re | ceipt | | | | | | | |
| | g Address 30 Hope Dr PO Box 859, EC-089 | | | | м м 06 | / | 05 | | y 2012 | | | | | |
| City Hersl | hey | State PA | Zip Code 17033-2036 | | | | | Receipt th | | | 51A80 | | | |
| | ID number of contributing al political committee. | С | | | | | 7 | 7 | 10 | 0.000 | 0 | | | |
| Name | of Employer | Occupation | | | | | | | | | | | | |
| | State Hershey Medical Ctr | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | pt For: Primary General Other (specify) _▼ | Aggregate | Year-to-Date ▼ 2000.00 | | | | | | | | | | | |
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SCHEDULE A (FEC Form 3X)

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| | for each category of th Detailed Summary Pag | |
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| | | any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | of the American Association of (| Orthopaedic Surgeons |
| A. Craig D Brigham MD Mailing Address 2001 Randolph Rd | State Zip Code | Date of Receipt 06 05 2012 Transaction ID : AE7677A01B3824F088AA |
| Charlotte FEC ID number of contributing federal political committee. | NC 28207-1215 | Amount of Each Receipt this Period |
| Name of Employer Ortho Carolina Receipt For: Primary General Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250. | 00 |
| Full Name (Last, First, Middle Initial) B. William Bugbee MD Mailing Address 10666 North Torrey Pine | es Rd | Date of Receipt |
| City La Jolla FEC ID number of contributing federal political committee. | State Zip Code CA 92037-1027 | Transaction ID : ADD50FBB9C3DB427388 Amount of Each Receipt this Period 500.00 |
| Name of Employer Scripps Clinic Receipt For: | Occupation Orthopaedic Surgeon | |
| Primary ☐ General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.0 | 00 |
| C. Full Name (Last, First, Middle Initial) William Gerard Cimino MD Mailing Address 1830 Merwins Ln | | Date of Receipt |
| City Fairfield | StateZip CodeCT06824-1608 | 06 05 2012 Transaction ID : A3201BD8482A443C79C3 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Beach Road Orthopaedic Specialists Receipt For: | Occupation Orthopaedic Surgeon | |
| Primary General Other (specify) | Aggregate Year-to-Date ▼ 500. | 00 |
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| TIEMIZED RECEIPTS | for each category of the Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
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| | s and Statements may not be sold or used by any p sing the name and address of any political committee | erson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the American Association of Ortho | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Patrick E Clare MD Mailing Address 575 S 70th St Ste 200 City Lincoln FEC ID number of contributing federal political committee. | State Zip Code NE 68510-2471 | Date of Receipt |
| Name of Employer Nebraska Orthopaedic & Sports Receipt For: Primary General Other (specify) ▼ | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1250.00 |] |
| Full Name (Last, First, Middle Initial) Wayne Anthony Colizza MD Mailing Address 160 Hanover Ave PO Box 1446 City Morristown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code NJ 07962-1446 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) C. Charles Cannon Edwards II Mailing Address 308 N Wind Rd City Towson FEC ID number of contributing federal political committee. Name of Employer The Maryland Spine Center Receipt For: Primary General Other (specify) | MD State Zip Code MD 21204-6728 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | Date of Receipt |
| SUBTOTAL of Receipts This Page (option | onal) | 1500.00 |

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a | 11b | 11c | 12 | <u> </u> | | | | |
| Any information copied from such Reports a | nd Statements ma | A not be sold or used by any p | erson for the | 14 purpose | of soliciting | 16 g contribut | 17 ions | | | | |
| or for commercial purposes, other than using | g the name and a | address of any political committee | e to solicit co | ntribution | s from suc | h committe | e. | | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of | f the Americ | an Association of Ortho | opaedic S | Surgeo | ns | | | | | | |
| Full Name (Last, First, Middle Initial) A. John P K Featheringill MD | | | Date o | f Receipt | | | | | | | |
| Mailing Address 801 Princeton Ave Ste 71 | 0 | | м м 06 | | D / Y 05 | ү ү 2012 | Y | | | | |
| City Birmingham | State AL | Zip Code 35211-1309 | | | D: A2DF54 | | 68FA6C | | | | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | 300. | 00 | | | | |
| Name of Employer Orthopedic Specialists of Alabama | Occupation Orthopaedi | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Primary General Other (specify) ▼ | | 300.00 |] | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Robert Thomas Fisher MD | | | Date o | f Receipt | | | | | | | |
| Mailing Address 52 Thomas Johnson Dr | | | м м 06 | | D / Y 05 | ү ү 2012 | Y | | | | |
| City | State MD | Zip Code | | |) : A9B946 | | C96B2F | | | | |
| Frederick | | 21702-4501 | Amoun | t of Each | Receipt th | his Period | _ | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 500. | 00 | | | | |
| Name of Employer Orthopaedic Specialists of Frederick | Occupation Orthopaedi | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | 1 | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. John C Gordon MD | | | Date o | f Receipt | | | | | | | |
| Mailing Address 1232 Race Rd. #102 | | | м м 06 | | D / Y 05 | 2012 | Y | | | | |
| City Rosedale | State MD | Zip Code 21237-2362 | | | D : A60D75 | | F4BB2D | | | | |
| FEC ID number of contributing federal political committee. | С | | Amoun | t of Each | Receipt th | 500. | 00 | | | | |
| Name of Employer | Occupation | 1 | | | | | | | | | |
| Self Employed | Orthopaedi | ic Surgeon | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | 1 | | | | | | | | |
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| 17 | | | Use separate schedule(s) | | | | (check only one) | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom such | n commit | ee. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | ора | edic S | Sur | geon | 5 | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) William L Green MD | | | | Date of | f Re | ceipt | | | | | | | |
| | Mailing Address 3838 California St Ste 715 | | | 06 05 Y Y Y Y Y 06 05 2012 | | | | | | | | | | |
| | City San Francisco | State CA | Zip Code 94118-1509 | | | | | | | 4EEDA42 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 5 | 375 | .00 | | | | |
| | Name of Employer CPOSM | Occupation Orthopaedi | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 625.00 | 1 | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Elliot L Gross MD | | | | Date of | f Re | ceipt | | | | | | | |
| | Mailing Address 3831 Hughes Ave Ste 509 | | | | м м 06 | 1 | 05 | / Y | үүү 2012 | Y | | | | |
| | City | State CA | Zip Code | | | | | | | 47E4A3C | | | | |
| | Culver City | CA | 90232-6861 | | Amount | t of | Each R | eceipt th | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | , | J | 250 | .00 | | | | |
| | Name of Employer Self Employed | Occupation Orthopaedic | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Warren Grossman MD | | | | Date of | f Re | ceipt | | | | | | | |
| | Mailing Address 10662 Zurich St | | | | м м 06 | / | 05 | / Y | ууу 2012 | Y | | | | |
| | City Hollywood | State FL | Zip Code 33026-4830 | | | | | | BE83BF5 is Period | 4C86A98 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 200 | 0.00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Ortho Assoc of South Broward | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 400.00 | ı | | | | | | | | | | |
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| NAME OF COMMITTEE (In Full) Political Action Committee of the | American Association of Ortho | paedic Surgeons |
| Full Name (Last, First, Middle Initial) Nicholas P Grosso MD Mailing Address 10113 Lakeside Ct City Ellicott City FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates of Central MD Receipt For: Primary General Other (specify) ▼ | State Zip Code MD 21042-6340 C C Occupation C Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Ronald G Hayter MD Mailing Address 1660 Gulf to Bay Blvd City Clearwater FEC ID number of contributing federal political committee. Name of Employer Florida Knee & Ortho Center Receipt For: Primary General Other (specify) ▼ | State Zip Code FL 33755-6423 C C Occupation C Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Cameron B Huckell MD Mailing Address 700 Michigan Ave City Buffalo FEC ID number of contributing federal political committee. Name of Employer Pinnacle Orthopedics Receipt For: Primary General Other (specify) ▼ | State Zip Code NY 14203-1536 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00 | Date of Receipt |
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| 17 | EMIZED RECEIPTS | | Use separate schedule(s) | (ch | eck only | y on | ie) | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to se | olicit cor | ntrib | utions | from suc | h commit | tee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opae | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) D Marshall Jemison MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 979 E 3rd St Ste 920 | | | | м м 06 | / | 05 |) / Y | 2012 | Y |
| | City Chattanooga | State TN | Zip Code 37403-3307 | | | | | | 824B02C | 40428C8 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 500 |).00 |
| | Name of Employer Plastic Surgery Group | Occupation Orthopaedi | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) William J Krywicki MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 1000 E Mountain Dr | | | | м м 06 | / | 05 | | 2012 | Y |
| | City Wilkes Barre | State PA | Zip Code 18711-0027 | | | | | | 7F078A84 his Perioc | 139CA46 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 500 | 0.00 |
| | Name of Employer Geisinger Health System | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Neal J Labana MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 19801 Governors Hwy, Ste 1 | 60 | | | м м 06 | / | 05 | | 2012 | Y |
| | City Flossmoor | State IL | Zip Code 60422-4363 | | | | | | 6B57D69 | 94159AB4 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 1000 | 0.00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Premier Ortho & Hand Ctr | Orthopaedi | c Surgeon | | | | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom such | n comm | nittee | | | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of | the America | an Association of Orthe | ора | edic S | Surç | geon | S | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Elly Susannah LaRoque MD | | | | Date of | f Re | ceint | | | | | | | |
| Λ. | Mailing Address 154 Stanyan St | | | | M M | | D D | / Y | Y Y | | 1 | | | |
| | City | State | Zip Code | 06 05 2012 Transaction ID : AF3C3D03493DC482A8 | | | | | | | | | | |
| | San Francisco | CA | 94118-4241 | | od | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 50.00 | 0 | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Post St Ortho & Sports Med | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Kent Jason Lowry MD | I | | | Date of | f Re | ceipt | | | | | | | |
| | Mailing Address 444 E Timber Dr | | | | м м 06 | / | 05 | / Y | _ 2012 | Y | 1 | | | |
| | City | State | Zip Code | | Trans | actio | on ID : | AABDA1 | 1740D4 | 324E | EA59F5 | | | |
| | Rhinelander | WI | 54501-2852 | | Amoun | t of | Each R | eceipt th | is Perio | bd | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 50 | 00.00 |) | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Northland Orthopaedics | Orthopaedic | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Thomas D Magill MD | | | | Date of | f Re | ceipt | | | | | | | |
| | Mailing Address 3082 W Shorewood Dr | | | | м м 06 | / | 05 | / Y | 2012 | | 1 | | | |
| | City | State | Zip Code | | the second se | sacti | the second s | AEFF34 | den se de se d | | 450A50 | | | |
| | La Porte | IN | 46350-7517 | | Amoun | t of | Each R | eceipt th | is Perio | bd | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | | 2 | 50.0 | 0 | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Indiana University La Porte Hospital | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | utions | from such | h comi | mittee | Э. | | | |
| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of th | e America | an Association of Orthe | opa | aedic S | Sur | geon | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Anthony R Marino MD | | | | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 12 Misty Ln | | | | M M | | D |) / Y | Y | Y Y | | | | |
| | City | State | Zip Code | _ | 06 | | 05 | 107004 | 201 | | | | | |
| | Londonderry | NH | 03053-2675 | | | | | A87664E Receipt th | | | J8/ BD/ | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 250.0 | 0 | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | New Hampshire Orthopedic Center | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General | | 500.00 | 11 | | | | | | | | | | |
| | Other (specify) | | 300.00 | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) William C McMaster MD | | | | Date of | f Re | ceipt | | | | | | | |
| | Mailing Address 1310 W Stewart Dr Ste 508 | | | | м м 06 | / | 05 |) / Y | 2012 | | 1 | | | |
| | City | State | Zip Code | | | acti | | A787210 | | | 2799E | | | |
| | Orange | CA | 92868-3856 | | Amoun | t of | Each F | Receipt th | nis Per | iod | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | y | | 5 | 500.0 | 0 | | | |
| | Name of Employer | Occupation | I | - | | | | | | | | | | |
| | APOS | Orthopaedic | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | |
| | Other (specify) ▼ | | 500.00 | 11 | | | | | | | | | | |
| | Other (specify) | | , | | | | | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) Scott A McPherson MD | | | | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 7044 Cahill Rd | | | | M M | | D | | Y | | Γ | | | |
| | City | State | Zip Code | - | 06 Trans | | 05 ION ID : | A984C9 | 2012 8663E | | 62440 | | | |
| | Minneapolis | MN | 55439-2034 | | | | | Receipt th | | | 02A40 | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | y | | | 300.0 | 0 | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | Park Nicollet Clinic | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General | | 300.00 | ٦L | | | | | | | | | | |
| | Other (specify) | | 300.00 | | | | | | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom suc | h commi | ttee. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | edic S | Sur | geon | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) William L Mills MD | | | | Date of | f Re | ceipt | | | | | | | |
| | Mailing Address 2376 Cypress Circle Ste 300 | I | | | 06 05 2012 | | | | | | | | | |
| | City | State | Zip Code | | | sacti | | AFB945 | | 462B9E2 | | | | |
| | Conway | SC | 29526-8995 | | Amoun | t of | Each R | eceipt th | nis Perioo | ł | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 100 | 0.00 | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | Coastal Orthopedics | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | 1 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Jeffrey K Moore MD | 1 | | | Date of | f Re | ceipt | | | | | | | |
| | Mailing Address 4251-B Arendell Street | | | | м м 06 | / | 05 | / Y | 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | AB5D2E | 8FECB8 | 145EA8CF | | | | |
| | Morehead City | NC | 28557-2871 | | Amoun | t of | Each R | eceipt th | nis Perioo | k | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 500 | 0.00 | | | | |
| | Name of Employer | Occupation | I | | | | | | | | | | | |
| | Moore Orthopedics | Orthopaedie | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | ıl | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Roland Y Nakata MD | | | - | Date of | f Re | ceint | | | | | | | |
| | Mailing Address 815 S Fairmont Ave | | | | | | 05 | / Y | 2012 | Y | | | | |
| | City | State | Zip Code | \neg | | sacti | | A1807B | | 841C38C9 | | | | |
| | Lodi | CA | 95240-5116 | | | | | | nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 3 | | | 0.00 | | | | |
| | Name of Employer | Occupation | 1 | \neg | | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of t | the America | an Association of Ortho | opa | edic S | Surg | eons | 6 | | | |
| Α. | Full Name (Last, First, Middle Initial) Terrence M O'Donovan MD | | | | Date of | Bec | eint | | | | |
| | Mailing Address 615 Maid Marion Hill | | | | M M | / | D D | / Y | Y Y | Y | |
| | City | State | Zip Code | _ | 06 Trans | actio | 05 n ID : | A6C8444 | 2012 | 4452 | A 1 2 |
| | Annapolis | MD | 21405-2027 | | | | | eceipt th | | | 113 |
| | FEC ID number of contributing federal political committee. | С | | | | . , | | | 50 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed Receipt For: | Orthopaedi | c Surgeon | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | _ | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Mark K Perezous MD | | | | Date of | Rece | eipt | | | | |
| | Mailing Address 231 Granite Run Dr Ste 100 |) | | | M M | / | 0 05 | / Y | 2012 | Y | |
| | City | State | | Trans | actio | n ID : / | A303CE0 | | A428D | 979 | |
| | Lancaster | PA | 17601-6823 | | Amount | t of E | ach Re | eceipt th | is Perior | d | |
| | FEC ID number of contributing federal political committee. | С | | | | , | | - 7 | 250 | 0.00 | |
| | Name of Employer | Occupation | | | | | | | | | |
| | Lancaster Orthopedic Group | Orthopaedic | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Timothy P Schweitzer MD | | | | Date of | Rece | eipt | | | | |
| | Mailing Address 10287 SW Taylor St | | | | м м 06 | / | 05 | / Y | 2012 | Y | |
| | City | State | Zip Code | \neg | | actio | | AC54C5 | | B4FE7 | 7BEF |
| | Portland | OR | 97225-7058 | | | | | eceipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | - 7 | 18 | 8.00 | |
| | Name of Employer | Occupation | 1 | \neg | | | | | | | |
| | Northwest Permanente, PC | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 538.00 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional). | | | | [. | , | | | 938 | 8.00 |] |

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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| $\left \right\rangle$ | Political Action Committee of t | he Americ | an Association of Orthe | opaedic S | Surgeor | าร | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Enzo J Sella MD | | | Date o | f Receipt | | | | | | | |
| | Mailing Address 2408 Whitney Ave | | | 06 | / D | | 2012 | Y | | | | |
| | City Hamden | State CT | Zip Code 06518-3209 | | saction ID t of Each | | | ACC9FE | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 1000. | 00 | | | | |
| | Name of Employer Connecticut Ortho Specialists | Occupation Orthopaedi | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | 1 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Paul L Tesar MD | | | Date o | f Receipt | | | | | | | |
| | Mailing Address PO Box 929 | | | 06 | / D | | 2012 | Y | | | | |
| | City | State | Zip Code | | action ID | | | 0A592E | | | | |
| | Saint Helens | OR | 97051-0929 | Amoun | t of Each | Receipt th | nis Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 500. | 00 | | | | |
| | Name of Employer | Occupation | I | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | 1 | | | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Andrew J Vicar MD | | | Date o | f Receipt | | | | | | | |
| | Mailing Address 1801 N Senate Blvd | | | 06 | / D | | 2012 | Y | | | | |
| | City Indianapolis | State IN | Zip Code 46202-1228 | | saction ID t of Each | | | 4DFCB4 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 250. | .00 | | | | |
| | Name of Employer | ne of Employer Occupation | | | | | | | | | | |
| | Ortho Indy | Orthopaedi | c Surgeon | | | | | | | | | |
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| or for commercial purposes, other than usi | ng the name and a | ddress of any political committe | e to soli | cit cor | ntribu | itions t | rom suc | n comr | nittee | <i>.</i> |
| NAME OF COMMITTEE (In Full) Political Action Committee of | of the Americ | an Association of Orth | opaec | dic S | Surg | geon | S | | | |
| Full Name (Last, First, Middle Initial) A. Norman Eugene Walter MD | | | D | ate of | f Rec | ceipt | | | | |
| Mailing Address 4466 W Bristol Rd | | | | м м 06 | / | 05 |) / Y | 2012 | Y Y 2 | 1 |
| City | State | Zip Code | | Trans | actio | on ID : | A2F052 | F7E609 | 9D46 | 35AAC |
| Flint | MI | 48507-3170 | A | mount | t of E | Each R | leceipt th | nis Peri | od | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 2 | 250.0 | 0 |
| Name of Employer | Occupation | 1 | | | | | | | | |
| Family Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | |
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| Primary General Other (specify) ▼ | | 250.00 |] | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Eric Wroten MD | | | D | ate of | f Rec | ceipt | | | | |
| Mailing Address 801 W Terrell | | | | м м 06 | / | 05 | / Y | 2012 | | 1 |
| City | State | Zip Code | | Trans | actic | on ID : | A291341 | 1075DC | CB4F | F4954 |
| Fort Worth | ТХ | 76104-3100 | A | mount | t of E | Each R | leceipt th | nis Peri | od | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 2 | 50.00 |) |
| Name of Employer | Occupation | | | | | | | | | |
| Texas Health Care | Orthopaedie | c Surgeon | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| Other (specify) ▼ | | , 250.00 |] | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Felipe Fontanez Sullivan MD | | | D | ate of | f Rec | ceipt | | | | |
| Mailing Address Bayamon Medical Plz 1845 Can #2 Ste 701 | | | T | м м 06 | / | 07 | / Y | 2012 | | 1 |
| City | State | Zip Code | | Trans | actio | on ID : | AF400B | CC9F4 | 4141 | BBB2 |
| Bayamon | PR | 00959-7200 | A | mount | t of E | Each R | leceipt th | nis Peri | iod | |
| FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 2 | 250.0 | 0 |
| Name of Employer | Occupation | | | | | | | | | |
| Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
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| | | | Detailed Summary Page | | 11a 13 | | 11b 14 | | 11c 15 | \vdash | 12 16 [| 17 |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of the | America | an Association of Ortho | opaed | dic S | Sur | geo | ons | | | | |
| Α. | Full Name (Last, First, Middle Initial) Thomas Atkins MD | | | C | ate of | Re | eceip | ot | | | | |
| | Mailing Address 5N105 Burr Rd | | | | м м 06 | / | D | 07 | / Y | ү 20 | ү ү 12 | |
| | City Saint Charles | State IL | Zip Code 60175-6106 | | | | | | 035B5 ′ eipt thi | | | 73AB1 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 7 | | 250.0 | 0 |
| | Name of Employer Fox Valley Orthopaedic Institute | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Lawrence Berson MD Meiling Address (12.2 minute Di Que 100 | | | | ate of | Re | | | | | | _ |
| | Mailing Address 410 Saybrook Rd Ste 100 City | State | Zip Code | _ L | 06 | | D | 07 | | 201 | | |
| | Middletown | CT | 06457-4780 | | | | | | BBA1 | | | 14FF91 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | , | | 500.0 | 0 |
| | Name of Employer MOS,PC | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Thomas J Errico MD | | | | ate of | Re | eceip | ot | | | | |
| | Mailing Address 530 1st Ave Ste 8U | | | | м м 06 | / | D | 07 | / Y | ې 201 | ү ү 12 | |
| | City New York | State NY | Zip Code 10016-6402 | A | | | | | -429B7 eipt thi | | | C183D |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 7 | | 1000.0 | 0 |
| | Name of Employer | Occupation | | _ | | | | | | | | |
| | NYU Medical School | Orthopaedi | c Surgeon | | | | | | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committee | e to | SOLICIT CO | ntrib | utions | from suc | n con | nmitte | е. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | the America | an Association of Ortho | ора | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) James Mastin Farmer MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 1450 Longview Rd | | | | м – м 06 | / | 07 |) / Y | 20 [.] | 10 | |
| | City | State | Zip Code | | | acti | | A71A70 | | | 91AA52 |
| | Roanoke | VA | 24018-7690 | _ | | | | Receipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | , | | 250.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Lewis-Gale Physicians | Orthopaedic | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Jeryl G Fullen MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 1201 Michigan Ave Ste 70 | | | | м м 06 | / | 07 |) / Y | y 201 | 2 | |
| | City | State | Zip Code | | Trans | acti | on ID : | ACADF | 6F5B9 | 918F4 | ABF840 |
| | Logansport | IN | 46947-1580 | _ | Amoun | t of | Each F | Receipt th | his Pe | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | _ | 250.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Logansport Memorial Hospital | Orthopaedic | Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Eric Duniway Hoffman MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 33 Sewall St PO Box 1260 | | | | м – м 06 | / | 07 | | 201 | 2 | |
| | City | State | Zip Code | | | sacti | | ADA118 | | | 63F9C3 |
| | Portland | ME | 04102-2603 | _ | Amoun | t of | Each F | Receipt th | his Pe | eriod | |
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| | Orthopaedic Associates | Orthopaedi | c Surgeon | | | | | | | | |
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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| | | for each category of the Detailed Summary Page | | - | | 11b | | 11c | 12 | | | | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committe | | | | | | | | | | | | | | | | | |
| A. Full Name (Last, First, Middle Initial) Mark W Hollmann MD Mailing Address 740 W Plymouth Ave | | | | Date o | | D | D)7 | / Y | у у 2012 | Y | | | | | | | |
| City | State FL | Zip Code 32720-3282 | | | | | | | | 14F1B94F | | | | | | | |
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| Florida Orthopaedic Associates | Orthopaedic | Surgeon | | | | | | | | | | | | | | | |
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| Full Name (Last, First, Middle Initial) B. J Kevin Horn MD | | | | Date o | f Re | eceipt | | | | | | | | | | | |
| Mailing Address 9062 N Point Dr | | | | м м 06 | / | 0 | D)7 | / Y | ү ү 2012 | Y | | | | | | | |
| City | State | Zip Code | | Transaction ID : A96A1150D4AF94339BD | | | | | | | | | | | | | |
| Beach City | TX | TX 77523-8311 | | | | | | Amount of Each Receipt this Period | | | | | | | | | |
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| Fondren Orthopedic Group | Orthopaedic | Surgeon | | | | | | | | | | | | | | | |
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| Full Name (Last, First, Middle Initial) c. F Thomas Davies Kaplan | ИD | | | Date o | f Re | eceipt | | | | | | | | | | | |
| Mailing Address 8501 Harcourt Rd | | | | м м 06 | 1 | | D 07 | / Y | ү ү 2012 | Y | | | | | | | |
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| Detailed Summary Page X 11a 11b 11c 12 15 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Date of Receipt Full Name (Last, First, Middle Initial) A. Paul G Melaragno MD Date of Receipt Mailing Address 3288 Scioto Run Blvd OH 43026-3001 City State Zip Code Hilliard OH 43026-3001 FEC ID number of contributing federal political committee. Cocupation Ohio Orthopaedic Centr of Excellence Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code Mailing Address 3110 SW Brianwood Circle C Transaction ID : AS2D7048585754E96A/ Amount of Each Receipt Hor: Aggregate Year-to-Date ▼ Transaction ID : A92D70498585754E96A/ Mailing Address 3110 SW Brianwood Circle C Transaction ID : A92D70498585754E96A/ Amount of Each Receipt Hor: Aggregate Year-to-Date ▼ Transaction ID | IT. | | | Use separate schedule(s) | (che | ck only | / one | e) | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee of th | ne American Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) James Samuel Shafer MD Mailing Address 203 W Badillo St City Covina FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State Zip Code C 91723-1907 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Raymond M P Sherman MD Mailing Address 575 Sioux Point Road City North Sioux City FEC ID number of contributing federal political committee. Name of Employer CNOS Receipt For: Primary General Other (specify) ▼ | State Zip Code SD 57049-5312 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) William M Smith MD Mailing Address 6602 DeLynn Dr City Tifton FEC ID number of contributing federal political committee. Name of Employer Georgia Sports Med & Ortho Clinic Receipt For: Primary General Other (specify) ▼ | State Zip Code GA 31794-2219 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt |
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| Α. | Full Name (Last, First, Middle Initial) Bruce D Stamos MD | | | | Date o | f Re | ceipt | | | | |
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| в. | Full Name (Last, First, Middle Initial) Robert A Wainer MD | | | | Date o | f Re | ceipt | | | | |
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| <u>с</u> . | Full Name (Last, First, Middle Initial) Mark D Weber MD | | | | Date o | f Re | ceipt | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | ора | edic S | Surg | geon | S | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Peter White Whitfield MD | | | | Date of | f Red | ceipt | | | | |
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| <u> </u> | Full Name (Last, First, Middle Initial) William D Allen MD | | | | Date of | f Red | ceipt | | | | |
| | Mailing Address 2854 Bell St | | | | м м 06 | / | 08 | / Y | 2012 | | 1 |
| | City Zanesville | State OH | Zip Code 43701-1721 | - | | | | A512710 eceipt th | | | 28EA |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 250.0 | 0 |
| | Name of Employer Orthopedic Associates of Zanesville | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Matthew R Bong MD | | | | Date of | f Red | ceipt | | | | |
| | Mailing Address N61W30697 Beaver View Rc | ł | | | м м 06 | 1 | D D D | / Y | 2012 | | 1 |
| | City Hartland | State WI | Zip Code 53029-9222 | | | | | AC2185 eceipt th | | | E6B824 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 9 | 2 | 250.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | ı | | | | | | | |
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| TEMIZED RECEIPTS | - | for each category of the | | (check only one) | | | | | | |
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| Any information copied from such Reports ar or for commercial purposes, other than using | d Statements m | l ay not be sold or used by any p address of any political committe | erson for the | e purpose of | soliciting | g contribut | tions | | | |
| | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the Americ | an Association of Orth | opaedic | Surgeon | 3 | | | | | |
| Full Name (Last, First, Middle Initial) A. Robert A Caveney MD | | | Date of | of Receipt | | | | | | |
| Mailing Address 2115 Chapline St - VPC S | Suite 107 | | 06 | M / D D 08 | · / Y | 2012 | Y | | | |
| City Wheeling | State WV | Zip Code 26003-3859 | Tran | saction ID : nt of Each R | | 021FD1F0 | 49878D2 | | | |
| FEC ID number of contributing federal political committee. | С | | | | , | 250 | .00 | | | |
| Name of Employer | Occupation | | | | | | | | | |
| Receipt For: | Orthopaed | | | | | | | | | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Robert H Clayburgh MD | | | Date of | of Receipt | | | | | | |
| Mailing Address 3035 Demers Ave Ste 3 | | | 06 | | / Y | 2012 | Y | | | |
| City | State | Zip Code | Tran | saction ID : | A6E39E | AD394644 | 1AB0846 | | | |
| Grand Forks | ND | 58201-4040 | Amour | nt of Each R | eceipt th | is Period | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 300. | .00 | | | |
| Name of Employer Valley Bone & Joint Clinic | Occupatior Orthopaedi | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 |] | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Fred G Corley MD | | | Date of | of Receipt | | | | | | |
| Mailing Address Dept of Orthopaedics 7703 Floyd Curl Dr MC 77 | 74 | | 06 | | / Y | y y 2012 | Y | | | |
| City | State | Zip Code | Tran | saction ID : | AE8BB4 | 2B1CD7 | D4D9EA | | | |
| San Antonio | ТХ | 78229-3901 | Amour | nt of Each R | eceipt th | is Period | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 750 | .00 | | | |
| Name of Employer | Occupation | 1 | _ | | | | | | | |
| Univ of Texas Health Science Ctr | Orthopaed | ic Surgeon | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 750.00 | 1 | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he America | an Association of Orth | opa | edic S | Sur | geon | 5 | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Robert A Gurtler MD | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 2192 Wagon Trail Rd | | | | м м 06 | / | 08 | / Y | 2012 | Y | | | | |
| | City White Heath | State IL | Zip Code 61884-9314 | | Trans | | ion ID : | | | 4CC8B6 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 9 | 250 | 0.00 | | | | |
| | Name of Employer Carle Clinic Assoc | Occupation Orthopaedi | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 |] | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Peter T Hurley MD | | | | Date of | f Re | eceipt | | | | | | | |
| | Mailing Address 2048 2nd St NW | | | | м м 06 | / | 08 | / Y | y y 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | AEEACF | 0A3BAF | 84C5899 | | | | |
| | Hickory | NC | 28601-1202 | | Amoun | t of | Each R | eceipt th | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 250 | .00 | | | | |
| | Name of Employer Ortho Carolina | Occupation Orthopaedic | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Bryan Scott Kamps MD | | | | Date of | f Re | ceipt | | | | | | | |
| - | Mailing Address 1900 Redrock Dr | | | | м м 06 | / | 08 | / Y | 2012 | Y | | | | |
| | City Gallup | State NM | Zip Code 87301-5682 | _ | | | | | 9 5161AF is Period | 420EB5B | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 250 |).00 | | | | |
| | Name of Employer | Occupation | I | | | | | | | | | | | |
| | Rehoboth McKinley Christian Healthcare | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | |
| Г | Other (specify) | | A | | | _ | | | 760 | 00 | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Orthe | opae | edic S | Surg | geons | 6 | | | |
| Α. | Full Name (Last, First, Middle Initial) Thomas D Kramer MD | | | | Date of | Red | ceipt | | | | |
| | Mailing Address 719 Parkview Dr | | | | м м 06 | / | 08 | / Y | 201 | ү н ү 2 | 7 |
| | City Gibsonia | State PA | Zip Code 15044-6124 | | Trans | | on ID : | A42B459 eceipt th | 988EB | 86643 | 0C927 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | , | 2 | 250.0 | 0 |
| | Name of Employer GPOA | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | 1 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Matthew J Landfried MD | | | | Date of | Red | ceipt | | | | |
| | Mailing Address 33 Chandler Ave | | | | м м 06 | / | 08 | / Y | y 2012 | | |
| | City | State | Zip Code | | | | | A6E2E2I | | | EA851 |
| | Batavia | NY | 14020-1684 | | Amount | t of E | Each R | eceipt th | is Per | iod | _ |
| | FEC ID number of contributing federal political committee. | С | | | L | | , | 7 | Ę | 500.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Genesee Orthopaedics Receipt For: | Orthopaedic | | | | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 |] | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Thomas A Lombardo Jr, MD | | | | Date of | Red | ceipt | | | | |
| | Mailing Address 8750 Transit Rd Suite 105 | | | | м м 06 | / | D D D 08 | / Y | 2012 | | 1 |
| | City East Amherst | State NY | Zip Code 14051-2610 | | | | - | A5735B | | | 3499AB |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 250.0 | 0 |
| | Name of Employer | Occupation | 1 | _ | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of the | ne America | an Association of Ortho | рра | edic S | Sur | geon | S | | |
| Α. | | | | | Date of | Re | ceipt | | | |
| | Mailing Address 810 E. 23rd St Suite 5000 | | | | м м 06 | / | 08 |) / Y | 2012 | Y |
| | City Sioux Falls | State SD | Zip Code 57105-2132 | | | | | | TB84D00 | 4BD8920 |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | 7 | 1000 | .00 |
| | Name of Employer Orthopedic Institute | Occupation Orthopaedi | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 2000.00 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Gary W Misamore MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 201 Pennsylvania Pkwy Ste 100 | | | | | | | | y y 2012 | Y |
| | City Indianapolis | State IN | Zip Code 46280-1393 | Transaction ID : A2CEBF Amount of Each Receipt th | | | | D4E9EA9 | | |
| | | | 40200-1393 | _ | Amount | OT | Each F | receipt tr | nis Period | _ |
| | FEC ID number of contributing federal political committee. | С | | | L. | | 7 | 7 | 250 | .00 |
| | Name of Employer Methodist Sports Medicine Center | Occupation Orthopaedic | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 700.00 | | | | | | | |
| <u></u> . | Full Name (Last, First, Middle Initial) J Wills Oglesby MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 301 21st Ave N | | | | 06 | / | 08 | | 2012 | Y |
| | City Nashville | State TN | Zip Code 37203-1821 | | | | | | BD8D51EC | C4737B60 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 500 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Tennessee Orthopaedic Clinics | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee of th | e American Association of Ortho | paedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Todd Michael Oliver MD Mailing Address 8295 W Hwy UU City Columbia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | State Zip Code MO 65203-9777 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | Date of Receipt |
| B. Full Name (Last, First, Middle Initial) Mailing Address 2720 S Highland | | Date of Receipt |
| #571 City Lombard FEC ID number of contributing federal political committee. | State Zip Code IL 60148-7152 | 06 08 2012 Transaction ID : A0AE512593C05482DB8F Amount of Each Receipt this Period 500.00 |
| Name of Employer DuPage Medical Group Receipt For: | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) C. Christopher C Schmidt MD Mailing Address 1307 Federal St | | Date of Receipt |
| City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer | State Zip Code PA 15212-4769 C Occupation | Transaction ID : A151A7DAA188C46EC9DC Amount of Each Receipt this Period 1000.00 |
| Alleghany Orthopaedics Receipt For: Primary General Other (specify) | Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00 | |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the Americ | an Association of Ortho | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Richard D Schmidt MD | | | Date of Receipt |
| Mailing Address 4010 Sunnyside Rd | 01-1- | 7. 0.1 | M = M / D = D / Y = Y = Y Y 06 08 2012 1000 |
| City Minneapolis | State MN | Zip Code 55424-1212 | Transaction ID : A7D2C18CC66B143C8BE |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period |
| Name of Employer Self Employed | Occupation Orthopaedi | | |
| Receipt For: | | Year-to-Date ▼ | - |
| Primary General Other (specify) ▼ | | 288.00 |] |
| Full Name (Last, First, Middle Initial) B. David F Bindelglass MD | | | Date of Receipt |
| Mailing Address 75 Kings Hwy Cutoff Ste 1 | 00 | | 06 11 2012 |
| City Fairfield | State CT | Zip Code 06824-5340 | Transaction ID : A452E94CA91AD4FA7A33 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer Orthopaedic Specialty Group | Occupation Orthopaedic | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 2000.00 |] |
| Full Name (Last, First, Middle Initial) C. Daniel Patrick Bouvier MD | | | Date of Receipt |
| Mailing Address 17 Riverside St Suite 101 | | | 06 11 2012 |
| City Nashua | State NH | Zip Code 03062-1383 | Transaction ID : AB66C62E658B64024BC8 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 500.00 |
| Name of Employer | Occupation | | — |
| New Hampshire Orthopedic Center | Orthopaedi | c Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Other (specify) | | 500.00 | 1 |
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| or for commercial purposes, other than us | sing the name and a | ddress of any political committe | e to sol | icit cor | ntrib | utions | from suc | h committ | ee. |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the Americ | an Association of Orth | opae | dic S | Sur | geon | S | | |
| Full Name (Last, First, Middle Initial) A. Matthew R Brand MD | | | [| Date of | f Re | ceipt | | | |
| Mailing Address Finger Lakes Ortho Su 300 Hoffman St | | | | м м 06 | / | D 11 |) / Y | 2012 | Y |
| City Elmira | State NY | Zip Code 14905-2263 | A | | | | | 4FDA849 his Period | 41CFB7 |
| FEC ID number of contributing federal political committee. | C | | | | | , | 7 | 250 | .00 |
| Name of Employer Finger Lakes Orthopaedics | Occupation Orthopaedi | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 |] | | | | | | |
| Full Name (Last, First, Middle Initial) B. Nicholas Benjamin Bruggema | n MD | | | Date of | f Re | ceipt | | | |
| Mailing Address 22626 Atwood Ave | | | 06 11 Transaction ID : A680DF Amount of Each Receipt t | | | у у 2012 | Y | | |
| City Elkhorn | State NE | Zip Code 68022-3147 | | | | | | 9EB9C | |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 250 | 00 |
| Name of Employer Nebraska Ortho Associates | Occupation Orthopaedic | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | |
| Full Name (Last, First, Middle Initial) C. Harold S Cline MD | I | | | Date of | f Re | ceipt | | | |
| Mailing Address 140 Sunset Shores Ro | I | | | м м | / | 11 | | у у 2012 | Y |
| City Iron River | State MI | Zip Code 49935-8324 | | | | | | 66F91A1 | 40BC8E |
| FEC ID number of contributing federal political committee. | C | | | | | , | | 1000 | .00 |
| Name of Employer | Occupation | 1 | | | | | | | |
| North Star Health | Orthopaedi | c Surgeon | | | | | | | |
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| ITEMIZED RECEIPTS | Use separate schedule(s) | | | (check only one) | | | | | | | | | | | |
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| | or commercial purposes, other than using th | e name and a | ddress of any political committe | e to s | solicit coi | ntrib | utions f | rom such | n commi | ttee. | | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the second s | ne America | an Association of Orth | opa | edic S | Sur | geons | 5 | | | | | | | |
| | Full Name (Last, First, Middle Initial) John F Dalton MD | | | | Date of | f Re | ceipt | | | | | | | | |
| ľ | Mailing Address 1819 Peachtree Rd NW Ste | 425 | | | м м 06 | / | 11 | / Y | 2012 | Y | | | | | |
| Ō | City | State | Zip Code | | Transaction ID : A2C03BE1F7AA841C4BB | | | | | | | | | | |
| _ | Atlanta | GA | 30309 | | | | | eceipt th | | | | | | | |
| | FEC ID number of contributing ederal political committee. | С | | | | | 7 | | 50 | 0.00 | | | | | |
| 1 | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Georgia Hand, Shoulder & Elbow | Orthopaedi | c Surgeon | | | | | | | | | | | | |
| F | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Terrence J Endres MD | | | | Date of | f Re | ceipt | | | | | | | | |
| ľ | Mailing Address 1655 Flowers Mill Dr | | | | м м 06 | / | D D 11 | / Y | y y 2012 | Y | | | | | |
| (| City | State | Zip Code | | Trans | acti | on ID : | A8752E | D549CB6 | 64352956 | | | | | |
| _ | Grand Rapids | MI | | Amount | t of | Each R | eceipt th | is Period | b | | | | | | |
| | FEC ID number of contributing rederal political committee. | С | | | | | 3 | 3 | 250 | 0.00 | | | | | |
| | Name of Employer Drthopaedic Associates | Occupation | | | | | | | | | | | | | |
| | Receipt For: | Orthopaedic | | | | | | | | | | | | | |
| ſ | Primary General | Aggregate | Year-to-Date ▼ | _ | | | | | | | | | | | |
| | Other (specify) ▼ | | 250.00 | 4 | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Craig R Foster MD | l | | | Date of | f Re | ceipt | | | | | | | | |
| ľ | Mailing Address 348 Boston Post Rd | | | | м м 06 | / | D D D 11 | / Y | 2012 | Y | | | | | |
| Ō | City | State | Zip Code | | | sact | | A4740D | | 74A84ACD | | | | | |
| _ | Madison | СТ | 06443-2931 | | | | | eceipt th | | | | | | | |
| | FEC ID number of contributing ederal political committee. | С | | | | | 7 | | 25 | 0.00 | | | | | |
| 1 | Name of Employer | Occupation | | \neg | | | | | | | | | | | |
| | Danbury Orthopedics | Orthopaedi | c Surgeon | | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee of | of the America | an Association of Orth | opaeo | dic S | Sur | geon | S | | | |
| Full Name (Last, First, Middle Initial) A. Steven D Glassman MD | | | C | Date of | f Re | ceipt | | | | |
| Mailing Address 210 E Gray St Ste 900 | | | | м м | / | 11 | | 20 ² | Y 12 | 7 |
| City Louisville | State KY | Zip Code 40202-3905 | | | | | A71E83 Receipt tl | | | E9930 |
| FEC ID number of contributing federal political committee. | С | | | inoun | | | | | 500.0 | 0 |
| Name of Employer Norton Healthcare | Occupation Orthopaedic | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Timothy G Havenhill MD | | | | Date of | f Re | ceipt | | | | |
| Mailing Address 420 N Rte 31 | | | | м м 06 | / | D I I | | 201 | 2 2 | 7 |
| City Crystal Lake | State IL | Zip Code 60012 | | | | | A285AB Receipt tl | | | 0EA6D |
| FEC ID number of contributing federal political committee. | С | | [| | | 7 | | | 250.0 | 0 |
| Name of Employer McHenry County Orthopaedics | Occupation Orthopaedic | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | |
| Full Name (Last, First, Middle Initial) C. David Reese Hicks MD | | | | Date of | f Re | ceipt | | | | |
| Mailing Address 6585 S Yale Ste 200 | | | | м м | | D | | _201 | | |
| City Tulsa | State OK | Zip Code 74136-8315 | A | Trans | | ion ID : | : A7AB7 Receipt tl | 21975 | B2443 | 3AEAA |
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| Name of Employer | Occupation | | | | | | | | | |
| CSOS, Inc Receipt For: Primary General Other (specify) | Orthopaedi Aggregate | c Surgeon Year-to-Date ▼ 1000.00 |] | | | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Orth | ора | edic S | Sur | geon | S | | | | |
| Α. | Full Name (Last, First, Middle Initial) James R Kasser MD | | | | Date of Receipt | | | | | | | |
| | Mailing Address Hunnewell Bldg 221 | | | | M – M | / | DE |) / Ү | Y Y | Y | | |
| | 300 Longwood Ave City | State | Zip Code | | 06 Trans | acti | 11 ion ID : | A 5 5 A A 9 | 2012 | A4D7F881 | | |
| | Boston | MA | 02115-5724 | | | | | Receipt th | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | л. I. | | | 0.00 | | |
| | Name of Employer COSF | Occupation | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Beau S Konigsberg MD | I | | | Date o | f Re | eceipt | | | | | |
| | Mailing Address 981080 Nebraska Med Ctr | | | м м 06 | / | 11 |) / Y | у у 2012 | Y | | | |
| | City | State | | Transaction ID : ABC955870998C4BEC9F Amount of Each Receipt this Period | | | | | | | | |
| | Omaha | NE | 68198-1080 | | Amoun | t of | Each F | leceipt th | nis Perioo | d | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 25 | 0.00 | | |
| | Name of Employer Univ of Nebraska | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) David M Lintner MD | | , , | | Date of | f Do | acint | | | | | |
| 0. | Mailing Address 6348 Mercer | | | | 06 | | 11 | | 2012 | Y | | |
| | City | State | Zip Code | | | sact | | | | 84433BA | | |
| | Houston | ТХ | 77005-3346 | | Amoun | t of | Each F | Receipt th | nis Perio | d | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 50 | 0.00 | | |
| | Name of Employer | Occupation | I | | | | | | | | | |
| | Methodist Hospital | Orthopaedi | c Surgeon | | | | | | | | | |
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| or | for commercial purposes, other than using th | ie name and a | ddress of any political committe | e to | SOLICIT COL | ntrib | utions | from suc | h comm | nittee | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | ne America | an Association of Orth | ора | iedic S | Sur | geon | S | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Jerry J Lorio MD | | | | Date of Receipt | | | | | | | | |
| | Mailing Address 6516 Caribbean West Dr | | | | м = м 06 | / | 11 | У / Ү | 2012 | | 1 | | |
| | City | State | Zip Code | | Trans | sacti | ion ID : | AB0C2D | 0747DA | 1F40 |)A69A | | |
| | Benton | AR | 72019-6596 | | Amoun | t of | Each F | Receipt th | nis Perio | od | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 2 | 50.00 |) | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | | |
| | Receipt For: | Year-to-Date V | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 |] | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Saul Y Magitsky MD | 1 | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 7 Deborah Rd | | | | м м 06 | / | 11 |) / Y | 2012 | Y | 1 | | |
| | ity | State | Zip Code | | Trans | acti | on ID : | AB1BA | \FF799 | C94[| DB7992 | | |
| | Newton Center | MA | 02459-2837 | _ | Amoun | t of | Each F | Receipt th | nis Perio | od | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 5 | 00.00 |) | | |
| | Name of Employer Sturdy Memorial Sports Med Assoc | Occupation Orthopaedic | | | | | | | | | | | |
| | Receipt For: | 1 | Year-to-Date ▼ | _ | | | | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | 500.00 | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) Michael Evan Margolis MD | | | | Date of | f Bo | ceint | | | | | | |
| 0. | Mailing Address 2862 Shoshone Trail | | | | | | 11 | | 2012 | Y | 1 | | |
| | City | State | Zip Code | | | sacti | | A7591F | | 2A4A | 0795A | | |
| | Lafayette | CO | 80026-3339 | | | | | Receipt th | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 5 | 00.00 | 0 | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Colorado Permanente Medical Group | Orthopaedi | c Surgeon | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | Political Action Committee of | the America | an Association of Orthe | ора | edic S | Sur | geons | 5 | | |
| Α. | Full Name (Last, First, Middle Initial) Patricia C McKeever MD | | | | Date of | f Re | ceint | | | |
| | Mailing Address 139 S Plymouth Blvd | | | | | | | / . | Y Y | V |
| | | | | | 06 | | 11 | , 1 | 2012 | |
| | City | State | Zip Code | | Trans | sact | ion ID : | AFB443 | | 4858915 |
| | Los Angeles | CA | 90004-3835 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 1000 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 0000.00 | 11. | | | | | | |
| | Other (specify) | | 2000.00 | 4 | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Andrew D Pearle MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address 15 Ridgewood Dr. | | | | M M | / | DD | / Y | Y Y | Y |
| | City | State | Zip Code | | 06 | | 11 | | 2012 | |
| | Rye | NY | 10580-1621 | | | | | | 439EE65 is Period | 46B1B03 |
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| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 250 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Hospital for Special Surgery | Orthopaedic | Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 250.00 |] | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Blair Andrew Rhode MD | | | | Date of | f Re | eceipt | | | |
| - | Mailing Address 16450 S 104h Ave | | | | м м 06 | / | D D 11 | / Y | 2012 | Y |
| | City | State | Zip Code | | | sact | | A64ED9 | | 4C498AE |
| | Orland Park | IL | 60467 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | 7 | 1000 | 0.00 |
| | Name of Employer | Occupation | | \neg | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
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| | Primary General | | 4000.00 | | | | | | | |
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| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntrib | outions fr | rom such | n commit | tee. | | | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | aeons | 5 | | | | | | |
| | | | | - 1 | | | J | - | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Stephen W Ripple MD | | | | Date o | f Re | eceipt | | | | | | | |
| | Mailing Address 5605 W. Eugle Suite 111 | | | | м м 06 | / | D D D | / Y | 2012 | Y | | | | |
| | City | State | Zip Code | | | sacti | | A9146C(| | 4B61A35 | | | | |
| | Glendale | AZ | 85304-1273 | _ | | | | | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | <u>т</u> | 7 | 500 | 0.00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | OSNA | Orthopaedic | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Donald W Roberts MD | | | | Date o | f Re | eceipt | | | | | | | |
| | Mailing Address 503 Rhododendron Drive | | | | м м 06 | / | D D D 11 | / Y | 2012 | Y | | | | |
| | City | State | Zip Code | | Trans | acti | ion ID : / | A5CB7D | | 455385C | | | | |
| | Vancouver | WA | | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 7 | 250 | .00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | |
| | NW Surgical Specialists | Orthopaedic | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Renny Uppal MD | | | | Date o | f Re | ceipt | | | | | | | |
| | Mailing Address 555 N Arlington Ave | | | | м м 06 | / | D D D | / Y | 2012 | Y | | | | |
| | City | State | Zip Code | | | sact | | A52A61 | | 464AA62 | | | | |
| | Reno | NV | 89503-4723 | | Amoun | t of | Each R | eceipt th | is Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 1000 | 0.00 | | | | |
| | Name of Employer | Occupation | | \neg | | | | | | | | | | |
| | Reno Orthopedic Clinic | Orthopaedi | c Surgeon | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
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| or for commercial purposes, other than u | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | _ | | | |
| Political Action Committee | of the America | an Association of Orth | opaedic S | Surgeor | IS | | |
| Full Name (Last, First, Middle Initial) A. Nicholas T Valos MD | | | Date o | f Receipt | | | |
| Mailing Address 10903 Princeville Ct | | | Dato 0 | · · | D / Y | Y Y | Y |
| | | | 06 | 11 | | 2012 | |
| City | State CA | Zip Code | | saction ID | | | |
| Bakersfield | CA | 93311-2956 | Amoun | t of Each | Receipt th | is Period | |
| FEC ID number of contributing federal political committee. | С | | | | | 250 | 0.00 |
| Name of Employer | Occupation | | | | | | |
| Kaiser Pemanente | Orthopaedi | c Surgeon | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| Primary General Other (specify) ▼ | | 250.00 |] | | | | |
| Full Name (Last, First, Middle Initial) B. Joseph H Wombwell MD | | | Date o | f Receipt | | | |
| Mailing Address 2405 Atherholt Rd | | | 06 | | | y y 2012 | Y |
| City | State | Zip Code | | saction ID | | | 16D91B |
| Lynchburg | VA | 24501-2184 | Amoun | t of Each | Receipt th | is Period | |
| FEC ID number of contributing federal political committee. | С | | | | | 250 | .00 |
| Name of Employer | Occupation | | | | | | |
| OCCV | Orthopaedie | c Surgeon | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| Other (specify) | | , 500.00 |] | | | | |
| Full Name (Last, First, Middle Initial) C. Mark W Woolf MD | | | Date o | f Receipt | | | |
| Mailing Address 800 Orthopedic Way | | | 06 | | | 2012 | Y |
| City | State | Zip Code | | saction ID | : ADD333 | | 4A0BB6F |
| Arlington | TX | 76015-1629 | Amoun | t of Each | Receipt th | is Period | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | 1000 | 0.00 |
| Name of Employer | Occupation | | | | | | |
| Arlington Orthopedic Associates | Orthopaedi | c Surgeon | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | |
| Primary General | | 2000.00 | 1 | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committee | e to s | solicit co | ntrib | utions f | rom such | n comr | nittee |). |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | the Americ | an Association of Ortho | opa | edic S | Surç | geons | S | | | |
| Α. | Full Name (Last, First, Middle Initial) LeRoy Scott Atkins Jr, MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address PO Box 2447 | | | | м м 06 | / | 13 | / Y | 2012 | ү ү 2 | 1 |
| | City Tuscaloosa | State AL | Zip Code 35403-2447 | | | | | A0E4232 eceipt th | | | 0D8E4 |
| | FEC ID number of contributing federal political committee. | C | | | | | , | | 10 | 000.0 | 0 |
| | Name of Employer University Orthopaedic Clinic | Occupation Orthopaedi | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 2000.00 | 1 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) J Mark Blue MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 844 Washington Rd Suite102 | | | | м м 06 | / | D D D 13 | / Y | y 2012 | | 1 |
| | City Westminster | State MD | Zip Code 21157-6664 | | | | | AD06108 eceipt th | | | C1AD9 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 2 | 250.0 | 0 |
| | Name of Employer Carroll Health Group | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Kenneth M Caldwell MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 80 Grand Ave 3rd Fl | | | | м м 06 | / | 13 | / Y | y 2012 | | 1 |
| | City Oakland | State CA | Zip Code 94612-3725 | _ | | | | A72C55 | | | 77F8B6 |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | , | 2 | 250.0 | 0 |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | ıl | | | | | | | |
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| or | for commercial purposes, other than using t | he name and a | ddress of any political committee | e to s | solicit cor | ntrib | utions fr | om such | n committ | ee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Orth | opa | edic S | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) Bert C Callahan MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 705 S. University Ave. Suite 150 | | | | м м 06 | / | D D 13 | / Y | 2012 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : / | A0C6369 | 9648A634 | 80FA8A |
| | Beaver Dam | WI | 53916-3071 | | Amount | t of | Each Re | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 1000 | .00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Excel Orthopaedics | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | | | 11. | | | | | | |
| | Other (specify) | | 1000.00 | 4 | | | | | | |
| B. | Full Name (Last, First, Middle Initial) William P Carney MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 127 Union St Suite 107 | | | | м м 06 | / | 13 | / Y | 2012 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : / | ABBF7C | B33A849 | 4FDBA |
| | Ridgewood | NJ | 07450-4436 | | Amount | t of | Each Re | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | - 7 | 250 | .00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) ▼ | | , 250.00 | 1 | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Paul H Castello MD | | | | Date of | f Re | ceipt | | | |
| | Mailing Address 377 Broken Arrow Rd | | | | м м 06 | / | 13 | / Y | 2012 | Y |
| | City | State | Zip Code | | Trans | acti | ion ID : / | AE855E | 9702AFA | 47E3A6 |
| | Nipomo | CA | 93444-9472 | | Amount | t of | Each Re | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | C | | | | | 9 | 7 | 500 | .00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | |
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| | Primary General | | | 11 | | | | | | |
| | Other (specify) | | 500.00 | | | | | | | |
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| or | | e name and a | doress of any political committe | e to s | SONCIT CO | ntrip | utions t | rom suc | n commi | ttee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Orth | opa | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Kenneth A Davenport MD | | | | Date o | f Re | ceipt | | | |
| | Mailing Address 1414 W Fair Ave Ste 149 | | | | MM | / | | / Y | Y Y | Y |
| | City | State | Zip Code | | 06 Trans | acti | 13 | AB4288 | 2012 762B7EI | D465C899 |
| | Marquette | MI | 49855-5408 | | | | | eceipt th | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 5 | | 50 | 0.00 |
| | Name of Employer | Occupation | I | | | | | | | |
| | Advanced Center for Orthopedics | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Terrance C Devlin MD | | | | Date o | f Re | ceipt | | | |
| | Mailing Address 8611 Patience Lane | | | | м м 06 | / | 13 | / Y | 2012 | Y |
| | City | State | Zip Code | | | | | | | 64368B27 |
| | Lafayette | IN | 47905-7737 | | Amoun | t of | Each R | eceipt th | nis Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | | | | | 25 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Witham Hospital | Orthopaedie | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | 1 | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Frank P Giammattei MD | | | | Date o | f Re | ceipt | | | |
| | Mailing Address Professional Office Bldg 2 Ste 1 Medical Center Blvd | e 324 | | | м м 06 | / | D D D | / Y | y y 2012 | Ŷ |
| | City | State | Zip Code | | Trans | sact | ion ID : | A9ECD0 |)23364A | A444BBD |
| | Chester | PA | 19013-3902 | | Amoun | t of | Each R | eceipt th | nis Perio | d |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 10 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Premier Orthopaedics | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 |] | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | Г | |
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| | for commercial purposes, other than using th | e name and a | | 9 10 | SOUCIL COL | dinin | utions i | Irom sucr | 1 COMM | iiitee | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Steven Scott Goldberg MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 5867 Whisperwood Ct | | | | м м 06 | / | 13 | о / Y | 2012 | | 1 |
| | City Naples | State FL | Zip Code 34110-2301 | _ | | | | A261267 Receipt th | 7552ED | 4456 | 8ACD |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 50 | 00.00 |) |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1500.00 | 1 | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Michael R Heilig MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 200 Kelburn Ct | | | | 06 | 1 | 13 | | y y 2012 | Y |] |
| | City | State KY | Zip Code | | | | | AFB9CE | | | 5EA3C |
| | | NT. | 40515-5633 | | Amount | t of | Each R | Receipt th | is Peric | bd | _ |
| | FEC ID number of contributing federal political committee. | С | | | | _ | 7 | | 100 | 00.00 | |
| | Name of Employer Self Employed | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 1000.00 | l | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) John Paul Houde MD | I | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 241 Elm St | | | | м м 06 | / | 13 | | 2012 | Y |] |
| | City Claremont | State NH | Zip Code 03743-2026 | | | | | A78D6A Receipt th | | | 1AAD9 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 50.00 |) |
| | Name of Employer | Occupation | I | \neg | | | | | | | |
| | Valley Regional Hospital | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 550.00 | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | . · | | | | | | | | | |
| | Political Action Committee of th | e America | an Association of Ortho | эра | eaic S | Sur | geon | S | | | |
| | Full Name (Last, First, Middle Initial) Greg T Jones MD | | | | Data a | f Do | agint | | | | |
| Α. | U | | | _ | Date o | | | | | | |
| | Mailing Address 3501 W. E. Knight Dr | | | | м м 06 | | 13 | / Y | 2012 | ү — ү) | |
| | City | State | Zip Code | | | sacti | | A31DA3 | | | 2496E |
| | Fort Smith | AR | 72903-6248 | | Amoun | t of | Each R | eceipt th | is Peri | od | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 2 | 250.0 | 0 |
| | Name of Employer | Occupation | | _ | | | | | | | |
| | Mercy Clinic | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 450.00 | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Ronald S Lederman MD | | | | Date o | f Re | ceint | | | | |
| | Mailing Address 3227 Woodview Lake Rd | | | | M M | | D D | / Y | Y | Y Y | |
| | | | | | 06 | | 13 | | 2012 | | |
| | City | State | Zip Code | | Trans | acti | on ID : | AA784FI | BB2CE | 3204 | 8889AF |
| - | West Bloomfield | MI | 48323-3572 | | Amoun | t of | Each R | eceipt th | is Peri | od | |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | 7 | 1 | 00.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedie | c Surgeon | | | | | | | | |
| | | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) v | | 600.00 | | | | | | | | |
| C . | Full Name (Last, First, Middle Initial) Andrew Philip Manista MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 1909 Golden Maple Ct NW | | | | м м 06 | / | 13 | / Y | 2012 | | 1 |
| | City | State | Zip Code | | | sacti | | A337785 | | | 61 <u>97</u> 4 |
| | Olympia | WA | 98502-3771 | | Amoun | t of | Each R | eceipt th | is Peri | od | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 5 | 542.0 | 0 |
| | Name of Employer | Occupation | I | | | | | | | | |
| | Olympia Orthopaedic Associates | Orthopaedi | c Surgeon | | | | | | | | |
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| | Primary General | | 542.00 | 11. | | | | | | | |
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| or for commercial purposes, other than us | ing the name and a | ddress of any political committe | e to solicit o | contrib | outions f | rom such | n committ | ee. |
| NAME OF COMMITTEE (In Full) Political Action Committee | of the Americ | an Association of Orth | opaedic | Sur | geon | S | | |
| Full Name (Last, First, Middle Initial) A. Christopher S Mow MD | | | Date | of Re | eceipt | | | |
| Mailing Address 1660 San Pablo Ave S | te A | | 06 | | D D 13 | / Y | y y 2012 | Y |
| City Pinole | State CA | Zip Code 94564-2072 | | | ion ID : | | B46955B is Period | 4D52AE4 |
| FEC ID number of contributing federal political committee. | C | | | | 7 | | 250 | .00 |
| Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 250.00 | 1 | | | | | |
| Full Name (Last, First, Middle Initial) B. Steven M Mulawka MD | | | Date | of R4 | eceipt | | | |
| Mailing Address 3113 Joyce St | | | | M / | 13 | / Y | y y 2012 | Y |
| City Saint Cloud | State Zip Code Cloud MN 56303-0430 | | | | | | 7439DB8 is Period | 42BA924 |
| FEC ID number of contributing federal political committee. | C | | | | 7 | 7 | 500 | .00 |
| Name of Employer St Cloud Orthopaedic Associates | Occupation Orthopaedi | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) C. Douglas S Musgrave MD | | | Date | of Re | eceipt | | | |
| Mailing Address 15800 NW Fair Acres | | | 06 | | 13 | / Y | y y 2012 | Y |
| City Vancouver | State WA | Zip Code 98685-1665 | | | | | E19E1AD | 0465B947 |
| FEC ID number of contributing federal political committee. | C | | | | 7 | 7 | 500 | .00 |
| Name of Employer | Occupation | | | | | | | |
| Northwest Surgical Specialists | Orthopaedi | c Surgeon | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | 1 | | | | | |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Orthe | opa | edic S | Sur | geon | S | | |
| Α. | Full Name (Last, First, Middle Initial) Frank Kenneth Noojin III, MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address 417 Alexander Circle | | | | M M | / | | | Y Y Y | Y |
| | City | State | Zip Code | _ | 06 Trans | acti | 13 on ID · | | 2012 | 243B4B6 |
| | Columbia | SC | 29206-4974 | _ | | | | | nis Perioc | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 250 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Moore Clinic | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 250.00 | 1 | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Peter G Noordsij MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address Concord Orthopaedics PA 264 Pleasant St | | | | м м 06 | / | 13 | | 2012 | Y |
| | City Concord | State Zip Code NH 03301-2551 | | | | | | | 6B9E338 nis Perioc | 4941BC5 |
| | FEC ID number of contributing federal political committee. | С | | | | | 9 | | 250 | 0.00 |
| | Name of Employer | Occupation | I | | | | | | | |
| | Concord Orthopaedics | Orthopaedic | c Surgeon | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Rodney L Plaster MD | | | | Date of | Re | ceipt | | | |
| | Mailing Address Eastern Oklahoma Ortho Ctr 6475 S Yale Ave Ste 301 | | | | м м 06 | / | D 13 | | 2012 | Y |
| | City | State OK | Zip Code | | | | | | | 4DDEBE9 |
| | Tulsa FEC ID number of contributing federal political committee. | С | 74136-7815 | | Amount | t of | Each F | Receipt th | nis Perioc 1000 | |
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| | Name of Employer | Occupation | | | | | | | | |
| | Eastern Oklahoma Ortho Ctr Receipt For: | Orthopaedi | | _ | | | | | | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committee | e to s | solicit co | ntrib | outions fr | om such | n commit | ee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | the America | an Association of Ortho | opa | edic S | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) James J Purtill MD | | | | Date o | f Bc | ceint | | | |
| А. | Mailing Address 925 Chestnut St 5th Fl | | | _ | | | | (X | Y Y | - V- |
| | | | | | 06 | <i>'</i> | 13 | 7 1 | 2012 | T |
| | City | State | Zip Code | | Trans | sact | ion ID : / | A3EA55 | | 043328A4 |
| | Philadelphia | PA | 19107-4206 | | Amoun | t of | Each Re | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 1000 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Rothman Institute | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | |
| | Primary General Other (specify) ▼ | | 2000.00 |] | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Karl E Rathjen MD | | | | Date of | f Re | eceipt | | | |
| | Mailing Address Dept of Orthopaedics 2222 Welborn St | | | | м м 06 | / | D D 13 | / Y | у у 2012 | Y |
| | City | State | Zip Code | | Trans | acti | on ID : / | AF8B504 | 1861F894 | 436B39 |
| | Dallas | TX | 75219-3924 | | Amoun | t of | Each Re | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | . , | 1000 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Texas Scottish Rite Hospital | Orthopaedic | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 2000.00 | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Jose Miguel Santiago-Figueroa | MD | | | Date o | f Re | eceipt | | | |
| | Mailing Address El Mirador 8th St G-15 | | | | м м 06 | 1 | D D 13 | / Y | 2012 | Y |
| | City | State | Zip Code | | | sact | | A3630A | | 43A39B5 |
| | San Juan | PR | 00926 | | Amoun | t of | Each Re | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | C | | | | | , | 7 | 250 | 0.00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Condado Orthopaedics | Orthopaedi | c Surgeon | | | | | | | |
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| | Primary General | | 250.00 | | | | | | | |
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| or for commercial purposes, other than using | the name and a | ddress of any political committee | e to solicit co | ntributions | from such | committe | e. |
| NAME OF COMMITTEE (In Full) Political Action Committee of t | the Americ | an Association of Ortho | opaedic S | Surgeon | S | | |
| Full Name (Last, First, Middle Initial) A. Miguel Antonio Schmitz MD | | | Date c | f Receipt | | | |
| Mailing Address 212 East Central, Suite 365 | 5 | | 06 | / 13 | | y y y y y y y y y y y y y y y y y y y | Y |
| City Spokane | State WA | Zip Code 99208-6597 | Tran | saction ID : it of Each F | AA535B8 | FE553F4 | EACA5 |
| FEC ID number of contributing federal political committee. | С | | | | | 500. | 00 |
| Name of Employer Self Employed | Occupatior Orthopaedi | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| Other (specify) | | 500.00 | | | | | |
| Full Name (Last, First, Middle Initial) B. William E Schreiber MD | | | Date o | f Receipt | | | |
| Mailing Address 3414 Golden Rd | | | M N 06 | / 13 | | у у 2012 | Y |
| City | State | Zip Code | | saction ID : | | | 083B91 |
| Tyler | ТХ | 75701-8336 | Amour | t of Each F | Receipt this | 8 Period | |
| FEC ID number of contributing federal political committee. | С | | | | | 1000. | 00 |
| Name of Employer Azalea Orthopedic & Sports Med | Occupatior Orthopaedi | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| Other (specify) | | 1000.00 | 1 | | | | |
| Full Name (Last, First, Middle Initial) C. Richard W Smith MD | | | Date c | f Receipt | | | |
| Mailing Address 235 Hanover St Suite M2 | | | 06 | 13 | | y y 2012 | Y |
| City Fall River | State MA | Zip Code 02720-5299 | | saction ID : It of Each F | | | 0B98DE |
| FEC ID number of contributing federal political committee. | C | | | | | 1000. | 00 |
| Name of Employer | Occupation | 1 | | | | | |
| Coastal Orthopaedics | Orthopaedi | c Surgeon | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | | 12 | <u> </u> |
| Ar | y information copied from such Reports and S | statements ma | ay not be sold or used by any pe | ersor | 13 1 for the | pur | 14 pose of | 15 soliciting | g con | 16 Itributio | 0ns |
| or | for commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions | from suc | h con | nmitte | e. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e Americ | an Association of Ortho | opa | edic S | Sur | geon | S | | | |
| Α. | | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 1140 W La Veta Ave Ste 860 | | | | м м 06 | 1 | 13 | | 20 ⁻ | 12 | Y |
| | City | State | Zip Code | | Trans | sacti | ion ID : | AD62E3 | | | A1A8E |
| | Orange | CA | 92868-4218 | _ | Amoun | t of | Each F | Receipt th | nis Pe | əriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | | 250.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Kurt V Voellmicke MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 20 Belvedere Ct | | | | м м 06 | / | 13 | | 201 | | Y |
| | City | State | Zip Code | | Trans | sacti | on ID : | ADF75F | 4FB0 | 9E24 | E98BD0 |
| | Ridgefield | СТ | 06877-3436 | | Amoun | t of | Each F | Receipt th | nis Pe | əriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | | 250.0 | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Mt Kisco Medical Group | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Jon D Zoltan MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 2222 E Highland Ave Ste 300 | | | | м м 06 | / | 13 | | 201 | 12 | Y |
| | City | State | Zip Code | | a second s | sact | | A747DF | | | 8A3B30 |
| | Phoenix | AZ | 85016-4879 | | Amoun | t of | Each F | Receipt th | nis Pe | əriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | | 200.0 | 00 |
| | Name of Employer | Occupation | | - | | | | | | | |
| | The Orthopedic Clinic | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 800.00 | | | | | | | | |
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| | | | ay not be sold or used by any p | | | purp | | | | |
| | | the name and a | ddress of any political committee | e to s | solicit col | ntribu | utions f | rom sucl | n commit | tee. |
| | OMMITTEE (In Full) Action Committee of t | the America | an Association of Orthe | opa | edic S | Surg | geons | 6 | | |
| | ast, First, Middle Initial) Fauser MD | | | | Date of | f Red | ceipt | | | |
| Mailing Addre | ess 664 Stoneleigh Ave Ste 30 | 0 | | | м м 06 | 1 | D D D | / Y | 2012 | Y |
| City | | State | Zip Code | | | sactio | | A5D05F | | 54402BE2 |
| Carmel | | NY | 10512-3990 | | Amount | t of E | Each R | eceipt th | nis Period | |
| FEC ID numb federal politic | per of contributing al committee. | С | | | | | , | | 250 |).00 |
| Name of Emp | ployer | Occupation | | | | | | | | |
| Somers Ortho | ppaedics | Orthopaedi | c Surgeon | | | | | | | |
| Receipt For: | | Aggregate | Year-to-Date ▼ | | | | | | | |
| Primary Other (| y General specify) ▼ | | 250.00 |] | | | | | | |
| Full Name (L B. J Mitchell | ast, First, Middle Initial) Frix MD | | | | Date of | f Red | ceipt | | | |
| Mailing Addre | ess AOSM 1104 Professional Blvd | | | | м м 06 | / | D D D 14 | / Y | 2012 | Y |
| City | | State | Zip Code | | Trans | actio | on ID : | AEC94A | | 43C3AA |
| Dalton | | GA | 30720-2588 | | Amount | t of E | Each R | eceipt th | nis Period | |
| FEC ID numb federal politic | per of contributing al committee. | С | | | | | , | 7 | 250 | .00 |
| Name of Emp | ployer | Occupation | | | | | | | | |
| AOSM | | Orthopaedic | Surgeon | | | | | | | |
| Receipt For: | Concret | Aggregate | Year-to-Date ▼ | | | | | | | |
| Other (| v General specify) ▼ | | , 250.00 |] | | | | | | |
| Full Name (L C. Robert T | ast, First, Middle Initial) Jackson MD | 1 | | | Date of | f Red | ceipt | | | |
| Mailing Addre | Timp Med Office Ste 100 700 W 800 North | | | | м м 06 | 1 | D D 14 | / Y | 2012 | Y |
| City | | State | Zip Code | | Trans | sacti | on ID : | A4C1BC | C77A8CD | A4EB0B1 |
| Orem | | UT | 84057-6301 | | Amount | t of E | Each R | eceipt th | nis Period | |
| FEC ID numb federal politic | per of contributing al committee. | С | | | | | 7 | 7 | 500 | 0.00 |
| Name of Emp | ployer | Occupation | | | | | | | | |
| Central Utah | Clinic | Orthopaedi | c Surgeon | | | | | | | |
| Receipt For: | (Canaral | Aggregate | Year-to-Date ▼ | | | | | | | |
| Other (| y General specify) ▼ | | 500.00 |] | | | | | | |
| SUBTOTAL of | Receipts This Page (optional) | | | <u> </u> | | | 7 | 7 | 1000 | .00 |

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee c | - | | |
| Full Name (Last, First, Middle Initial) Jay E Jolley II, MD Mailing Address Chattanooga Orthopaed | ic Group | | Date of Receipt |
| 2415 McCallie Ave | p | | 06 14 2012 |
| City Chattanooga | State TN | Zip Code 37404-3322 | Transaction ID : AD20DC694678B4484A12 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer CSMOS | Occupation Orthopaedic | | |
| Receipt For: Primary General Other (specify) | · · · · | Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initial) B. Thomas A Malvitz MD | L | | Date of Receipt |
| Mailing Address 1111 Leffingwell NE Ste | 100 | 06 14 2012 | |
| City | State | Zip Code | Transaction ID : A42DDAF9350BD48D7AA |
| Grand Rapids | MI | 49525-6406 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 500.00 |
| Name of Employer Orthopaedic Associates of Michigan | Occupation Orthopaedic | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initial) C. Gregory H Portland MD | | | Date of Receipt |
| Mailing Address 2401 Ravine Way | | | 06 14 2012 |
| City Glenview | State IL | Zip Code 60025-7645 | Transaction ID : A6F766064FCEC457EB2 |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer | Occupation | | |
| Illinois Bone & Joint Institute | Orthopaedi | c Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (option | al) | | ▶ 1750.00 |

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| | | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | |
| Any inf | formation copied from such Reports and S | Statements ma | ay not be sold or used by any pe | erson | 13 for the | purp | 14 ose of | 15 soliciting | g contribu | l 17 utions |
| <u> </u> | commercial purposes, other than using the | e name and a | ddress of any political committee | e to s | solicit co | ntribı | utions f | rom such | h commit | ttee. |
| | ME OF COMMITTEE (In Full) Ditical Action Committee of th | e America | an Association of Ortho | opa | edic S | Surg | geons | S | | |
| | Name (Last, First, Middle Initial) hn G Thometz MD | | | | Date of | f Red | ceipt | | | |
| | ling Address 9000 W. Wisconsin Ste C360 | | | | м м 06 | / | D D 14 | / Y | Y Y 2012 | Y |
| City Milv | waukee | State WI | Zip Code 53226-4874 | _ | | | | | 94FA5794 his Period | 4427EB07 |
| | C ID number of contributing eral political committee. | С | | | | | , | | 250 | 0.00 |
| | ne of Employer dical College of Wisconsin | Occupation Orthopaedic | | | | | | | | |
| | eipt For: | | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | | | | | | | |
| | Name (Last, First, Middle Initial) atthew John Weresh MD | | | | Date of | f Red | ceipt | | | |
| | ling Address 6001 Westown Pkwy Attn: Mike Tebo | | | | м м 06 | / | D D D 14 | / Y | y y 2012 | Y |
| City We | st Des Moines | State IA | Zip Code 50266-7702 | _ | | | | | 9DAFC94 his Period | 44D52A4E |
| | C ID number of contributing eral political committee. | С | | | | | , | 7 | 1000 | 0.00 |
| Des | ne of Employer Moines Orthopedic Surgeons | Occupation Orthopaedic | | | | | | | | |
| Rec | eipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | |
| | Name (Last, First, Middle Initial) obert S Adelaar MD | | | | Date of | f Red | ceipt | | | |
| | ling Address Dept of Ortho Surgery Box 980153, MCV Station | | | | м м 06 | / | 15 | / Y | ү ү 2012 | Y |
| City Ric | hmond | State VA | Zip Code 23298-0153 | | | | | | 640C1C4 | E4415B44 |
| | C ID number of contributing aral political committee. | С | | | | | , | | 37 | 5.00 |
| Nan | ne of Employer | Occupation | | \neg | | | | | | |
| | yinia Commonwealth University | Orthopaedie | | | | | | | | |
| Hec | eipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 625.00 | | | | | | | |
| SUBT | 'OTAL of Receipts This Page (optional) | | ••••• | | | | 3 | 7 | 1625 | 5.00 |

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| 111 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | | 12 | — | | | | |
| An | y information copied from such Reports and S | Statements ma | ay not be sold or used by any p | erso | 13 n for the | purp | 14 pose of | 15 soliciting | g cont | 16 tributio | 17 Dns | | | | |
| or | for commercial purposes, other than using the | e name and a | ddress of any political committe | e to | solicit co | ntrib | utions | from suc | h com | nmittee | e. | | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | e America | an Association of Orth | ора | edic S | Sur | geon | S | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Robert J Berkowitz MD | | | Date of Receipt | | | | | | | | | | | |
| | Mailing Address 32091 Ventanas Circle | | | | м м 06 | / | 15 | | 20 ² | Y 12 | | | | | |
| | City Avon Lake | State OH | Zip Code 44012-1978 | Transaction ID : AB50E0BD96F4B43499 Amount of Each Receipt this Period | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 250.0 | 0 | | | | |
| | Name of Employer Center for Orthopaedics | Occupation Orthopaedi | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) David F Bindelglass MD | | | | Date o | f Re | ceipt | | | | | | | | |
| | Mailing Address 75 Kings Hwy Cutoff Ste 100 | | | | м м 06 | / | 15 | | 201 | Y Y 2 | | | | | |
| | City | State | Zip Code | | Trans | sacti | on ID : | A38AC2 | F91F | 90940 | 9EBF4 | | | | |
| | Fairfield | СТ | 06824-5340 | | Amoun | t of | Each F | Receipt th | nis Pe | riod | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 1 | 000.0 | 0 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Orthopaedic Specialty Group | Orthopaedic | c Surgeon | | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | d. | | | | | | | | | | | |
| | Other (specify) | | 3000.00 | 4 | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Joseph A Buckwalter MD | | | | Date o | f Re | ceipt | | | | | | | | |
| | Mailing Address Dept of Ortho 01008 JPP 200 Hawkins Dr | | | | м м 06 | / | D 15 | | y 201 | | | | | | |
| | City Iowa City | State IA | Zip Code 52242-1009 | | | | | : A869B1 Receipt th | | | DCC95E | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 250.0 | 00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Univ of Iowa Hospitals & Clinics | Orthopaedi | c Surgeon | | | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | 1 | | | | | | | | | | | |
| | Other (specify) | L | 500.00 | | | | | | | | | | | | |
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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| or for for for for for for for for for f | or commercial purposes, other than using the JAME OF COMMITTEE (In Full) | | | 13 14 15 16 17 erson for the purpose of soliciting contributions | | | | | | | | | |
|--|---|---------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|
| F A. | NAME OF COMMITTEE (In Full) | | ddress of any political committee | e to solicit contributions from such committee. | | | | | | | | | |
| A | Political Action Committee of the | e America | | | | | | | | | | | |
| Ν | ull Name (Last, First, Middle Initial) Marc Romayne Davidson MD | | | Date of Receipt | | | | | | | | | |
| _ | Nailing Address 2088 Alpine Dr | | | 06 / D D / Y Y Y Y 06 15 2012 | | | | | | | | | |
| | City West Linn | State OR | Zip Code 97068-8618 | Transaction ID : AD65014479BCA48DCB Amount of Each Receipt this Period | | | | | | | | | |
| | EC ID number of contributing ederal political committee. | С | | 1000.00 | | | | | | | | | |
| | lame of Employer | Occupation | _ | | | | | | | | | | |
| | Advantage Orthopaedics | Orthopaedic | Surgeon | | | | | | | | | | |
| F | Receipt For: Primary General Other (specify) | Aggregate Y | Year-to-Date ▼ 1000.00 |] | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Thomas J Ditkoff MD | | | | | | | | | | | | |
| _ | Aailing Address 33200 W. 14 Mile Rd Suite 22 | 0 | | Date of Receipt | | | | | | | | | |
| | Dity Most Discreticial | State MI | Zip Code | Transaction ID : A9BAD932E2EE54D6588 | | | | | | | | | |
| _ | West Bloomfield | IVII | 48322-3586 | Amount of Each Receipt this Period | | | | | | | | | |
| | EC ID number of contributing ederal political committee. | C | | 250.00 | | | | | | | | | |
| | lame of Employer /ichigan Orthopaedic Center | Occupation Orthopaedic | Surgeon | | | | | | | | | | |
| Ē | Receipt For: | - | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) v | Aggregate | 250.00 |] | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Harry E Rubash MD | | | Date of Receipt | | | | | | | | | |
| _ | Aailing Address Harvard Affl Hospitals 55 Fruit St Yaw 3700 | | | 06 15 2012 | | | | | | | | | |
| | Dity Boston | State MA | Zip Code 02114-2621 | Transaction ID : A17330228774F4EA3B2 Amount of Each Receipt this Period | | | | | | | | | |
| | EC ID number of contributing ederal political committee. | С | | 750.00 | | | | | | | | | |
| Ā | lame of Employer | Occupation | | | | | | | | | | | |
| _ | Massachusetts General Hospital | Orthopaedic | Surgeon | | | | | | | | | | |
| F | Receipt For: Primary General | Aggregate ` | Year-to-Date ▼ | | | | | | | | | | |
| | Other (specify) | | 1750.00 | 1 | | | | | | | | | |

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | | |
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| | y information copied from such Reports and Sta for commercial purposes, other than using the | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) Political Action Committee of the | Americ | an Association of Ortho | paedic Surgeons | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Steven M Sanders MD | teven M Sanders MD | | | | | | | |
| | Mailing Address 2020 Palomino Ln Ste 220 | State | Zip Code | 06 / 15 / 2012 Transaction ID : ACE79B737443A43E581C | | | | | |
| | Las Vegas | NV | 89106-4891 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 500.00 | | | | | |
| | Name of Employer Self Employed | Occupation Orthopaedi | | _ | | | | | |
| | Receipt For: | • | | _ | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Clark P Searle MD | | | Date of Receipt | | | | | |
| | Mailing Address N5390 Rancho Viejo Rd | | | 06 15 2012 | | | | | |
| | City Fond Du Lac | State WI | Zip Code 54937-9373 | Transaction ID : A1C4270C0864749BD936 Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 | | | | | |
| | Name of Employer Fond Du Lac Regional Clinic | Occupation Orthopaedic | | _ | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Matthew S Shapiro MD | | | Date of Receipt | | | | | |
| | Mailing Address 55 Coburg Rd | | | 06 15 2012 | | | | | |
| | City Eugene | State OR | Zip Code 97401-2433 | Transaction ID : A1EED339100C140168B2 Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 | | | | | |
| | Name of Employer | Occupation | 1 | _ | | | | | |
| | Slocum Center | Orthopaedi | c Surgeon | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | . 2500.00 | | | | | |
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| IT. | | Use separate schedule(s) | | | | y on | | | | | | |
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| 11 | | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | Г | — | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | utions t | rom such | n comr | mittee | 9. | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | aedic S | Sur | geon | S | | | | |
| Α. | Full Name (Last, First, Middle Initial) Steven Douglas Sides MD | | | Date of Receipt | | | | | | | | |
| | Mailing Address 5321 West B St | | | | M M | / | DD |) / Y | | Y Y | 1 | |
| | City | State | Zip Code | _ | 06 Trans | acti | 15 on ID : | AF27337 | 2012 20808 | | 244020 | |
| | Greeley | CO | 80634-4269 | | | | - | leceipt th | - | | JHHJLD | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 250.0 | 0 | |
| | Name of Employer | Occupation | 1 | - | | | | | | | | |
| | Banner Health | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Peter J Spohn MD | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address Ambulatory Care Center, Sui 400 Fairview Heights Road | te 202 | | | м м 06 | / | 15 | / Y | 2012 | | 1 | |
| | City | State WV | - | | | | A5FF371 | | | C8BE2 | | |
| | Summersville | VVV | 26651-9308 | | Amoun | t of | Each R | leceipt th | is Peri | iod | _ | |
| | FEC ID number of contributing federal political committee. | С | | | L | _ | 9 | | 10 | 0.00 | 0 | |
| | Name of Employer Summersville Regional Medical Ctr | Occupation | | | | | | | | | | |
| | Receipt For: | Orthopaedic | - | | | | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 |] | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Junichi Tamai MD | | | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 356 Warren Ave | | | | м м 06 | / | 15 |) / Y | 2012 | | 1 | |
| | City | State | Zip Code | | Trans | sacti | on ID : | A9B122 | | | 39B96F | |
| | Cincinnati | OH | 45220-1135 | _ | Amoun | t of | Each R | leceipt th | is Peri | iod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | Ę | 500.0 | 0 | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | Cincinnati Childrens Medical | Orthopaedi | c Surgeon | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | 1 | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | , , , , , , , , , , , , , , , , , , , | | | | | | | | - | |
| | Political Action Committee of th | e America | an Association of Ortho | opa | aedic S | Sur | geon | S | | | | |
| A. | Full Name (Last, First, Middle Initial) Charles H Alexander MD | | | | Date o | of Re | eceipt | | | | | |
| | Mailing Address 5549 Green Oak Dr | | | | M M 06 | / | D 18 |) / Y | |)12 | Y | |
| | City Los Angeles | State CA | Zip Code 90068-2501 | | | | | A24944 Receipt th | | | D2EB | <u>17</u> |
| | FEC ID number of contributing federal political committee. | С | | | | | , , | 7 | | 1000.0 | 00 |] |
| | Name of Employer Self Employed | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: | | - | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | e b | | | | | | | | |
| | Other (specify) | L | 1500.00 | ų | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Brian Jeffrey Bear MD | | | | Date o | of Re | eceipt | | | | | |
| | Mailing Address 324 Roxbury Rd | | | | м м 06 | / | 18 |) / Y | _ 20 | 12 | Y | |
| | City | State | Zip Code | | Trans | sacti | ion ID : | ADBC58 | | | F9E9 | C7 |
| | Rockford | IL | 61107-5090 | | Amoun | nt of | Each F | Receipt th | his P | eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 1000.0 | 00 |] |
| | Name of Employer Rockford Orthopaedic Associates | Occupation Orthopaedic | | | | | | | | | | |
| | Receipt For: | | - | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | 1 | | | | | | | | |
| | Other (specify) | | 1000.00 | ų | | | | | | | | |
| — c. | Full Name (Last, First, Middle Initial) Michael G Brand MD | | | | Date o | of Re | eceipt | | | | | |
| | Mailing Address 73 Sandpit Road Suite 204 | | | | 06 | | D 18 | | |) 12 | Y | |
| | City | State | Zip Code | | | sact | | AA22EF | | _ | 1B58 | DD |
| | Danbury | СТ | 06810-4015 | | Amoun | nt of | Each F | Receipt th | his P | eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | | 500. | 00 |] |
| | Name of Employer | Occupation | I | \neg | | | | | | | | |
| | Danbury Orthopedics | Orthopaedi | c Surgeon | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee o | f the Americ | an Association of Orth | iopa | edic S | Sur | geon | 3 | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Jeffrey H Charen MD | | | | Date of | f Re | eceipt | | | | | | | | |
| Mailing Address 205 May St Suite 202 | | | | м м 06 | / | 18 | / Y | 2012 | Y | | | | | |
| City Edison | State NJ | Zip Code 08837-3267 | Transaction ID : A285DEDCCCC264AE9 Amount of Each Receipt this Period | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | | | 1000 | 0.00 | | | | | |
| Name of Employer Orthopedic Associates of Central Jerse | Occupation Orthopaedi | | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. William G DeLong Jr, MD | | | | Date of | f Re | eceipt | | | | | | | | |
| Mailing Address 801 Ostrum St PPHP2 | | | | | | | | 2012 | Y | | | | | |
| City Bethlehem | | | | | | | | CF2BB0 his Period | 14125A28 | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 500 |).00 | | | | | |
| Name of Employer St Lukes University Health Network | Occupation Orthopaedic | | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. John D Frost MD | | | | Date of | f Re | eceipt | | | | | | | | |
| Mailing Address 4100 Lake Otis Pkwy Ste 302 | | | | м м 06 | / | 18 | / Y | ү ү 2012 | Y | | | | | |
| City Anchorage | State AK | Zip Code 99508-5230 | | | | - | | AFFBCE | 54141B9I | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 50 | 0.00 | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | | |
| Self Employed | Orthopaedi | c Surgeon | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | | | | | |
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| or for commercial purposes, other than using | g the name and a | ddress of any political committe | e to sol | icit cor | ntrib | utions f | rom sucl | h commit | tee. | | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee o | f the Americ | an Association of Orth | opae | dic S | Sur | geon | S | | | | | | |
| Full Name (Last, First, Middle Initial) A. Albert Ooguen Gee MD | | | C | Date of | Re | ceipt | | | | | | | |
| Mailing Address 106 East 81st St | | | 11 | M M | / | |) / Y | Y Y | Y | | | | |
| Apt 3c | State | Zip Code | - 1 | 06 Trans | acti | 18 on ID · | ACE203 | 2012 D6B4D2I | D47418F0 | | | | |
| New York | NY | 10028-1421 | A | | | | | nis Period | | | | | |
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| Name of Employer | Occupation | I | | | | | | | | | | | |
| Hospital for Special Surgery | Orthopaedi | c Surgeon | | | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| Primary General Other (specify) ▼ | | 400.00 | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. James Ragan Gosey Jr, MD | | | | Date of | Re | ceipt | | | | | | | |
| Mailing Address Elite Orthopaedic Special 1850 Gause Blvd Ste 300 | 0 | | _ [| м м 06 | / | D D D | / Y | 2012 | Y | | | | |
| City Slidell | State LA | Zip Code 70461-5434 | | | | | | | 42B3882 | | | | |
| | | 70401-5454 | ^ | mount | OT | Each H | ieceipt th | nis Period | _ | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 1000 | .00 | | | | |
| Name of Employer Elite Orthopaedics | Occupation | | | | | | | | | | | | |
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| Primary General Other (specify) V | Aggregate | Year-to-Date ▼ 1000.00 |] | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Kyle R Hegg MD | | | | Date of | Re | ceipt | | | | | | | |
| Mailing Address 2828 1st Ave Ste 400 | | | | м м | / | 18 |) / Y | 2012 | Y | | | | |
| City | State | Zip Code | | | acti | | A87DC6 | | 467DA69 | | | | |
| Huntington | WV | 25702-1236 | A | mount | of | Each R | leceipt th | nis Period | | | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 250 | 0.00 | | | | |
| Name of Employer | Occupation | I | | | | | | | | | | | |
| Scott Orthopedics | Orthopaedi | c Surgeon | | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | darees of any pointear committee | | | | | | 1 0011 | | <u>.</u> | | | | |
| | Political Action Committee of th | e America | an Association of Ortho | opa | edic S | Sur | geons | S | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) William John Hopkinson MD | | | | Date of | f Re | ceipt | | | | | | | | |
| | Mailing Address Maguire Ctr | | | 06 18 _ 2012 _ | | | | | | | | | | | |
| | 2160 S 1st Ave Ste 1700 | State | Zip Code | | 06 18 2012 Transaction ID : A46BC0AC5648446F3902 | | | | | | | | | | |
| | Maywood | IL | 60153-3328 | | | | | eceipt th | | | 01 3302 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 500.0 | 00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Loyola University Health System | Orthopaedie | c Surgeon | | | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Robert Q Lewis MD | | | | Date of | f Re | ceipt | | | | | | | | |
| | Mailing Address 6118 Parkway Dr | | | | м м 06 | / | D D D | / Y | 201 | | Y | | | | |
| | City | State | Zip Code | | Trans | acti | on ID: | A1477A | B9DB | 326D4 | D9796B | | | | |
| | Corpus Christi | TX | 78414-2455 | _ | Amount | t of | Each R | eceipt th | is Pe | eriod | | | | | |
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| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Self Employed | Orthopaedic | c Surgeon | | | | | | | | | | | | |
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| | Other (specify) | | 300.00 | | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Daniel J Linehan MD | | | | Date of | f Re | ceipt | | | | | | | | |
| | Mailing Address 2223 Lime Kiln Rd | | | | м м 06 | / | D D 18 | / Y | y 201 | ү 12 | Y | | | | |
| | City Green Bay | State WI | Zip Code 54311-6213 | | | | | A341DF eceipt th | | | E52A44 | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 500.0 | 00 | | | | |
| | Name of Employer | Occupation | | \neg | | | | | | | | | | | |
| | Orthopedic & Sports Med Specialists | Orthopaedi | c Surgeon | | | | | | | | | | | | |
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| | | address of any political committee | e to solici | t cont | ributic | ons tro | m such | commit | tee. | | | | |
| NAME OF COMMITTEE (In Political Action Con | | can Association of Orth | opaedi | c Sı | urge | ons | | | | | | | |
| Full Name (Last, First, Midd A. Marc I Malberg MD | le Initial) | | Da | Date of Receipt | | | | | | | | | |
| Mailing Address 1527 State | Hwy 27 Ste 1300 | | | | | | | | | | | | |
| City Somerset | State NJ | Zip Code 08873 | Transaction ID : AD3549A39D85D4D Amount of Each Receipt this Period | | | | | | | | | | |
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| Name of Employer Self Employed | Occupatio Orthopae | on dic Surgeon | | | | | | | | | | | |
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| Full Name (Last, First, Midd B. John D Miles MD | le Initial) | | Da | te of | Recei | pt | | | | | | | |
| Mailing Address PO Box 0 1 S Keene S | St | M | 06 | / | 18 | / Y | ү ү 2012 | Y | | | | | |
| City Columbia | State MO | Zip Code 65201-7199 | | | | | | B417EE7 is Period | 44E3AE | | | | |
| FEC ID number of contributi federal political committee. | ing C | | | | 7 | | , | 750 | .00 | | | | |
| Name of Employer Self Employed | Occupatio Orthopaeo | on dic Surgeon | | | | | | | | | | | |
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| Full Name (Last, First, Midd C. Daniel R Orcutt MD | le Initial) | | Da | te of | Recei | pt | | | | | | | |
| Mailing Address 2008 Ballyr | neade Ln | | M | 06 | / | 18 | / Y | y y 2012 | Y | | | | |
| City Hampton | State GA | Zip Code 30228-3654 | | | | | | 46AF27E is Period | 34F74843 | | | | |
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| Name of Employer | Occupatio | on | | | | | | | | | | | |
| Southern Orthopaedic Specia | alists Orthopae | dic Surgeon | | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| $\langle \rangle$ | Political Action Committee of th | e America | an Association of Orth | ора | edic S | Surg | geon | S | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Gregory G Orson MD | | | | Date of | f Red | ceipt | | | | | | | | |
| | Mailing Address 2049 Rose Creek Blvd | | | | м – м 06 | / | 18 | / Y | 201 | Y ■ 1 12 | Y | | | | |
| | City | State | Zip Code | | Transaction ID : ADD4D455139C041C2B2 | | | | | | | | | | |
| | Fargo | ND | 58104-6878 | | Amount of Each Receipt this Period | | | | | | | | | | |
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| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Sanford Health | Orthopaedie | c Surgeon | | | | | | | | | | | | |
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| | Primary General | | | 1 I. | | | | | | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Jerome Gregory Piontek MD | | | | Date of | f Red | ceipt | | | | | | | | |
| | Mailing Address 222 S Woods Mill Ste 460 N | | | | M M | / | D D | / Y | | YY | ŕ | | | | |
| | City Chesterfield | State | Zip Code | _ | 06 | | 18 | A F 47574 | 201 | | | | | | |
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| | federal political committee. | U | | | | - | 7 | | | 200.0 | 10 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | Self Employed | Orthopaedic | Surgeon | | | | | | | | | | | | |
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| | Other (specify) | | , 330.00 | | | | | | | | | | | | |
| ~ | Full Name (Last, First, Middle Initial) John Marvin Purvis MD | | | | Date of | f Por | ooint | | | | | | | | |
| ς. | Mailing Address 1954 Petit Bois | | | | | | | / • | Y | Y I | V | | | | |
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| | City | State | Zip Code | | Trans | saction | on ID : | A1C563 | 62197 | 70347 | E0BD9 | | | | |
| | Jackson | MS | 39211-6707 | | Amoun | t of E | Each R | eceipt th | nis Pe | riod | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 500.0 | 00 | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | University of Mississippi Medical Ctr | Orthopaedi | c Surgeon | | | | | | | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | utions | from suc | h com | nmittee | е. | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Orth | opa | iedic S | Sur | geon | S | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Clinton Michael Ray MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 1419 Hamric Dr Ste 201 | | | | м = м 06 | / | 18 | | 201 | Y 1 | | | |
| | City | State | Zip Code | | Transaction ID : AAD5654027E5C48FE9F9 | | | | | | | | |
| | Oxford | AL | 36203-2181 | | Amoun | t of | Each F | Receipt th | nis Pei | riod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 750.0 | 0 | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Self Employed | Orthopaedi | c Surgeon | | | | | | | | | | |
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| | Primary General Other (specify) V | | 750.00 | 1 | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Thomas A Russell MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 240 Lagrange Creek Dr | | | | м м 06 | / | 18 | | 201 | Y Y 2 | | | |
| | City | State | Zip Code | | Trans | acti | on ID : | AA6F42 | E45D3 | 3874C | 06082C | | |
| | Eads | TN | 38028-8014 | _ | Amount of Each Receipt this Period | | | | | | | | |
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| | Name of Employer | Occupation | | | | | | | | | | | |
| | Self Employed | Orthopaedic | c Surgeon | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 1000.00 | 1 | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Gary Michael Sherman MD | | | | Date of | f Re | ceipt | | | | | | |
| | Mailing Address 9705 Redamar Dr | | | | м м 06 | / | D 18 | | 201 | | | | |
| | City | State | Zip Code | | Trans | sact | ion ID : | : AAA77I | F76482 | 2664E | 3EC805 | | |
| | Hagerstown | MD | 21740-8943 | | Amoun | t of | Each F | Receipt th | nis Pe | riod | | | |
| | FEC ID number of contributing federal political committee. | | | | | , | | | 250.0 | 00 | | | |
| | Name of Employer | Occupation | | \neg | | | | | | | | | |
| | Robinwood Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) V | | 500.00 | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | 7 | - 1 | 20 | 000.0 | 0 | | |

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| ıт. | EMIZED RECEIPTS | | Use separate schedule(s) | (cł | neck only | y one | e) | | | |
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| 11 | | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | |
| Δ, | ny information copied from such Reports and | Statemente m | av not be sold or used by any n | | 13 | | 14 | 15 | 16 | tions |
| or | for commercial purposes, other than using the | ne name and a | ddress of any political committee | e to s | solicit cor | ntribu | itions fro | om such | commit | tee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| $\langle \rangle$ | Political Action Committee of the | he Americ | an Association of Orthe | opa | edic S | Surg | jeons | | | |
| Α. | Full Name (Last, First, Middle Initial) Andrew Warren Simpson MD | | | | Date of | f Boo | point | | | |
| А. | Mailing Address 5410 Pond Drive | | | | | | | / . | YY | V |
| | | | | | 06 | , | 18 | | 2012 | |
| | City | State | Zip Code | | Trans | actic | on ID : A | 4E96EF | -330B29 | 4B6B82F |
| | Wilmington | NC | 28409-4140 | | Amount | t of E | Each Re | ceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | 7 | 250 | 0.00 |
| | Name of Employer | Occupation | 1 | | | | | | | |
| | Vidant Health System | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) | | 250.00 | 11 | | | | | | |
| | | | | | | | | | | |
| B | Full Name (Last, First, Middle Initial) Robert A Bartosh MD | | | | Date of | f Rec | eint | | | |
| | Mailing Address 3 Magnolia Ct | | | | M M | / | | / Y | Y Y | Y |
| | | | | | 06 | | 19 | | 2012 | |
| | City | State | Zip Code | | Trans | actio | on ID : A | BB417 | E498D83 | 440CBD1 |
| | Moultrie | GA | 31768-6764 | | Amount | t of E | Each Re | ceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 250 | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | DW Adcock Clinic | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 750.00 | 11 | | | | | | |
| | | | , | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) James M Beckley MD | | | | Date of | f Rec | eipt | | | |
| | Mailing Address 1918 Britt Ln | | | | M M | | D D | / Y | Y Y | Y |
| | City | State | Zip Code | | 06 Trans | actio | 19 on ID : A | 9F0536 | 2012 3 C30398 4 | 469EA50 |
| | Rochester | MN | 55902-3434 | | | | | | is Period | |
| | FEC ID number of contributing | С | | | | - | | | | 0.00 |
| | federal political committee. | U | | | <u> </u> | | | - 7 - | 200 |).00 |
| | Name of Employer | Occupation | | | | | | | | |
| | Mayo Clinic | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 300.00 | | | | | | | |
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| Ar | y information copied from such Reports and | Statements ma | Ay not be sold or used by any p | berso | 13 n for the | pur | 14 pose of | 15 soliciting | d contril | butio | 17 ns |
| or | for commercial purposes, other than using t | he name and a | ddress of any political committe | e to | solicit co | ntrib | outions | from suc | h comm | nittee |). |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Orth | ора | edic S | Sur | geon | S | | | |
| Α. | | | | | Date o | f Re | eceipt | | | | |
| | Mailing Address 2514 Harriet's Island Ct | | | | м м 06 | / | D 19 |) / Y | Y Y 2012 | | 1 |
| | City Mount Pleasant | State SC | Zip Code 29466-8048 | $\left \right $ | | | | A84B8B Receipt th | | | 4D39B ² |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 00.00 | 0 |
| | Name of Employer Performance Consultants | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | · | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 750.00 |] | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Craig C Callewart MD | | | | Date o | f Re | eceipt | | | | |
| | Mailing Address 9101 N Central Expy Ste 36 | 0 | | | м м 06 | / | 19 |) / Y | 2012 | (Y | 1 |
| | City | State | Zip Code | | | | | A9930B | | | 7DADA |
| | Dallas | ТХ | 75231-5949 | | Amoun | t of | Each F | Receipt th | nis Perio | od | _ |
| | FEC ID number of contributing federal political committee. | С | | | L | | 7 | | 150 | 00.00 |) |
| | Name of Employer Self Employed | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | , 3000.00 | | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) Roy J Guse MD | | | | Date o | f Re | eceipt | | | | |
| | Mailing Address Texas Specialist Cntr 208 Gaslight Blvd | | | | м м 06 | / | D 19 | | 2012 | Y | 1 |
| | City Lufkin | State TX | Zip Code 75904-3166 | | | | | A279F1 | | | BE9C5 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 5 | 00.0 | 0 |
| | Name of Employer | Occupation | l | | | | | | | | |
| | Texas Specialist Center | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | 1 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional). | | | | | | 7 | | 250 | 00.00 |) |

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| П | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | Ì | X 11a | | 11b | 11c | 12 | - | _ | | |
| A | ny information copied from such Reports and | Statements ma | ay not be sold or used by any p | berso | 13 n for the | purp | 14 ose of | 15 soliciting | contrib | outio | 17 ns | | |
| | for commercial purposes, other than using th | | | | | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | . . | | | | | | | | | | | |
| \backslash | Political Action Committee of th | e America | an Association of Ortho | ора | iedic S | Surg | geons | 5 | | | | | |
| • | Full Name (Last, First, Middle Initial) Vincent Iacono MD | | | | Data at | | | | | | | | |
| Α. | Mailing Address PO Box 30 | | | _ | Date of | _ | | _ | | | | | |
| | Maining Address PO Box 30 | | | | м м | | 19 | / Y | 2012 | | | | |
| | City | State | Zip Code | | Transaction ID : A05E073ED418644CE8F0 Amount of Each Receipt this Period | | | | | | | | |
| | Stoughton | MA | 02072-0030 | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | , | 50 | 00.00 | D | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Orthopedic Care Specialists | Orthopaedi | c Surgeon | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 | 11 | | | | | | | | | |
| | | | 1 | 11 | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Cassim M Igram MD | | | | Date of | f Red | ceipt | | | | | | |
| | Mailing Address Iowa Orthopaedic Ctr | | | | M M | / | DD | / Y | Y Y | Y | 1 | | |
| | 450 Laurel St Ste A | State | Zip Code | | 06 | ۰. | 19 | | 2012 | | | | |
| | Des Moines | IA | 50314-3045 | F | | | | A709587 eceipt th | | | 33AC6 | | |
| | FEC ID number of contributing | | | | Amoun | | | | | Ju | - | | |
| | federal political committee. | С | | | L. | | 7 | 7 | 50 | 00.00 |) | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Iowa Orthopaedic Center | Orthopaedic | Surgeon | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Other (specify) V | | 1000.00 | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Carter D. Kiesau MD | I | | | Date of | f Red | ceipt | | | | | | |
| | Mailing Address 3015 Squalicum Parkway Suite 200 | | | | м м 06 | / | D D 19 | / Y | y 2012 | Y | 1 | | |
| | City | State | Zip Code | | Trans | acti | on ID : | AF52632 | 2D5149 | 8467 | 181B | | |
| | Bellingham | WA | 98225-1906 | - | Amount | t of I | Each R | eceipt th | is Peric | bd | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | 20 | 00.00 | D | | |
| | Name of Employer | Occupation | | | | | | | | | | | |
| | Peace Health | Orthopaedi | c Surgeon | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Other (specify) | | 313.00 | | | | | | | | | | |
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| s | UBTOTAL of Receipts This Page (optional) | | | • | | | | | 120 | 00.00 | | | |
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| ITC. | | | Use separate schedule(s) | (0 | heck onl | y or | ne) | | | | | | |
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| IIE | MIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | | 12 | | | |
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| <u> </u> | r commercial purposes, other than using th | e name and a | ddress of any political committee | e to | solicit co | ntrib | utions | trom suc | h com | nmitte | е. | | |
| | AME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Ortho | opa | iedic S | Sur | geon | S | | | | | |
| A F | ull Name (Last, First, Middle Initial) Ray Payne MD | | | | Date of | f Re | ceipt | | | | | | |
| M | ailing Address 230 Clearfield Ave Ste 124 | | | | м – м 06 | / | 19 |) / Y | | Y = 1 12 _ | Y | | |
| Ci | ity | State | Zip Code | | 06 19 2012 Transaction ID : A306F6D07731C4B0B936 | | | | | | | | |
| V | /irginia Beach | VA | 23462-1832 | _ | Amoun | t of | Each F | Receipt th | nis Pe | riod | | | |
| | EC ID number of contributing deral political committee. | С | | | | | 7 | | 1 | 000.0 | 00 | | |
| Na | ame of Employer | Occupation | 1 | | | | | | | | | | |
| | tlantic Orthopaedic Specialists | Orthopaedi | c Surgeon | | | | | | | | | | |
| Re | eceipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| - | Primary General Other (specify) | | 1000.00 | | | | | | | | | | |
| | ull Name (Last, First, Middle Initial) /incent E Vena MD | l | | | Date of | f Re | ceipt | | | | | | |
| M | Mailing Address 2 Celeste Dr City State Zip Code | | | | | / | D 19 | | y 201 | 2 | Y | | |
| | | State | Zip Code | | Trans | acti | on ID : | A44A68 | 2C103 | 3DB49 | 97983C | | |
| | ohnstown | PA | 15905-2832 | _ | Amoun | t of | Each F | Receipt th | nis Pe | riod | | | |
| | EC ID number of contributing deral political committee. | С | | | | | 7 | | | 250.0 | 00 | | |
| | ame of Employer | Occupation | I | | | | | | | | | | |
| | estern PA Orthopaedics | Orthopaedic | c Surgeon | | | | | | | | | | |
| Re | eceipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Other (specify) V | | , 250.00 | | | | | | | | | | |
| C E | ull Name (Last, First, Middle Initial) Brian Keith Vickaryous MD | 1 | | | Date of | f Re | ceipt | | | | | | |
| M | ailing Address 3330 Lakeview Oaks Dr | | | | м м 06 | / | 19 | | 201 | | Y | | |
| Ci | - | State | Zip Code | | | sacti | | ACE015 | - | | 277AE0 | | |
| | ongwood | FL | 32779-3155 | _ | | | | Receipt th | | | | | |
| | EC ID number of contributing deral political committee. | С | | | | | 7 | | | 100.0 | 00 | | |
| Na | ame of Employer | Occupation | 1 | | | | | | | | | | |
| | elf Employed | Orthopaedi | c Surgeon | | | | | | | | | | |
| Re | eceipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| - | Primary General Other (specify) ▼ | | 730.00 | 1 | | | | | | | | | |
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| | | | | | | | | IOIII SUCI | Commu | lee. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Orth | opa | edic S | Sur | geons | 6 | | |
| Α. | Full Name (Last, First, Middle Initial) Leigh Brezenoff MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 245 Alvord Park Rd Ste A2 | | | | M M | / | 20 | / Y | 2012 | Y |
| | City | State | Zip Code | _ | 06 Trans | sacti | | AA0F64 | 2012 E2E0EC5 | 4394407 |
| | Torrington | СТ | 06790-3494 | Transaction ID : AA0F64E Amount of Each Receipt this | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 500 | 0.00 |
| | Name of Employer | Occupation | l | | | | | | | |
| | Litchfield Hills Orthopaedics | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 |] | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Colleen M Fay MD | | | | Date o | f Re | eceipt | | | |
| | Mailing Address 2 Overlook Rd Apt 2A4 | | | | м м 06 | / | D D D | / Y | y y 2012 | Y |
| | City | State NY | Zip Code | | | | | | 04706C44 | |
| | White Plains | INT | 10605-2427 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | <u></u> | | 150 | .00 |
| | Name of Employer Bronx-Lebanon Hospital Center | Occupation | | | | | | | | |
| | • | Orthopaedie | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) ▼ | | 400.00 | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Jeffrey R Gagliano MD | 1 | | | Date o | f Re | eceipt | | | |
| | Mailing Address 2435 Briarwood Dr | | | | м м 06 | / | 20 | / Y | 2012 | Y |
| | City | State | Zip Code | | | sact | | AB2AAD | | 2437BA60 |
| | Boulder | CO | 80305-6801 | | Amoun | t of | Each R | eceipt th | is Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 250 | 0.00 |
| | Name of Employer | Occupation | l | | | | | | | |
| | НСА | Orthopaedi | c Surgeon | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) |
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| | | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the American Association of Ortl | hopaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Mark P Madden MD | | Date of Receipt |
| Mailing Address Commonwealth Orthopaed 1850 Town Center Pkwy Si | | M M / D D / Y Y Y Y Y 06 20 _ 2012 _ |
| City Reston | StateZip CodeVA20190-3219 | Transaction ID : A20A4CC9C41F64C6E9C Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Commonwealth Orthopaedics | Occupation Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) B. Brian A Murphy MD | | Date of Receipt |
| Mailing Address 3803 Highknob Circle | | M M / D D / Y Y Y Y Y 06 20 _2012 _ |
| City | State Zip Code | Transaction ID : AF6AC55FA67C44343B5A |
| Naperville | IL 60564-4425 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer M&M Orthopaedics | Occupation | |
| Receipt For: | Orthopaedic Surgeon | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |
| Full Name (Last, First, Middle Initial) C. Samuel J Snyder MD | | Date of Receipt |
| Mailing Address 57 Leach Ave | | M M / D D / Y Y Y Y Y 06 20 2012 |
| City Park Ridge | State Zip Code NJ 07656-1908 | Transaction ID : A7BEB0C22BB79469E960 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Garden State Orthopaedics | Orthopaedic Surgeon | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1000.00 | |
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| | CEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | | | | | |
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| or for commercial pu | rposes, other than using the name ar ITTEE (In Full) | nd address of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. | | | | | | |
| | on Committee of the Ame | rican Association of Ortho | paedic Surgeons | | | | | | |
| A. David C Temp | First, Middle Initial) Ieman MD Dept of Orthopaedic Surgery, G2 | | Date of Receipt | | | | | | |
| | 01 Park Ave South | | 06 20 _ 2012 _ | | | | | | |
| City Minneapolis | State MN | Zip Code 55415-1623 | Transaction ID : A175F56DE139648B6B9 Amount of Each Receipt this Period | | | | | | |
| FEC ID number o federal political co | ŝ. | | 1000.00 | | | | | | |
| Name of Employe Hennepin County I | | tion aedic Surgeon | _ | | | | | | |
| Receipt For: Primary Other (speci | General | ate Year-to-Date ▼ 2000.00 | | | | | | | |
| B. Brian A Borde | | | Date of Receipt | | | | | | |
| Mailing Address 5 | 315 Elliott Dr Ste 301 | | | | | | | | |
| City | State | Zip Code | 06 22 2012 Transaction ID : AA409471C9DDA422AA4 | | | | | | |
| Ypsilanti | МІ | 48197-8634 | Amount of Each Receipt this Period | | | | | | |
| FEC ID number o federal political co | s l | | 500.00 | | | | | | |
| Name of Employe Orthopedic Surger | · A annalistan | ition Iedic Surgeon | _ | | | | | | |
| Receipt For: Primary Other (speci | General | ate Year-to-Date ▼ 500.00 | | | | | | | |
| Full Name (Last, I c. William R Bc | First, Middle Initial) Dulden MD | | Date of Receipt | | | | | | |
| Mailing Address | 2499 University Ave # 210 | | 06 22 2012 | | | | | | |
| City Clive | State IA | Zip Code 50325-8288 | Transaction ID : AAF177419F5AA4FBBAF Amount of Each Receipt this Period | | | | | | |
| FEC ID number o federal political co | 5 | | 1000.00 | | | | | | |
| Name of Employe | r Occupa | tion | - | | | | | | |
| Capital Ortho Grou | up Orthopa | aedic Surgeon | | | | | | | |
| Receipt For: Primary Other (speci | General | ate Year-to-Date ▼ 1000.00 | | | | | | | |
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| | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | and Statements may not be sold or used by any og the name and address of any political committ | |
| NAME OF COMMITTEE (In Full) Political Action Committee c | f the American Association of Orth | nopaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Brad R Bruns MD Mailing Address 5620 E Bell Rd City Scottsdale FEC ID number of contributing federal political committee. | State Zip Code AZ 85254-5950 | Date of Receipt M M / D D / Y Y Y Y 06 22 2012 Transaction ID : A7B7D55F2DB75406B81C Amount of Each Receipt this Period 250.00 |
| Name of Employer Arizona Bone & Joint Specialists Receipt For: Primary General Other (specify) | Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) B. Joseph B Chalal MD Mailing Address 7593 Boynton Beach Blw City Boynton Beach FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | d Ste 280 State Zip Code FL 33437-6163 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 | Date of Receipt M M M / D D / 22 2012 Transaction ID : A528495BC449A49AB9AF Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Joshua Dines MD Mailing Address 935 Northern Blvd Suite 303 City Great Neck FEC ID number of contributing federal political committee. Name of Employer David Dines, MD, PC Receipt For: Primary General Other (specify) ▼ | State Zip Code NY 11021-5328 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 | Date of Receipt M M / 22 / 2012 Transaction ID : A49BD24C6AF4C4E05908 Amount of Each Receipt this Period 500.00 |
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| An or | y information copied from such Reports and St for commercial purposes, other than using the | atements ma name and a | ny not be sold or used by any pe ddress of any political committee | erson to so | for the | purp ntrib | bose of | f solicitii | ng cont | tributic | 17 ns e. |
| <u> </u> | NAME OF COMMITTEE (In Full) Political Action Committee of the | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Gerald Q Greenfield Jr, MD Mailing Address 5282 Medical Dr, Suite 200 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: | State TX C Occupation Orthopaedic Aggregate | | | | / sacti | 22 on ID : | _ L | 201 7 67EAF this Pe | A174 | 89AB3E |
| | Primary General Other (specify) ▼ | | 500.00 | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Gregory K Johnson MD Mailing Address 288 Groveland St | | | | Date of | | ceipt 22 | | y y 201 | ү ү 2 | |
| | City Haverhill | State MA | Zip Code 01830-6674 | Transaction ID : A9ED98FAEF78 Amount of Each Receipt this Perio | | | | | | | DB09E4 |
| | FEC ID number of contributing federal political committee. | С | | | | | | 500.00 | 0 | | |
| | Name of Employer Associates in Ortho PC Receipt For: | Occupation Orthopaedic | Surgeon | | | | | | | | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Richard C Johnston MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address 605 Larch Ln | | | | м м 06 | / | 22 | | 201 | | 1 |
| | City Iowa City | State IA | Zip Code 52245-3436 | | | | | : A8FE4 Receipt | | | F0D93D |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 250.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | University of Iowa | Orthopaedic | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | |
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| or for commercial purposes, other than usir | ng the name and a | iddress of any political committee | e to solicit c | ontrib | outions 1 | rom such | i committ | ee. |
| NAME OF COMMITTEE (In Full) Political Action Committee of | of the Americ | an Association of Orthe | opaedic | Sur | geon | S | | |
| Full Name (Last, First, Middle Initial) A. Hans C Kioschos MD | | | Date | of Re | eceipt | | | |
| Mailing Address Powder River Ortho | | | М | M / | DE |) / Y | Y Y | Υ |
| 508 Stocktrail Ste A | State | Zip Code | 06 | | 22 | | 2012 | |
| Gillette | WY | 82716-3582 | | | | A7916D8 Receipt th | | 41A8B82 |
| FEC ID number of contributing federal political committee. | С | | | | <u>т</u> | | 500 | .00 |
| Name of Employer | Occupation | 1 | | | | | | |
| Powder River Orthopaedic Surgeons | Orthopaedi | c Surgeon | | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | |
| Other (specify) | | 500.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) B. Roger A Klein MD | I | | Date | of Re | eceipt | | | |
| Mailing Address 1111 Sonoma Ave Ste 106 | Ste 106 | | | | | | 2012 | Y |
| City | State | Zip Code | | | | A7A4624 | | 485961 |
| Santa Rosa | CA | 95405-4813 | Amou | nt of | Each F | Receipt th | is Period | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | 7 | 1000 | .00 |
| Name of Employer | Occupation | 1 | | | | | | |
| Self Employed | Orthopaedi | c Surgeon | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| Other (specify) | | 1000.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) C. Kenneth J Kress MD | | | Date | of Re | eceipt | | | |
| Mailing Address 655 Blakenham Ct | | | 06 | | 22 | | 2012 | Y |
| City | State | Zip Code | | | | A4FA07 | | 4749B32 |
| Alpharetta | GA | 30022-7952 | Amou | nt of | Each F | leceipt th | is Period | |
| FEC ID number of contributing federal political committee. | С | | | | 7 | | 1000 | 0.00 |
| Name of Employer | Occupation | 1 | | | | | | |
| Resurgens Orthopaedics | Orthopaedi | c Surgeon | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| Primary General Other (specify) ▼ | | 2000.00 | | | | | | |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Political Action Committee o | f the Americ | an Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Joseph M Lane MD Mailing Address 535 E 70th St City New York FEC ID number of contributing federal political committee. Name of Employer | State NY C | Zip Code 10021-4823 | Date of Receipt |
| Hospital for Special Surgery Receipt For: Primary General Other (specify) | Orthopaedi Aggregate | c Surgeon Year-to-Date ▼ 1000.00 |] |
| B. R William Petty MD Mailing Address 2320 NW 66th Ct | · | | Date of Receipt |
| City Gainesville | State FL | Zip Code 32653-1630 | Transaction ID : ABE5604DD922A4BBCA57 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer Exactech, Inc | Occupation Orthopaedi | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 |] |
| Full Name (Last, First, Middle Initial) C. T Clark Robinson MD | | | Date of Receipt |
| Mailing Address PO Box 1942 | | | 06 22 2012 |
| City Nampa | State ID | Zip Code 83653-1942 | Transaction ID : A1035AF7927F64FB085B Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Saltzer Medical Group | Occupation Orthopaedi | | |
| Receipt For: Primary Other (specify) ▼ | · | Year-to-Date ▼ 1500.00 |] |
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| Political Action | | erica | an Association of Ortho | opa | edic S | Sur | geon | 3 | | |
| Full Name (Last, First, A. Matthew P Steffes | | | | | Date o | f Re | ceipt | | | |
| Mailing Address 23550 | Park St Ste 100 | | | | 06 | / | 22 | / Y | 2012 | Y |
| City Dearborn | Sta MI | | Zip Code 48124-2592 | | Trans | | ion ID : | | | 431EAFB |
| FEC ID number of con federal political commit | ş | | | | | | 5 | 7 | 250 | 0.00 |
| Name of Employer Dearborn Orthopedics | | pation paedic | : Surgeon | | | | | | | |
| Receipt For: | Aggre | - | Year-to-Date ▼ | | | | | | | |
| Primary Other (specify) | General | | 350.00 | | | | | | | |
| Full Name (Last, First, B. Evander F Fogle | | | | | Date o | f Re | ceipt | | | |
| Mailing Address 4162 N Stratford Rd NE | | | | | м м 06 | / | D D D 24 | / Y | ү ү 2012 | Y |
| City Atlanta | - | | Zip Code 30342-3941 | Transaction ID : A8CA361 Amount of Each Receipt this | | | | | | |
| FEC ID number of con federal political commit | ş | | | | | | 7 | 7 | 500 | .00 |
| Name of Employer Resurgens Orthopaedic | | pation paedic | Surgeon | | | | | | | |
| Receipt For: Primary Other (specify) | General | egate | Year-to-Date ▼ 750.00 | | | | | | | |
| Full Name (Last, First, C. Kevin F Bonner | | | | | Date o | f Re | ceipt | | | |
| Mailing Address 1424 | Natersedge Drive | | | | м м 06 | / | 26 | / Y | y y 2012 | Y |
| City Virginia Beach | Sta VA | | Zip Code 23452-6222 | | | | - | - | 3D8795E is Period | 4B66BD6 |
| FEC ID number of contributing federal political committee. | | | | | | | 5 | 7 | 750 | 0.00 |
| Name of Employer | Occu | pation | | \neg | | | | | | |
| Jordan Young Institute | Ortho | opaedio | c Surgeon | | | | | | | |
| Receipt For: Primary Other (specify) | General | egate | Year-to-Date ▼ 750.00 | | | | | | | |
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| Any information copied from such Reports ar | nd Statements ma | I ay not be sold or used by any p uddress of any political committe | person for the purpose of soliciting contributions te to solicit contributions from such committee. | | | | | |
| | | | | | | | | |
| NAME OF COMMITTEE (In Full) Political Action Committee of | the Americ | an Association of Orth | opaedic Surgeons | | | | | |
| Full Name (Last, First, Middle Initial) A. David D Bullek MD | | | Date of Receipt | | | | | |
| Mailing Address 769 Kimball Ave | | | 06 26 _ 2012 _ | | | | | |
| City Westfield | State NJ | Zip Code 07090-1955 | Transaction ID : A2070854B4A9B45A084 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | С | | 1000.00 | | | | | |
| Name of Employer | Occupation | 1 | | | | | | |
| Summit Medical Group | Orthopaedi | c Surgeon | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| Other (specify) | | 1000.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) B. Sanford E Emery MD, MBA | | | Date of Receipt | | | | | |
| Mailing Address 3400 Health Sciences Cer | nter South | | 06 26 2012 | | | | | |
| City | State | Zip Code | Transaction ID : AA9EEA4C62EFE4E91B | | | | | |
| Morgantown | WV | 26506 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | | 200.00 | | | | | |
| Name of Employer West Virginia University | Occupation Orthopaedi | | | | | | | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | - | | | | | |
| Other (specify) | | 400.00 | | | | | | |
| Full Name (Last, First, Middle Initial) C. David D Gallagher MD | | | Date of Receipt | | | | | |
| Mailing Address 6105 Horizon Dr | | | 06 26 2012 | | | | | |
| City Columbus | State IN | Zip Code 47201-1110 | Transaction ID : AECF0AEA5CBE44A288 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | С | | 1000.00 | | | | | |
| Name of Employer | Occupation | 1 | — | | | | | |
| Southern Indiana Orthopaedics | Orthopaedi | c Surgeon | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | 1 | | | | | |
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| or for commercial purp | oses, other than using the | | | to solicit contributions from such committee. |
| NAME OF COMMIT Political Actio | . , | America | an Association of Ortho | paedic Surgeons |
| Full Name (Last, Fin A. Thomas Vaill Ki Mailing Address 33: City Portsmouth FEC ID number of 6 federal political com Name of Employer Self Employed Receipt For: Primary Other (specify | ang MD 3 Borthwick Ave Ste 301 contributing imittee. General | State NH Occupation Orthopaedic Aggregate | | Date of Receipt 06 26 2012 Transaction ID : AA2092E1889F74533B43 Amount of Each Receipt this Period 500.00 |
| | cher MD, MPH partment Of Orthopaedic Su 0 Longwood Avenue, Hunne contributing imittee. ospital General | well li State MA Occupation Orthopaedic | | Date of Receipt |
| Full Name (Last, Fin Michael Leath Mailing Address 28 City Sacramento FEC ID number of of federal political com Name of Employed Receipt For: Primary Other (specify | Contributing mittee. | State CA Occupation Orthopaedi Aggregate | | Date of Receipt |
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| eceipt 26 / 2012 acceipt 26 / 2012 ion ID : A49A9B3911CDE4A74906 Each Receipt this Period 100.00 26 / 2012 ion ID : A5A50E55F72D34CE8A85 Each Receipt this Period |
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| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Orthe | opa | edic S | Sur | geon | s | | | |
| Α. | Full Name (Last, First, Middle Initial) E Michael Okin MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 1234 Fairacres Rd | | | | м м 06 | / | 26 |) / Y | 2012 | | 1 |
| | City Jenkintown | State PA | Zip Code 19046-2912 | | | | | A71942 | | | 16AC1 |
| | FEC ID number of contributing federal political committee. | С | | | | | , . | | 1 | 00.0 | 0 |
| | Name of Employer Delaware Valley Orthopaedics | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | 1 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Michael T O'Neil MD | 1 | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 4239 Farnam St Ste 409 | | | | ^M M | 1 | 26 |) / Y | 2012 | | |
| | City | State NE | Zip Code | | | | | A97B98 | | | 75AB9 |
| | Omaha | | 68131-2803 | | Amount | t of | Each F | leceipt th | iis Peri | od | _ |
| | FEC ID number of contributing federal political committee. | С | | | | _ | 7 | | 1 | 88.00 | ס |
| | Name of Employer Nebraska Ortho Associates | Occupation Orthopaedic | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 438.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) David M Oster MD | 1 | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 5290 S Geneva Way | | | | м м 06 | / | 26 |) / Y | 2012 | | 1 |
| | City Englewood | State CO | Zip Code 80111-6203 | | | | | A357CE Receipt th | | | FABC6 |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 2 | 250.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Denver-Vail Orthopaedics | Orthopaedi | c Surgeon | | | | | | | | |
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| NAME OF COMMITTEE (In Full) Political Action Committee c | - | | | | |
| Full Name (Last, First, Middle Initial) A. Kevin M Supple MD | | | Date of | Receipt | |
| Mailing Address Greensboro Orthopaedio 3200 Northline Dr Ste 20 | | | м м 06 | / D D / 26 | Y Y Y Y Y |
| City Greensboro | State | Zip Code 27408-7602 | Trans | | 2012 129CF35C4A7A9AA this Period |
| FEC ID number of contributing federal political committee. | С | | | | 500.00 |
| Name of Employer Greensboro Orthopaedic Center | Occupation Orthopaedic Surg | geon | | | |
| Receipt For: Primary General Other (specify) | Aggregate Year- | to-Date ▼ 500.00 |] | | |
| Full Name (Last, First, Middle Initial) B. Stephen G Taylor MD | | | Date of | Receipt | |
| Mailing Address 6001 Westown Pkwy | | 06 | / D D / 26 | 2012 | |
| City | State | Zip Code | | d handland h | 4D59D2B514625825 |
| West Des Moines | IA | IA 50266-7702 | | | this Period |
| FEC ID number of contributing federal political committee. | С | | | | 200.00 |
| Name of Employer Des Moines Ortho Surgeons | Occupation Orthopaedic Surg | jeon | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year- | to-Date ▼ 400.00 | 1 | | |
| Full Name (Last, First, Middle Initial) C. Joseph K Weistroffer MD | | | Date of | Receipt | |
| Mailing Address 109 Holt Rd | | | м м 06 | / D D / 26 | 2012 |
| City Andover | | Zip Code 01810-4123 | | action ID : A9BC | EEACDD38D4167BA this Period |
| FEC ID number of contributing federal political committee. | С | | | | 250.00 |
| Name of Employer | Occupation | | | | |
| New England Neurological Assoc | Orthopaedic Sur | - | | | |
| Receipt For: Primary General Other (specify) | Aggregate Year- | to-Date ▼ 250.00 |] | | |
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| or | for commercial purposes, other than using t | he name and a | ddress of any political committee | e to solicit co | ontrib | outions fr | om such | n committ | ee. | | | |
| | NAME OF COMMITTEE (In Full) Political Action Committee of t | he Americ | an Association of Ortho | opaedic | Sur | geons | 5 | | | | | |
| Α. | Full Name (Last, First, Middle Initial) J Michael Wiater MD | | | Date | of Re | eceipt | | | | | | |
| | Mailing Address Beverly Hills Orthopaedic S 17877 W Fourteen Mile Rd | | | 06 | VI / | 26 | / Y | ү ү 2012 | Y | | | |
| | City Beverly Hills | State MI | Zip Code 48025-3127 | | | | | 5B1F65D is Period | 48EA90E | | | |
| | FEC ID number of contributing federal political committee. | С | | | | , | . , | 100 | .00 | | | |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 1100.00 |] | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) James C Wittig MD | | | Date | of Re | eceipt | | | | | | |
| | Mailing Address 130 East 18th Street Apt 12C | | | 06 | VI / | D D D 26 | / Y | y y 2012 | Y | | | |
| | City | State NY | Zip Code | | | | | C69BB27 | 456DAC | | | |
| | New York | INT | 10003-2423 | Amou | nt of | Each Re | eceipt th | is Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | , | 7 | 500 | .00 | | | |
| | Name of Employer Mount Sinai Medical Center | Occupation Orthopaedi | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | 1 | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Thomas Y L Wu MD | | | Date | of Re | eceipt | | | | | | |
| | Mailing Address 2340 Fairway Ct | | | 06 | | D D 26 | / Y | y y 2012 | Y | | | |
| | City Oxnard | State CA | Zip Code 93036-7774 | | | | | 48ADD50 is Period | C45B391 | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 500 | .00 | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | |
| | Ortho Medicine | Orthopaedi | c Surgeon | | | | | | | | | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committe | e to s | solicit co | ntrib | utions | from suc | h con | nmitte | e. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of th | ne America | an Association of Orth | opa | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Sean R Dingle MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address STE 201 6050 Cattleridge Blvd | | | | м м 06 | / | D 1 |) / Y | 20 | ү 12 | Y |
| | City Sarasota | State FL | Zip Code 34232-6028 | | | | | AE396D Receipt th | | | 949A7A |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | , | | 400.0 | 00 |
| | Name of Employer Kennedy White Orthopaedic Cent | Occupation | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 400.00 |] | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) John S Kirkpatrick MD | | | | Date o | f Re | ceipt | | | | |
| | Mailing Address Dept of Orthopaedics 2nd FL 655 W Eighth St C-126 | | | | 06 | / | D 1 | | 201 | 12 | Y |
| | City Jacksonville | State FL | Zip Code 32209-6511 | | | | | A05E6C Receipt th | | | 235832 |
| | FEC ID number of contributing federal political committee. | C | | | | | 7 | | 1 | 1000.0 | 00 |
| | Name of Employer University of Florida | Occupation Orthopaedic | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | 1 | | | | | | | |
| | Full Name (Last, First, Middle Initial) Dennis P Rivero MD | | , , | _ | Date o | f Re | ceipt | | | | |
| | Mailing Address 8177 S Harvard St No 533 | | | | м м 06 | | 27 | | 201 | 12 | Y |
| | City Tulsa | State OK | Zip Code 74137-1612 | | Trans | | ion ID : | AE359E Receipt th | BD8 | 07034 | B42B8D |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | | 250.0 | 00 |
| | Name of Employer | Occupation | 1 | | | | | | | | |
| | Muskogee Surgical Associate Orthopedic | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | | | | | |
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| 11 | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a | | 11b | 11c | 12 | Г | |
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| or | for commercial purposes, other than using th | e name and a | ddress of any political committee | e to s | solicit co | ntrib | utions 1 | from such | h comm | nittee | 9. |
| | NAME OF COMMITTEE (In Full) Political Action Committee of the | ne America | an Association of Ortho | ора | edic S | Sur | geon | S | | | |
| Α. | Full Name (Last, First, Middle Initial) David Lessing MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 2509 Park Ave Suite 2A | | | | м м 06 | / | 28 |) / Y | 2012 | | 1 |
| | City South Plainfield | State NJ | Zip Code 07080-5300 | _ | Trans | | on ID : | A4E64B Receipt th | 33F5D0 | C646 | E2956 |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 2 | 50.0 | 0 |
| | Name of Employer Self Employed | Occupation Orthopaedi | | | | | | | | | |
| | Receipt For: | · | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 250.00 | 1 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Stephen Sandoval MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 321 N Highland Ave Ste 120 | | | | м м 06 | / | 28 |) / Y | 2012 | Y | |
| | City | State | Zip Code | + | | | | AA3154 | | | BA95E |
| | Sherman | TX | 75092-7371 | _ | Amoun | t of | Each F | Receipt th | nis Perio | od | |
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| | Name of Employer | Occupation | | | | | | | | | |
| | Self Employed | Orthopaedie | c Surgeon | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | _ | | | | | | | |
| | Other (specify) ▼ | | 500.00 | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Steven D Steinlauf MD | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 1514 Victoria Isle Way | | | | м м 06 | / | 28 | | 2012 | | 1 |
| | City Weston | State FL | Zip Code 33327-1315 | | | | - | A457DD Receipt th | | | 13A69 |
| | FEC ID number of contributing federal political committee. | С | | | | | y | . , | 10 | 00.0 | 0 |
| | Name of Employer | Occupation | I | \neg | | | | | | | |
| | Ortho Assoc of South Broward | Orthopaedi | c Surgeon | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
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| ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) 11a 11b 11c 12 13 14 15 16 17 |
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| NAME OF COMMITTEE (In Full) Political Action Committee of | | | |
| Full Name (Last, First, Middle Initial) M Gordon Whitbeck MD Mailing Address 2619 Culver Rd Ste 2A | | | Date of Receipt |
| City Rochester | State NY | Zip Code 14609-1738 | 06 28 2012 Transaction ID : AEE97158BE0954906BB8 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) | Occupation Orthopaedia Aggregate | | |
| Full Name (Last, First, Middle Initial) B Mailing Address | | Date of Receipt | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| Political Action Committee of t | he Americ | an Association of Ortho | opae | edic S | Sur | geor | าร | | |
| Full Name (Last, First, Middle Initial) American Association of Orthopaedi | ic Surgeons | | | Date of | f Re | ceipt | | | |
| Mailing Address 317 Massachusetts Avenue 1st Floor | , NE | | | м м 04 | 1 | D 13 | | 2012 | Y |
| City | State | Zip Code | | | | | | | 246B8953 |
| Washington | DC | 20002 | _ | Amount | t of | Each | Receipt t | his Period | ł |
| FEC ID number of contributing federal political committee. | С | | | | | , | | 346 | <u> </u> |
| Name of Employer | Occupation | 1 | | ≺efund o | of ba | ank fee | es from af | tiliated or | ganization |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| Primary General Other (specify) ▼ | | 10501.32 |] | | | | | | |
| Full Name (Last, First, Middle Initial) B. American Association of Orthopae | dic Surgeor | IS | | Date of | f Re | ceipt | | | |
| Mailing Address 317 Massachusetts Avenue 1st Floor | | 05 | / | 23 | | 2012 | Y | | |
| City | State | Zip Code | | | | | | | 4B6F9D9 |
| Washington | DC | 20002 | | Amount | t of | Each | Receipt t | his Period | ł |
| FEC ID number of contributing federal political committee. | ů – Elektrik | | | | | | | 2464 | |
| Name of Employer | Name of Employer Occupation | | | | of ba | ink fee | es from af | filiated org | anization |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 12965.55 | 1 | | | | | | |
| Full Name (Last, First, Middle Initial) | | , , | _ | | | | | | |
| c. American Association of Orthopa | • | eons | | Date of | f Re | ceipt | | | |
| Mailing Address 317 Massachusetts Avenue 1st Floor | , NE | | | м м 06 | / | 19 | | 2012 | Y |
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| Washington | DC | 20002 | | Amount | t of | Each | Receipt t | his Period | ł |
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| Primary General Other (specify) ▼ | | 13679.95 | | | | | | | |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
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| NAME OF COMMITTEE (In Full) Political Action Committee of th | e American Association of Orth | opaedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Citizens for Altmire Mailing Address P.O. Box 1776 City Freedom FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ | State Zip Code PA 15042 C C00413310 Occupation Aggregate Year-to-Date ▼ 2000.00 | Date of Receipt 05 29 2012 Transaction ID : A1EF09EF7E0944FC298A Amount of Each Receipt this Period 2000.00 |
| Full Name (Last, First, Middle Initial) Vern Buchanan for Congress Mailing Address P. O. Box 48928 City Sarasota FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ | State Zip Code FL 34230 C C00412759 Occupation Aggregate Year-to-Date ▼ 5000.00 | Date of Receipt 06 12 2012 Transaction ID : A4DEEBA17057C4AA5BDA Amount of Each Receipt this Period 5000.00 Refund of contribution |
| Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ | State Zip Code C Occupation Aggregate Year-to-Date ▼ | Date of Receipt |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Political Action Committee of the | Americar | n Associatior | n of (| Ort | thopa | aedic S | Sur | geor | าร | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Data a | (D:- | | | | | |
| А. | Northern Trust Company | | | | | | Date of | r Dis | | | | Y Y | |
| | Mailing Address 50 S. LaSalle St. | | | | | | 04 | / | 0; | | | 2012 | Ŷ |
| | City | State | Zip Code | | | | Trans | acti | on ID | : BB6 | A740! | 5C1FB9 | 41C9A9A |
| | Chicago Purpose of Disbursement | IL | 60675 | | | | mane | | 01112 | | | | |
| | Bank fees deducted from account | | | | | | Amoun | t of | Each | Disbur | seme | nt this | Period |
| | Candidate Name | | | Cat | ego | ry/ | | | | | | 4740 | 50 |
| | | | | | ype | | _ | - | 7 | | 7 | 1713 | 5.50 |
| | Office Sought: House Disbur Senate | sement For: Primary | General | | | | | | | | | | |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | _ | | | | | | |
| в. | Northern Trust Company | | | | | | Date of | f Dis | | _ | | | |
| | Mailing Address 50 S. LaSalle St. | | | | | | м м 04 | / | 0 | | | 2012 | Y |
| | City Chicago | State IL | Zip Code 60675 | | | | Trans | sacti | on ID | : BA0 | CA93 | 0E649F | 4098A3B |
| | Purpose of Disbursement Bank fees deducted from account | | | | | | | | | | | | |
| | Candidate Name | | | L., | | | Amoun | t of | Each | Disbur | seme | nt this | Period |
| | | | | Cate T | ego ype | | | | | | | 1433 | 3.67 |
| | Office Sought: House Disbur | sement For: | | - | 510 - | | | | / | | , | | |
| | Senate | Primary | General | | | | | | | | | | |
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| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| С. | Aristotle International, Inc | | | | | | Date of | f Dis | sburse | ment | | | |
| | | | | | | | M M | / | | | | Y Y | Y |
| | Mailing Address 205 Pennsylvania Ave SE | | | | | | 04 | | 0 | 5 | - | 2012 | |
| | City | State | Zip Code | | | | Trans | sacti | on ID | : BE4 | C96D | 21325B | 4449BD2 |
| | Washington Purpose of Disbursement | DC | 20003 | | | | | | | | | | |
| | Credit card processing fees | | | | | | Amoun | t of | Fach | Dishur | somo | nt this | Period |
| | Candidate Name | | | Cat T | ego ype | | , moun | | Laon | Bibbai | Jenne | | 3.28 |
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| | Senate | Primary | General | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | _ | | | _ | | | | | |
| Political Action Committee of th | e American Associatio | n of (| Orth | пора | aedic S | Sur | geo | ns | | | |
| Full Name (Last, First, Middle Initial) A. Aristotle International, Inc | | | | | Date o | of Di | sburse | ement | | | |
| | | | | | M | 1 / | D | D / | Y | Y Y | Y |
| Mailing Address 205 Pennsylvania Ave SE | | | | | 04 | | 2 | 3 | | 2012 | |
| City Washington | State Zip Code DC 20003 | | | | Tran | sact | ion ID | : B14 | 28549 | 0A34F4 | 488FB0E |
| Purpose of Disbursement | 20003 | | - | | | | | | | | |
| Creidt card processing fees | | | | | Amour | nt of | Each | Disbu | irseme | ent this | Period |
| Candidate Name | | | egory ype | // | | | , | | , | | 1.09 |
| | Irsement For: | 1 | | | | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | | | | | | | | | |
| State: District: | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| B. Aristotle International, Inc | | | | | Date o | | | | V | YY | |
| Mailing Address 205 Pennsylvania Ave SE | | | | | 04 | | 2 | 27 | Ŷ | 2012 | Ŷ |
| City Washington | State Zip Code DC 20003 | | | | Tran | sact | ion ID |) : BE | 41D78 | 40890E | 476C900 |
| Purpose of Disbursement Creidt card processing fees | | | - | | | | | | | | |
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| Senate President | Primary General Other (specify) ▼ | | | | | | | | | | |
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| C. Northern Trust Company | | | | | Date o | | | | V | Y Y | N |
| Mailing Address 50 S. LaSalle St. | | | | | 05 | | D | 3 | Ŷ | 2012 | Ŷ |
| City | State Zip Code | | | | Tran | sact | ion ID |) : B60 | CFBE2 | 272E5A [·] | 14586BA9 |
| Chicago Purpose of Disbursement | IL 60675 | | | _ | | | | | | | |
| Bank fees deducted from account | | | | | Amour | nt of | Each | Disbu | irseme | ent this | Period |
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| Senate President | Primary General | | | | | | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | _ | | | | | | | | |
| | Political Action Committee of t | he Americar | n Associatior | n of (| Ort | hopa | aedic | Su | rgeo | ns | | | |
| Α. | Full Name (Last, First, Middle Initial) Northern Trust Company | | | | | | Date | of Di | sburse | ement | | | |
| | Mailing Address 50 S. LaSalle St. | | | | | | 05 | | C | D / 94 | | 2012 | Y |
| | City Chicago | State IL | Zip Code 60675 | | | | Trai | nsact | ion ID | : BA33 | F8B9 | C6C5F | 4185AA1 |
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| В. | Aristotle International, Inc | | | | | | | _ | sburse | | | | |
| | Mailing Address 205 Pennsylvania Ave SE | | | | | | 05 | | D (|)7 | | 2012 | Y |
| | City Washington | State DC | Zip Code 20003 | | | | Tra | nsac | tion ID |) : BA47 | 51AC | DB77I | D476D8F5 |
| | Purpose of Disbursement Credit card processing fees | | | | | | Amou | nt of | Each | Disburs | emer | nt this I | Period |
| | Candidate Name | | | Cate T | egoi ype | ry/ | | | 7 | | | 24 | 4.80 |
| | Office Sought: House Dis Senate President | bursement For: Primary Other (spe | General ecify) ▼ | | | | | | | | | | |
| _ | State: District: | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Aristotle International, Inc | | | | | | Date | | sburse | | V | Y Y | V |
| | Mailing Address 205 Pennsylvania Ave SE | | | | | | 05 | | | 1 | | 2012 | |
| | City Washington | State DC | Zip Code 20003 | | | | Tra | nsac | tion ID |) : B0B3 | C62F | 365C9 | 4764BC5 |
| | Purpose of Disbursement Credit card processing fees Candidate Name | | | Cate | egoi | ry/ | Amou | nt of | Each | Disburs | emei | | _ |
| | Office Sought: House Dis | bursement For: | | | ype | - | | | 7 | | _ | 194 | 1.88 |
| | Senate President | Primary Other (spe | General ecify) ▼ | | | | | | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | _ | | | | _ | | | | | |
| | Political Action Committee of the A | merican | Association | of (| Ort | tho | opae | edic S | Sur | geo | ns | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| Α. | Aristotle International, Inc | | | | | | | Date o | of Di | sburse | ement | | | |
| | Mailing Address 205 Pennsylvania Ave SE | | | | | | | 05 | 1 / | D 1 | B / | | 2012 | Y |
| | City | State | Zip Code | | | | | Tran | eact | | . BEA1 | A7E0 | 2852 | C46C4BA4 |
| | Washington Purpose of Disbursement | DC | 20003 | | | | | man | Saci | | . DFAI | A/F: | 50000 | 540C4DA4 |
| | Credit card processing fee | | | | | | | Amour | nt of | Each | Disburs | emei | nt this | Period |
| | Candidate Name | | | Cat | eao | rv/ | | <u> </u> | | | | - | | |
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| | Office Sought: House Disburser Senate | nent For: Primary | General | | | | | | | | | | | |
| | President | Other (spec | | | | | | | | | | | | |
| | State: District: | | - | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| в. | Aristotle International, Inc | | | | | | | Date o | _ | | _ | | | |
| | Mailing Address 205 Pennsylvania Ave SE | | | | | | | 06 | | | D / 01 | | 2012 | Ŷ |
| | 5 | State | Zip Code | | | | | Tran | sact | ion ID | : BB03 | 7036 | 32E3A | 459F939 |
| | Washington Purpose of Disbursement | DC | 20003 | _ | | | - | | | | | | | |
| | Credit card processing fees | | | | | | | Amour | nt of | Each | Disburs | emei | nt this | Period |
| | Candidate Name | | | Cate T | ego ype | | | | | , | . , | | 3 | 4.00 |
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| | Senate President | Primary Other (spec | General | | | | | | | | | | | |
| | State: District: | | <i>y</i> , <i>y</i> | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | Northern Trust Company | | | | | | | Date o | | | ement | | | |
| | Mailing Address 50 S. LaSalle St. | | | | | | | 06 | 1 / | 0 | 5 | | 2012 | Y |
| | City | State | Zip Code | | | | | Tran | sant | ion ID | • R25D | 7800 | 14873F | 45CF8CB |
| | Chicago Purpose of Disbursement | IL | 60675 | | | | | 11011 | Jaul | | . 5250 | . 508 | | |
| | Bank fees deducted from account | | | — | | | | Amour | nt of | Each | Disburs | omo | nt thic | Period |
| | Candidate Name | | | Cat T | ego ype | | | | | Lacii | Disbuis | cinici | | 9.28 |
| | | ment For: | | | | | | | | , |) | | | |
| | Senate President | Primary Other (spec | General | | | | | | | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| | Political Action Committee o | f the An | nerican | Associatio | n of (| Drt | thop | ae | dic S | Sur | geo | ns | | | | |
| Α. | Full Name (Last, First, Middle Initial) Northern Trust Company | | | | | | | 1 | Date of | f Dis | sburse | eme | nt | | | |
| | Mailing Address 50 S. LaSalle St. | | | | | | | | ^M M | / | D 0 |)5 | / Y | |)12 | Y |
| | City Chicago | | tate IL | Zip Code 60675 | | | | | Trans | acti | ion ID |) : B | 091D3 | 5CF | A6DA | 48C3873 |
| | Purpose of Disbursement Bank fees deducted from account | | | | | | | | Amoun | t of | Each | Dis | burser | nent | this F | Period |
| | Candidate Name | | | | Cate | egoi ype | | | | | 7 | | , | | 449 | .12 |
| | Senate President | | ent For: Primary Other (spe | General cify) ▼ | | | | | | | | | | | | |
| | State: District: Full Name (Last, First, Middle Initial) | | | | | | | | Date of | ن ا | buroc | | nt | | | |
| D. | Aristotle International, Inc | | | | | | | | | | D | | | Y | Y | Y |
| | Mailing Address 205 Pennsylvania Ave S | E | | | | | | | 06 | | 1 | 15 | | 20 | 012 | |
| | City Washington | | tate DC | Zip Code 20003 | | | | | Trans | act | ion ID |) : B | 818B94 | 712 | 971C4 | 47EB1D |
| | Purpose of Disbursement Credit card processing fees | | | | | | | | Amoun | t of | Each | Dis | burser | nent | this F | Period |
| | Candidate Name | | | | Cate | egoi ype | | | | | 7 | | , | | 62 | .17 |
| | Office Sought: House Senate President | | ent For: Primary Other (spe | General cify) ▼ | | | | | | | | | | | | |
| _ | State: District: Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | |
| C. | Aristotle International, Inc | | | | | | | 1 | Date of | f Dis | sburse | | nt | V | Y | Y |
| | Mailing Address 205 Pennsylvania Ave Sl | E | | | | | | | 06 | | | 22 | I L | 20 |)12 | |
| | City Washington | | tate DC | Zip Code 20003 | | | | | Trans | act | ion ID |) : B | 803538 | EB0 | C6D8 | 4674B5A |
| | Purpose of Disbursement Credit card processing fees Candidate Name | | | | Cate | 200 | rv/ | / | Amoun | t of | Each | Dis | burser | nent | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | _ | _ | | | _ | | | | | | |
| | Political Action Committee of the A | merican Association | n of (| Drt | hopa | aedi | | Sur | rgeo | on | IS | | | |
| | Full Name (Last, First, Middle Initial) Aristotle International, Inc | | | | | Da | te o | of Di | sburs | ser | nent | | | |
| | Mailing Address 205 Pennsylvania Ave SE | | | | | M | 06 | / | D | 29 | | | 2012 | Y |
| | City State S | State Zip Code DC 20003 | | | | т | rans | sact | ion II | D : | B658 | 3E30 |)AF6634 | 4F3A5A |
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| | Office Sought: House Disburser Senate President | ment For: Primary General Other (specify) ▼ | | ype | | | | | 7 | | 7 | | | |
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| в. | Full Name (Last, First, Middle Initial) | | | | | Da | te o | of Di | sburs | ser | nent | | | |
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| C. | Full Name (Last, First, Middle Initial) | | | | | Da | | _ | sburs | | | | YY | Y |
| | Mailing Address | | | | | | - 14 | | | | | | T - T - | T |
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| | Office Sought: House Disburser Senate President | ment For: Primary General Other (specify) ▼ | | | | | | | 7 | | 7 | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Ort | thop | aedi | c S | ur | geo | ns | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| Α. | Allen West for Congress | | | | | | Dat | e of | Dis / | sburse | | | Y | Y | Y |
| | Mailing Address P.O. Box 1028 | | | | | | | 04 | I. | 0 | 5 | L | _20 | 012 | |
| | City | State | Zip Code | | | | т. | | 41 | | | 0400 | 2075 | | |
| | Deerfield Beach | FL | 33443 | | | | | ans | acti | on ID | : BC | 94DC | 587E | SD01E | 343A1A6 |
| | Purpose of Disbursement | | | | | | Am | ount | of | Each | Disb | urser | nent | this I | Period |
| | Candidate Name | | | Cat | 000 | rv/ | 100 | | | | | | | | _ |
| | Rep. Allen B. West | | | | jype | | | | | 7 | | 7 | | 2500 | .00 |
| | | ment For: | 2012 | | | | | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | | | |
| | President | Other (sp | ecify) | | | | | | | | | | | | |
| _ | State: FL District: 22 | | | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | Benishek for Congress | | | | | | Dat | e of | Dis | sburse | ement | | | | |
| | | | | | | | | M | / | D | | / Y | | Y | Y |
| | Mailing Address P.O. Box 2012 | | | | | | | 04 | | 0 |)5 | | 20 | 012 | |
| | City Kingsford | State MI | Zip Code 49802 | | | | Т | rans | acti | ion ID | : B1 | F664 | 4B7 | 33824 | 3F091F |
| | Purpose of Disbursement | | | _ | _ | _ | | | | | | | | | |
| | | | | L . | | | Am | ount | of | Each | Disb | urser | nent | this I | Period |
| | Candidate Name | | | Cat | eao | rv/ | | 1 | | | | | 1 | 1 | |
| | Rep. Daniel Benishek | | | | ype | | | | | 7 | | 7 | | 5000 | 0.00 |
| | Office Sought: X House Disburser | ment For: | LOIL | | | | | | | | | | | | |
| | Senate | Primary | X General | | | | | | | | | | | | |
| | President | Other (sp | ecify) 🔻 | | | | | | | | | | | | |
| _ | State: MI District: 01 | | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| C. | Blackburn for Congress Inc. | | | | | | Dat | e of | Dis | sburse | ement | | | | |
| | | | | | | | | M | / | D | | / Y | | Y | Y |
| | Mailing Address 4916 Thoroughbred Lane | | | | | | | 04 | ۰. | 0 | 5 | | 20 | 012 | _ |
| | Suite 4916 City | State | Zip Code | | | | | | | | | | | | |
| | Brentwood | TN | 37027 | | | | T | rans | acti | ion ID | : BF | 0F7F | DE5 | 5A560 | 47F39EC |
| | Purpose of Disbursement | | | _ | _ | _ | | | | | | | | | |
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| | Candidate Name | | | Cat | eao | rv/ | 100 | | - | | | | | | |
| | Rep. Marsha Blackburn | | | | ype | | | | | | | | | 2500 | .00 |
| | Office Sought: X House Disburse | ment For: | 2012 | | | | | | | · | | , | | | |
| | Senate | Primary | X General | | | | | | | | | | | | |
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| _ | State: TN District: 07 | | | | | | | | | | | | | | |
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| $\left \right $ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Association | of (| Ort | thopa | aedic | : Su | rge | 109 | ns | | | | |
| Δ | Full Name (Last, First, Middle Initial) | | | | | | Date | of D | iehu | reo | ement | | | | |
| | Blumenauer for Congress | | | | | | | M | | | | Y | YY | Y | |
| | Mailing Address 830 NE Holladay, #105 | | | | | | 0 | 4 | L | 0 | | L | 2012 | | |
| | 5 | State | Zip Code | | | | Tra | insac | tion | ID | : B13 | 71BC | 33679 | 7494 | F95E |
| | Portland Purpose of Disbursement | OR | 97232 | | | | | | | | | | | | |
| | | | | | | | Amo | unt o | f Ea | ch | Disbu | irsem | ent this | s Peri | iod |
| | Candidate Name | | | Cate | eqoi | ry/ | | | | | | 1 | 10 | 00.00 | |
| | Rep. Earl Blumenauer | | | | ype | | | _ | 7 | - | | 7 | 10 | 00.00 | 2 |
| | Office Sought: House Disburser Senate | nent For: | | | | | | | | | | | | | |
| | President | Primary Other (sp | General | | | | | | | | | | | | |
| | State: OR District: 03 | Сс. (ор | •••••••••••••••••••••••••••••••••••••• | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | Bruning for Senate Incorporated | | | | | | Date | of D | isbu | rse | ement | | | | |
| | | | | | | | M | | / | | | Y | Y Y | Y | |
| | Mailing Address P.O.Box 83950 | | | | | | Ŭ | 4 | | 0 | 5 | - | 2012 | | |
| | , | State NE | Zip Code | | | | Tra | ansac | tion | ID | : B40 | C8110 | B6047 | F40A | 58BF |
| | Lincoln Purpose of Disbursement | | 68501 | _ | _ | _ | | | | | | | | | |
| | | | | | | | Amo | unt o | f Ea | ch | Disbu | irsem | ent this | s Per | iod |
| | Candidate Name | | | Cate | egoi | ry/ | | | | 1 | | | 50 | 00.00 | |
| | Jon C Bruning | | | T | ype | | | - | 7 | | | 7 | 50 | 00.00 | |
| | | nent For: Primary | 2012 General | | | | | | | | | | | | |
| | President | Other (sp | | | | | | | | | | | | | |
| | State: NE District: | | | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| C. | Democrats United to Change And | Hope (d | dut | | | | Date | of D | isbu | rse | ement | | | | _ |
| | Mailing Address 499 S. Capitol Street, SW | | | | | | | M 4 | / | 0 | | Y | 2012 | Y | |
| | Suite 404 | 21 - 1 - | Zie Osala | | | | | | | | | | | | _ |
| | City Sashington | State DC | Zip Code 20003 | | | | Tra | insac | tion | ID | : BE4 | 43F63 | 1224C | 749A | 9A9E |
| | Purpose of Disbursement | | | - | _ | | | | | | | | | | |
| | Ruppersberger's LPAC | | | L., | | | Amo | unt o | f Ea | ch | Disbu | irsem | ent this | s Per | iod |
| | Candidate Name | | | Cate | egoi ype | | | | | 1 | | | 50 | 00.00 | 5 |
| | Office Sought: House Disburser | ment For: | 2012 | 1 | уре | | | | 7 | 1 | | 7 | | | |
| | Senate | Primary | General | | | | | | | | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| $ \rangle$ | Political Action Committee of the A | merican Associatio | n of (| Orth | nopa | edic S | Sur | geoi | ns | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | Date o | f Di- | bure | mont | | |
| А. | Every Republican is Crucial (ERIC |) Pac | | | | | | burse | | Y | YY |
| | Mailing Address 25 East Main Street Suite 200 | | | | | 04 | | Q | | 2012 | |
| | City Sichmond | State Zip Code VA 23219 | | | | Trans | sacti | on ID | : B4BD6 | 53A355 | FE4DF5AE |
| | Purpose of Disbursement | 20219 | _ | _ | | | | | | | |
| | Cantor's LPAC | | L., | | | Amour | nt of | Each | Disburse | ment th | is Period |
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| | Senate | ment For: 2012 Primary General | | | | | | | | | |
| | State: District: | Other (specify) ▼ Other2012 | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | Other2012 | | | | | | | | | |
| В. | Heartland Values PAC | | | | | Date c | _ | burse | | Y | Y |
| | Mailing Address P.O. Box 505 | | | | | 04 | | | 5 | 2012 | |
| | Sious Falls | State Zip Code SD 57101 | | | | Tran | sacti | on ID | : BE82C | A3D2D | 51A486E950 |
| | Purpose of Disbursement Thune's LPAC | | | | 11 | Amour | nt of | Fach | Disburse | ment th | is Period |
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| C. | Full Name (Last, First, Middle Initial) JOE PAC | | | | | Date c | _ | | | | |
| | Mailing Address c/o Carole Goeas & Associates 1707 Prince St #5 | | | | | 04 | | 0 | | 2012 | |
| | | State Zip Code VA 22314 | | | | Tran | sacti | on ID | : BB5221 | 3DC448 | 8F44818BAB |
| | Purpose of Disbursement Pitt's LPAC | 22314 | - | - | | | | | | | |
| | Candidate Name | | | egory | // | Amour | nt of | Each | Disburse | | iis Period 500.00 |
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| | y information copied from such Reports and State for commercial purposes, other than using the nar | | | | | | | | | | | |
| $\left[\right]$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | Political Action Committee of the A | America | n Associatior | n of (| Ort | hopa | aedic S | Surg | geor | าร | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| Α. | Lance for Congress | | | | | | Date o | _ | burse | | YY | Y |
| | Mailing Address P.O. Box 225 | | | | | | 04 | | 0 | | 2012 | |
| | City | State | Zip Code | | | | Trans | actio | | | | D94EA982 |
| | Colonia | NJ | 07067 | | | | Trans | acii | שוווס | . DDALA | DIFIAD | DJ4LAJ02 |
| | Purpose of Disbursement | | | | | | Amoun | t of E | Each | Disburser | nent this | Period |
| | Candidate Name | | | Cate | egor | v/ | | | | | 050 | 0.00 |
| | Rep. Leonard Lance | | | | ype | , | | | , | | 250 | 00.00 |
| | Office Sought: X House Disburse Senate President | ment For: Primary Other (spe | General | | | | | | | | | |
| | State: NJ District: 07 | | • | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| В. | McConnell Senate Committee 14 | | | | | | Date o | f Disl | burse | ment | | |
| | Mailing Address P.O. Box 1496 | | | | | | м м 04 | / | 0 | | у у 2012 | Y |
| | City | State | Zip Code | | | | - | | | DD 4500 | | E 40000E0 |
| | Louisville | KY | 40201 | | | | Trans | sactio | on ID | : BB4529 | E2FBD9 | F4263953 |
| | Purpose of Disbursement | | | | - | | Amoun | t of F | Fach | Disburser | nont this | Poriod |
| | Candidate Name | | | 4.4 | | | Amoun | | ach | Disbuisei | | Fellou |
| | Sen. Mitch McConnell | | | | egor ype | у/ | 1 | | | | 250 | 00.00 |
| | | ment For: | 2012 | | 71 | | | | / | , | | |
| | X Senate | Primary | General | | | | | | | | | |
| | President | Other (spe | | | | | | | | | | |
| | State: KY District: | | Other2012 | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) McKinley for Congress | | | | | | Date o | f Disl | burse | ment | | |
| | | | | | | | M | / | D | | YY | Y |
| | Mailing Address P.O. Box 642 | | | | | | 04 | | 05 | 5 | 2012 | _ |
| | City | State | Zip Code | | | | Trans | sactio | on ID | : BC59E2 | 267FD87 | 44D6CB36 |
| | Morgantown Purpose of Disbursement | WV | 26507 | | | | | | | | | |
| | | | | | | | • | | | Dist | | Devia |
| | Candidate Name | | | Cat | | | Amoun | tore | acn | Disburser | nent this | Period |
| | Rep. David McKinley | | | | egor ype | y/ | | | | | 150 | 0.00 |
| | Office Sought: House Disburse Senate President | ment For: Primary Other (spe | General | | | | | | , | | | |
| _ | State: WV District: 01 | | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | FC | DR I | INE N | UMBER: | | | PAG | GE 251 | OF 298 |
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| IT | EMIZED DISBURSEMENTS | | barate schedule(s) a category of the | | heck | only | one) | | | | | |
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| $\left[\right]$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | Political Action Committee of the A | America | n Associatior | n of C | Drth | nopa | edic S | Surg | eor | IS | | |
| ۸ | Full Name (Last, First, Middle Initial) | | | | | | Date of | f Dich | urcor | mont | | |
| ~ . | Perlmutter for Congress | | | | | | | | D | | Y Y | V |
| | Mailing Address 3440 Youngfield St #264 | | | | | | 04 | | 05 | | 2012 | |
| | City | State | Zip Code | | | | Trans | actio | n ID ' | · B98AC2 | 10804C8 | 34FD5919 |
| | Wheat Ridge | CO | 80033 | | | | mane | aono | | . 200/102 | | |
| | Purpose of Disbursement | | | | | | Amount | t of E | ach I | Disbursen | nent this | Period |
| | Candidate Name | | | Cate | aor | | | | - | | | |
| | Rep. Ed Perlmutter | | | | /pe | ,, | | | | | 250 | 0.00 |
| | Office Sought: X House Disburse Senate President | ment For: Primary Other (spe | General | | | | | | | | | |
| | State: CO District: 07 | 1 | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| Β. | Prosperity PAC | | | | | | Date of | f Disb | urser | ment | | |
| | | | | | | | M M | / | D | | Y Y | Y |
| | Mailing Address 1006 Pendleton Street | | | | | | 04 | | 05 | | 2012 | _ |
| | City Alexandria | State VA | Zip Code 22314 | | | | Trans | actio | n ID | : BC75E5 | B6C760 | D4904A67 |
| | Purpose of Disbursement | VA | 22314 | _ | | _ | | | | | | |
| | Paul Ryan's LPAC | | | Ľ. | | | Amount | t of E | ach I | Disbursen | nent this | Period |
| | Candidate Name | | | Cate | | // | | | | | 500 | 0.00 |
| | Office Coughty House Dishurse | | | Ту | /pe | | | | - | - 7 | | |
| | Office Sought: House Disburse Senate | ment For: Primary | 2012 General | | | | | | | | | |
| | President | Other (spe | | | | | | | | | | |
| | State: District: | | Other2012 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| C. | Rand Paul for U.S. Senate 2016 | | | | | | Date of | f Disb | | | | |
| | Mailing Address 1020 North Fairfax St | | | | | | 04 | / | 05 | | 2012 | Y |
| | Suite 201 | 01-1-1 | 7 | | | | | | | | | |
| | City Alexandria | State VA | Zip Code 22314 | | | | Trans | actio | n ID | : B83D7A | 072CC5 | 14197B8B |
| | Purpose of Disbursement | | | _ | | _ | | | | | | |
| | | | | | | | Amount | t of E | ach I | Disbursen | nent this | Period |
| | Candidate Name | | | Cate | gor | // | | - | | | | |
| | Sen. Rand Paul | | | | ype | , | | | | | 100 | 0.00 |
| | Office Sought: House Disburse Senate President | ment For: Primary Other (spe | General | | | | | | | | | |
| _ | State: KY District: | | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | F | OR I | | NUMR | EB· | | | | PA | GE | 252 | OF 298 |
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| | y information copied from such Reports and Stater for commercial purposes, other than using the nam | | | | | | | | | | | | | | |
| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | of (| Ortl | nopa | aedi | c S | ur | geo | ns | | | | |
| Α. | Full Name (Last, First, Middle Initial) Renee Ellmers for Congress Comr | nittee | | | | | Dat | e of | Dis | burse | emer | nt | | | |
| | | muce | | | | | М | M | 7 | D | D | / | Y | Y | Y |
| | Mailing Address P.O. Box 904 | | | | | | | 04 | | 0 |)5 | | 20 | 012 | |
| | 5 | State | Zip Code | | | | Tr | ansa | acti | on ID |) : B7 | 77236 | 64F2 | C0284 | 4FE5937 |
| | Dunn Purpose of Disbursement | NC | 28335 | | | | •• | | | | | | | | |
| | | | | | | | Am | ount | of | Each | Dist | ourse | ment | t this | Period |
| | Candidate Name | | | Cate | egor | y/ | | | | | _ | | | 250 | 0.00 |
| | Rep. Renee L. Ellmers | | | T | ype | , | | | - | 7 | _ | - 7 | | 2500 | 0.00 |
| | Office Sought: House Disburser Senate | ment For: Primary | 2012 General | | | | | | | | | | | | |
| | President | Other (spe | | | | | | | | | | | | | |
| | State: NC District: 02 | | • | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| в. | Steve Rothman for New Jersey Inc | С. | | | | | | | Dis | burse | | nt | | | |
| | Mailing Address P.O. Box 714 | | | | | | | 04 | / | C |)5 | | | 012 | Y |
| | City | State | Zip Code | | | | - | | | | | | | | |
| | Hackensack | NJ | 07602 | | | | Ir | ans | acti | on ID |):B | FF184 | 46DE | -UBA/ | A4FEDBA |
| | Purpose of Disbursement | | | | | | Am | ount | of | Fach | Dist | nurse | ment | t this | Period |
| | Candidate Name | | | Cate | egory | | | Junt | | Luon | Bioi | Julioo | | | i onou |
| | Rep. Steve R. Rothman | | | | ype | y/ | | | | , | _ | - 7 | | 250 | 0.00 |
| | | ment For: | | | | | | | | | | | | | |
| | Senate X President | Primary Other (spe | General | | | | | | | | | | | | |
| | State: NJ District: 09 | Other (spi | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| C. | Victory in November Election Pac | (VINE F |) | | | | | | Dis | burse | emer | nt | | | |
| | Mailing Address 607 14th Street NW | | | | | | | 04 | / | 0 |)5 | | | 012 | Y |
| | Suite 800 | State | Zip Code | | | | | | | | | | | | |
| | Washington | DC | 20005 | | | | Tr | ansa | acti | on ID |):B | 51B8 | BC26 | 68A28 | 3424A975 |
| | Purpose of Disbursement Thompson's LPAC | | | | | | | | | | | | | | |
| | Candidate Name | | | Cate | egory | v/ | Am | ount | of | Each | Dist | ourse | ment | | Period |
| | | | | | ype | , | | _ | | , | _ | - 7 | | 5000 | 0.00 |
| | Office Sought: House Disburser Senate | ment For: Primary | 2012 General | | | | | | | | | | | | |
| | President | Other (spe | | | | | | | | | | | | | |
| | State: District: | | Other2012 | | | | | | | | | | | | |
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| IT | EMIZED DISBURSEMENTS | | arate schedule(s) category of the | | | ck o | only o | one) | | | _ | | | _ | |
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| $\left[\right]$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the A | mericar | n Associatior | n of (| Or! | tho | opa | edic S | Sur | geoi | ns | \$ | | | |
| Α. | Full Name (Last, First, Middle Initial) Westmoreland for Congress | | | | | | | Date of | f Dis | burse | eme | ent | | | |
| | Mailing Address P.O. Box 458 | | | | | | | м м 04 | / | 0 | 5 | | | 012 | Y |
| | City | State | Zip Code | | | | | T | | | | | | 7040 | 4750400 |
| | Sharpsburg | GA | 30277 | | | | | Trans | acti | on ID | : 6 | BUIEF | 5105 | 0/018 | 47F8A9B |
| | Purpose of Disbursement | | | | | | | Amoun | t of | Each | Di | sburse | men | t this | Period |
| | Candidate Name | | | Cate | 000 | orv/ | | | | | - | | | | _ |
| | Rep. Lynn A. Westmoreland | | | | ype | | | | | 7 | | | | 5000 | 0.00 |
| | Office Sought: X House Disburser Senate President | ment For: Primary Other (spe | X General | | | | | | | | | | | | |
| | State: GA District: 03 | | | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Whitfield for Congress Committee | | | | | | | Date of | f Dis | burse | eme | ent | | | |
| | | | | | | | | M M | / | | D | / | | Y | Y |
| | Mailing Address P.O. box 391 | | | | | | | 04 | | 0 |)5 | | 2 | 012 | |
| | City Hopkinsville | State KY | Zip Code 42241 | | | | | Trans | sacti | on ID |) : I | B9BBF | 82E | D6F03 | 42DBBC |
| | Purpose of Disbursement | | | | _ | _ | | | | | | | | | |
| | Candidate Name | | | L., | | _ | | Amoun | t of | Each | DI | sburse | men | t this | Period |
| | Rep. Ed Whitfield | | | Cate | ego ype | | | | | _ | | | | 100 | 0.00 |
| | | ment For: | 2012 | | урс | | _ | | | 7 | | | | | |
| | Senate | Primary | X General | | | | | | | | | | | | |
| | State: KY District: 01 | Other (spe | ecify) 🔻 | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | Data | (D) | | | 1 | | | |
| С. | Al Green for Congress | | | | | | | Date of | r Dis | | | ent | | | _ |
| | Mailing Address P.O. Box 56761 | | | | | | | м м 04 | / | D 1 | 5 | | | 012 | Y |
| | City | State | Zip Code | | | | | - | | | | | | | |
| | Houston | ТХ | 77256 | | | | | Trans | sacti | on ID | : 1 | B318B | 9020 | 56036 | 48508CE |
| | Purpose of Disbursement | | | | | - | | | | | | | | | |
| | Candidate Name | | | <u> </u> | | | | Amoun | t of | Each | Di | sburse | men | t this | Period |
| | Rep. Al Green | | | Cate | ego ype | | | | | | | | | 1000 | 0.00 |
| | • | ment For: | 2012 | 1 | ype | - | _ | _ | - | 7 | - | 7 | - | | |
| | Senate | Primary | General | | | | | | | | | | | | |
| | President | Other (spe | ecify) 🔻 | | | | | | | | | | | | |
| _ | State: TX District: 09 | | | | | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | F | OP | | NUMBE | ٦. | | | PA | GE 2 | 254 (|)F 298 |
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| | EMIZED DISBURSEMENTS | | barate schedule(s) a category of the | | - | k only | one) | | _ | | _ | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| $ \rangle$ | Political Action Committee of the A | merica | n Association | of (| Ort | hop | aedic | Sur | geo | n | S | | | |
| ~ | Full Name (Last, First, Middle Initial) | | | | | | Data | of D: | sburs | 0~ | nont | | | |
| А. | Blumenthal for Senate | | | | | | Date | - | SDUIS | | | Y | Y | Y |
| | Mailing Address 10 G Street Suite 570 | | | | | | 04 | | | 15 | | _20 | 12 | |
| | , | State | Zip Code | | | | Trai | nsact | ion ID |): | B5CAB | D360 | D3E2 | 245C0B1 |
| | Washington Purpose of Disbursement | DC | 20002 | | | | | | | | | | | |
| | Fulpose of Disbursement | | | | | | Amou | nt of | Each | ۱C | Disburse | ment | this F | Period |
| | Candidate Name | | | Cate | eqoi | rv/ | | | | | | | 4000 | 00 |
| | Sen. Richard Blumenthal | | | | ype | | | | 1 | | 7 | | 1000 | .00 |
| | | ment For: | | | | | | | | | | | | |
| | X Senate X | Primary | General | | | | | | | | | | | |
| | State: CT District: | Other (sp | ecity) 🔻 | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| В. | Brady for Congress | | | | | | Date | of Di | sburs | en | nent | | | |
| | Mailing Address P.O. Box 8277 | | | | | | M 04 | | D | 15 | | |)12 | Y |
| | | | | | | | Ŭ | | | 10 | | 20 | ,12 | |
| | City The Woodlands | State TX | Zip Code 77387 | | | | Tra | nsact | tion II | D : | BFF7F | 52A94 | 41EC | 49EEBAB |
| | Purpose of Disbursement | | | | | | | | | | | | | |
| | Candidate Name | | | L., | | | Amou | nt of | Each | ۱C | Disburse | ment | this F | Period |
| | | | | Cate | | ry/ | | | | | | | 5000 | .00 |
| | Rep. Kevin Brady Office Sought: V House Disburser | ment For: | 2012 | T | ype | | | | 7 | | | | | |
| | Senate | Primary | General | | | | | | | | | | | |
| | President | Other (sp | | | | | | | | | | | | |
| | State: TX District: 08 | | | | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | Data | | sburs | <u></u> | aont | | | |
| 0. | Continuing A Majority Party PA | | | | | | Date | | spurs | | _ | | Y | V |
| | Mailing Address 20 F St NW Suite 500 | | | | | | 04 | | | 15 | | | 12 | Y |
| | City | State | Zip Code | | | | Tra | nsact | tion II |) : | B20D4 | B78B | EB63 | 4B1394D |
| | Washington Purpose of Disbursement | DC | 20001 | | | | | | | | | | | |
| | Camp's LPAC | | | | | | Δmoi | nt of | Fach | . Г | Disburse | mont | this F | Pariod |
| | Candidate Name | | | Cate | egoi ype | | , and | | Edo | | | | 5000 | |
| | Office Sought: House Disburser | ment For: | 2012 | | | | | | 3 | | | | | |
| | Senate | Primary | General | | | | | | | | | | | |
| | State: District: | Other (sp | | | | | | | | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Ort | tho | pa | edic S | Sur | geo | ns | 6 | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| Α. | Duncan D. Hunter for Congress | | | | | | | Date o | f Dis | | | ent | | | - 11 |
| | Mailing Address 9340 Fuerte Drive Suite 302 | | | | | | | 04 | / | D 1 | 5 | | | 012 | Y |
| | City | State | Zip Code | | | | | Trong | ti | ion ID | | | | 070 | 448FB89 |
| | La Mesa | CA | 91941 | | | | | Trans | acu | | | DUJEN | 500 | D079 | 440ГД0Э |
| | Purpose of Disbursement | | | | | | | Amoun | t of | Each | Di | isburse | ment | t this | Period |
| | Candidate Name | | | Cet | | | | _ | | | _ | | - | | _ |
| | Rep. Duncan D. Hunter | | | Cate T | ego ype | | | L. | | | | 1 | | 250 | 0.00 |
| | | ment For: | 2012 | | 790 | | | | |) | | | | | |
| | Senate | Primary | General | | | | | | | | | | | | |
| | President | Other (spe | ecify) | | | | | | | | | | | | |
| | State: CA District: 52 | | · | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | Fitzpatrick for Congress | | | | | | | Date o | f Dis | sburse | em | ent | | | |
| | | | | | | | | M M | / | D | D | / / | Y | Y | Y |
| | Mailing Address 115 N Broad Street | | | | | | | 04 | | 1 | 15 | 1 | 2 | 012 | |
| | 5 | State PA | Zip Code | | | | | Trans | sact | ion ID |): | B2F9FI | D7CI | DB10 | 5475E8A |
| | Doylestown Purpose of Disbursement | FA | 18901 | | | | | | | | | | | | |
| | | | | | | | | Amoun | t of | Each | Di | isburse | ment | t this | Period |
| | Candidate Name | | | 0.01 | | | | _ | | | _ | | | | |
| | Rep. Michael G. Fitzpatrick | | | Cate T | ype | | | L | | | | | | 200 | 0.00 |
| | | ment For: | 2012 | | ,, | | | | | , | | , | | | |
| | Senate | Primary | X General | | | | | | | | | | | | |
| | President | Other (spe | ecify) | | | | | | | | | | | | |
| | State: PA District: 08 | | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| C. | Gene Green Congressional Camp | aign | | | | | | Date of | f Dis | sburse | em | ent | | | |
| | | | | | | | | M M | / | D | | / 1 | | Y | Y |
| | Mailing Address P.O. Box 16128 | | | | | | | 04 | | 1 | 5 | 1.1. | 20 | 012 | |
| | City | State | Zip Code | | | | | | | | | | | | |
| | Houston | TX | 77222 | | | | | Trans | sact | ion ID |): | BEEAA | C17 | 59AD | C48F1B9 |
| | Purpose of Disbursement | | | - | | _ | | | | | | | | | |
| | | | | | | | | Amoun | t of | Each | Di | isburse | ment | t this | Period |
| | Candidate Name | | | Cate | eao | rv/ | | | | | | | | | |
| | Rep. Gene Green | | | | ype | | | L | | | | | | 5000 | 0.00 |
| | Office Sought: X House Disburse | ment For: | 2012 | | | | | | | , | | | | | |
| | Senate | Primary | X General | | | | | | | | | | | | |
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| _ | State: TX District: 29 | | | | | | | | | | | | | | |
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| | y information copied from such Reports and Stater for commercial purposes, other than using the nar | | | | | | | | | | | | |
| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Political Action Committee of the A | merican | Association | n of (| Ort | hopa | aedic S | Sur | geo | ns | | | |
| <u>ب</u> | Full Name (Last, First, Middle Initial) | | | | | | _ | | | | | | |
| А. | Matsui for Congress | | | | | | Date o | | sburse | | N N | Ŷ | V |
| | Mailing Address P.O. Box 1738 | | | | | | 04 | Í | | 5 | | 012 | |
| | City | State | Zip Code | | | | Trop | - oot | | | | | 4505004 |
| | Sacramento | CA | 95812 | | | | Trans | sact | | : 0004 | DF30 | JEUA | 4E0E901 |
| | Purpose of Disbursement | | | | - | | Amoun | t of | Each | Disburs | emen | t this F | Period |
| | Candidate Name | | | Cat | 000 | m // | 1 | | | | | | |
| | Rep. Doris O. Matsui | | | | egor ype | ry/ | | | | | | 1000 | .00 |
| | | ment For: 2 | 2012 | | | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | |
| | President | Other (spe | cify) 🔻 | | | | | | | | | | |
| | State: CA District: 05 | | | | | | | | | | | | |
| R | Full Name (Last, First, Middle Initial) | | | | | | Date o | fDid | eburec | mont | | | |
| υ. | Peace Through Strength PAC | | | | | | | _ | | | | | |
| | Mailing Address 499 S. Capitol St. SW | | | | | | M M | | 1 | 5 | | 012 | Y |
| | Suite 420 | | | | | | | | | _ | | | |
| | City Washington | State DC | Zip Code 20003 | | | | Tran | sact | ion ID | : BB99 | D38C | 2AC90 | 4303992 |
| | Purpose of Disbursement | 00 | 20003 | - | _ | _ | | | | | | | |
| | Hunter's LPAC | | | 1. | | | Amoun | t of | Each | Disburs | emen | t this F | Period |
| | Candidate Name | | | Cat | egor | rv/ | | | | | | 0500 | |
| | | | | | ype | , | | | 7 | 7 | _ | 2500 | .00 |
| | | | 2012 | | | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | |
| | State: District: | Other (spec | Other2012 | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | 001012012 | | | | | | | | | | |
| С. | Sheila Jackson Lee for Congress | | | | | | Date o | f Di | sburse | ement | | | |
| | | | | | | | M M | / | D | D / | | Y | Y |
| | Mailing Address 4412 Almeda | | | | | | 04 | | 1 | 5 | 2 | 012 | |
| | City | State | Zip Code | | | | | | | | | | |
| | Houston | TX | 77004 | | | | Tran | sact | ion ID | : BE286 | 662E | 858D4 | 93594C |
| | Purpose of Disbursement | | | | - | | | | | | | | |
| | | | | L. | | | Amoun | t of | Each | Disburs | emen | t this F | Period |
| | Candidate Name | | | | egor | | | | | | | 1000 | .00 |
| | Rep. Sheila Jackson Lee Office Sought: V House Disburser | ment For: 2 | 2040 | I | ype | | | - | 7 | 7 | _ | | |
| | Senate | Primary | General | | | | | | | | | | |
| | President | Other (spe | | | | | | | | | | | |
| | State: TX District: 18 | V - 1 | * | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | F | OR | LINE | NU | MBER | : | | | PAC | GE | 257 (| OF 298 |
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| IT | EMIZED DISBURSEMENTS | | erate schedule(s) category of the | (c | hec | k only | y on | _′ | | 200 | _ |] 24 | | 25 | |
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| | ny information copied from such Reports and State for commercial purposes, other than using the nar | | | | | | | | | | | | | | |
| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| \backslash | Political Action Committee of the A | merica | n Associatior | of (| Drt | thop | bae | dic S | Sur | geo | ns | | | | |
| ~ | Full Name (Last, First, Middle Initial) | | | | | | | Date o | f Dia | shured | amo | nt | | | |
| ~ . | Wicker for Senate | | | | | | | | _ | D | | | V | Y | V |
| | Mailing Address P.O. Box 64 | | | | | | | 04 | ĺ | | 5 | / | |)12 | |
| | City | State | Zip Code | | | | | Trans | acti | ion ID | · R | 24290 | 70R | | 4B3FBF2 |
| | Jackson | MS | 39205 | | | | | ITana | bacti | | | 24230 | 100 | | |
| | Purpose of Disbursement | | | | | | | Amoun | t of | Each | Dis | bursen | nent | this | Period |
| | Candidate Name | | | Cate | eao | rv/ | | | | | _ | | | | |
| | Sen. Roger F. Wicker | | | | ype | | | | | 7 | _ | - 7 - | | 2500 | 0.00 |
| | | ment For: | | | | |] | | | | | | | | |
| | Senate President | Primary Other (spe | General | | | | | | | | | | | | |
| | State: MS District: | Other (spe | ecity) 🔻 | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | Adam Smith for Congress | | | | | | | Date o | f Dis | sburse | eme | nt | | | |
| | Mailing Address P.O. Box 23626 | | | | | | - | м м 04 | 1 | D | D 17 | / Y | |)12 | Y |
| | Walling Address P.O. Box 23626 | | | | | | | 04 | | | 1 | | 20 | 512 | |
| | City Federal Way | State WA | Zip Code 98093 | | | | | Trans | sacti | ion IC |) : B | 30A62 | 8BF | 6BB5 | 54E9AAF |
| | Purpose of Disbursement | | | - | | _ | 1 | | | | | | | | |
| | | | | | | | / | Amoun | t of | Each | Dis | bursen | nent | this | Period |
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| | Rep. Adam Smith Office Sought: Y House Disburse | ment For: | 2012 | Т | ype | | 1 | | | 7 | _ | - 7 | | | |
| | Senate | Primary | General | | | | | | | | | | | | |
| | President | Other (spe | | | | | | | | | | | | | |
| _ | State: WA District: 09 | | | | | | | | | | | | | | |
| ~ | Full Name (Last, First, Middle Initial) | | | | | | Ι. | | | | | | | | |
| C. | Common Values PAC | | | | | | | Date o | | | | nt | | | _ |
| | Mailing Address 406 Virginia Ave | | | | | | | 04 | / | 2 | 23 | / Y | |)12 | Y |
| | City | State | Zip Code | | | | - | Trong | | ion ID | | | | | 34793BB |
| | Alexandria | VA | 22302 | | | | | ITalis | sacu | | , . Б | FJIAF | 403 | ACSI | 547 9300 |
| | Purpose of Disbursement Barrasso's Leadership PAC | | | | | | | | | | D . | | | | |
| | Candidate Name | | | Cate | ego ype | | | Amoun | t of | Each | Dis | bursen | nent | this 5000 | |
| | Office Sought: House Disburse | ment For: | 2012 | 1 | , | | 1 | | | 7 | _ | 7 | | | |
| | Senate | Primary | General | | | | | | | | | | | | |
| | President | Other (spe | | | | | | | | | | | | | |
| _ | State: District: | | Other2012 | | | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | F | OR | LINF | NU | MBER: | : | | | PA | GE | 258 (| OF 29 |
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| IT | EMIZED DISBURSEMENTS | | parate schedule(s) h category of the | | - | k only | - | e) | | | | _ | | _ | |
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| | y information copied from such Reports and Stater for commercial purposes, other than using the nan | | | | | | | | | | | | | | |
| $\left \right $ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Ort | thop | ae | dic S | Sur | geo | n | S | | | |
| Α. | Full Name (Last, First, Middle Initial) Congressman Bill Young Campaig | n Com | mitte | | | | [| Date of | f Dis | sburs | en | nent | | | |
| | Mailing Address P. O. Box 47025 | | | | | | | 04 | / | | 23 | | | 012 | Y |
| | City St. Petersburg | State FL | Zip Code 33743 | | | | | Trans | acti | ion IE |): | B68FB | 0F04 | 16DF0 | 41E89F |
| | Purpose of Disbursement | | | | | | | Amount | t of | Each | n D |)isburse | men | t this | Period |
| | Candidate Name | | | Cate | one | rv/ | | | | | ÷ | | | | |
| | Rep. Bill Young | | | | ype | | | | | 7 | 4 | | | 4000 | 0.00 |
| | Senate X President | ment For: Primary Other (sp | General | | | | | | | | | | | | |
| _ | State: FL District: 10 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | Friends of Bill Posey | | | | | | 1 | Date of | f Dis | _ | | _ | | | |
| | Mailing Address P. O. Box 360877 | | | | | | | 04 | / | D | 23 | | | 012 | Y |
| | City Melbourne | State FL | Zip Code 32936 | | | | | Trans | sacti | ion II | D : | B7C00 | 3D6 | 63711 | 47CE92 |
| | Purpose of Disbursement | | | | | | | Amount | t of | Each | n D | Disburse | men | t this | Period |
| | Candidate Name | | | Cate | ego | ry/ | | | | | 7 | | | 500 | 00 |
| | Rep. Bill Posey | | | | ype | | | | - | 7 | 4 | 7 | | 5000 | 5.00 |
| | | ment For: Primary Other (sp | General | | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Manchin for West Virginia | | | | | | 1 | Date of | f Dis | sburs | en | nent | | | |
| | Mailing Address P.O. Box 5202 | | | | | | | м м 04 | / | | 23 | | | 012 | Y |
| | City | State | Zip Code | | | | | Trans | acti | ion IC |): | BF077 | A296 | 5062B | 4632BE |
| | Charlestown Purpose of Disbursement | WV | 25361 | _ | _ | _ | - | | | | | | | | |
| | Candidate Name Sen. Joe Manchin III | | | Cate | ego ype | | | Amount | t of | Each | n D |)isburse | men | t this 4000 | |
| | Office Sought: House Disburser X Senate President State: WV District: | ment For: Primary Other (sp | X General | | | | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b 27 | v one) 22 X 23 24 25 26 28a 28b 28c 29 30b |
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| NAME OF COMMITTEE (In Full) | | | |
| ight angle Political Action Committee of the | American Association | n of Orthop | aedic Surgeons |
| Full Name (Last, First, Middle Initial) A. Whitfield for Congress Committe | e | | Date of Disbursement |
| Mailing Address P.O. box 391 | | | 04 23 2012 |
| City Hopkinsville | StateZip CodeKY42241 | | Transaction ID : B2E1421B4A70C497CBAI |
| Purpose of Disbursement | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 3000.00 |
| Rep. Ed Whitfield | roomont For: 0040 | Туре | |
| Senate President | rsement For: 2012 Primary X General Other (specify) ▼ | | |
| State: KY District: 01 | | | |
| Full Name (Last, First, Middle Initial) B. Blackburn for Congress Inc. | | | Date of Disbursement |
| Mailing Address 4916 Thoroughbred Lane Suite 4916 | | | 05 03 2012 |
| City Brentwood | StateZip CodeTN37027 | | Transaction ID : B73C5DE039824410981E |
| Purpose of Disbursement | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 1500.00 |
| Rep. Marsha Blackburn | | Туре | 1000.00 |
| Office Sought: House Disbu Senate President State: TN District: 07 | rsement For: 2012 Primary X General Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) C. Charles Boustany Jr. MD for Col | naress In | | Date of Disbursement |
| | ngress, m | | M M / D D / Y Y Y Y |
| Mailing Address P.O. Box 80126 | | | 05 03 2012 |
| City Lafayette | State Zip Code LA 70598 | | Transaction ID : B74C521EF15A849ABAD |
| Purpose of Disbursement | | | |
| Candidate Name | | Category/ | Amount of Each Disbursement this Period 2500.00 |
| Rep. Charles W. Boustany Jr. | rsement For: 2012 | Туре | 7 7 7 |
| Senate President | Primary X General Other (specify) | | |
| State: LA District: 07 | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Or | thop | aedi | c S | urę | geoi | ns | | | |
| Δ. | Full Name (Last, First, Middle Initial) Chris Gibson for Congress | | | | | | Dat | te of | Dis | burse | ment | | | |
| | | | | | | | М | M | / | D | D / | Y | Y Y | Y |
| | Mailing Address P.O. Box 247 | | | | | | | 05 | | Q | 3 | : | 2012 | |
| | City Kinderhook | State NY | Zip Code 12106 | | | | Т | ransa | acti | on ID | : B698 | 0423 | 7A3C0 | 444F94C |
| | Purpose of Disbursement | | 12100 | | _ | | | | | | | | | |
| | | | | | | | Am | ount | of I | Each | Disburs | seme | nt this | Period |
| | Candidate Name | | | Cate | ego | ory/ | | | | | | | 500 | 0.00 |
| | Rep. Christopher P. Gibson | | | T | ype |) | | | | , | | _ | 500 | 0.00 |
| | Office Sought: House Disburser Senate | ment For: Primary | 2012 X General | | | | | | | | | | | |
| | President | Other (sp | | | | | | | | | | | | |
| | State: NY District: 20 | | | | | | | | | | | | | |
| - | Full Name (Last, First, Middle Initial) | • | | | | | | | D . | | | | | |
| в. | Congressman Bill Young Campaig | in Com | mitte | | | | | | Dis | burse | | | | |
| | Mailing Address P. O. Box 47025 | | | | | | М | 05 | / | | 3 | | y y 2012 | Ŷ |
| | City | State | Zip Code | | | | т | rans | acti | on ID | · B1C7 | 8504 | 1685 | 486081C |
| | St. Petersburg | FL | 33743 | | | | | anse | | | | 0007 | | 4000010 |
| | Purpose of Disbursement | | | | | | Am | ount | of I | Each | Disburs | eme | nt this | Period |
| | Candidate Name | | | Cate | 000 | | | | - | | | | | _ |
| | Rep. Bill Young | | | | ype | | | | | , | | | 500 | 0.00 |
| | Senate President | ment For: Primary Other (sp | X General | | | | | | | | | | | |
| | State: FL District: 10 | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Fitzpatrick for Congress | | | | | | Dat | te of | Dis | burse | ment | | | |
| | Mailing Address 115 N Broad Street | | | | | | | 05 | / | 0 | 3 | | y y 2012 | Y |
| | City | State | Zip Code | | | | т | ransa | acti | on ID | · BED2 | 2051 | 70484 | B4015933 |
| | Doylestown Purpose of Disbursement | PA | 18901 | | | | | | | | | | | |
| | rupose of Disbursement | | | | | | ۸۳ | ount | of | Each | Dieburg | 0000 | at thia | Poriod |
| | Candidate Name | | | Cate | 900 | orv/ | Am | ouni | OLI | Lacii | Disburs | eme | it this | Fenou |
| | Rep. Michael G. Fitzpatrick | | | | ype | | | | | | | | 150 | 0.00 |
| | Office Sought: House Disburser Senate President District: 08 | ment For: Primary Other (sp | K General | | | | | | | , | | | | |
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| $\left[\right]$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\langle \rangle$ | Political Action Committee of the A | America | n Associatior | of (| Ort | hopa | aedic S | Surge | eor | าร | | | |
| Α. | Full Name (Last, First, Middle Initial) Friends of Frank Guinta | | | | | | Date o | f Disbu | ırsei | ment | | | |
| | | | | | | | M M | / | D | D / Y | Y | Y Y | |
| | Mailing Address P.O. Box 877 | | | | | | 05 | 1.1 | 03 | 3 | 2012 | 2 | |
| | City | State | Zip Code | | | | Trans | action | n ID | : BCE5F2 | 2C981/ | 4344CC | B98 1 |
| | Manchester | NH | 03105 | | | | mane | action | | | | | |
| | Purpose of Disbursement | | | | | | Amoun | t of Ea | ach | Disburser | nent th | nis Perio | d |
| | Candidate Name | | | Cate | agor | ×/ | | | | | | | |
| | Rep. Frank C. Guinta | | | | ype | y/ | | | | | 2 | 500.00 | |
| | | ment For: | 2012 | | | | | | | | | | |
| | Senate | Primary | X General | | | | | | | | | | |
| | State: NH District: 01 | Other (sp | ecify) 🔻 | | | | | | | | | | |
| _ | State: NH District: 01 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| в. | Guthrie for Congress | | | | | | Date o | f Disbu | ırsei | ment | | | |
| | | | | | | | M M | / | D | D / Y | Y | Y Y | |
| | Mailing Address P.O. Box 9639 | | | | | | 05 | 1. | 03 | 3 | 201 | 2 | |
| | City | State | Zip Code | | | | Trans | action | ו ID | : B16DD | 29F766 | 6A64E5F | A9C |
| | Bowling Green Purpose of Disbursement | KY | 42102 | | | | | | | | | | |
| | | | | | | | Amoun | t of Ea | ach | Disburser | nent th | nis Perio | d |
| | Candidate Name | | | Cate | aor | v/ | | | | | | | |
| | Rep. Brett Guthrie | | | | ype | <i>y</i> , | | | | | 3 | 8000.00 | |
| | | ment For: | 2012 | | | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | |
| | State: KY District: 02 | Other (sp | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| C. | Jobs, Economy and Budget Fund | (JEB Fl | JND) | | | | Date o | | | | | | |
| | Mailing Address 7315 Wisconsin Avenue | | | | | | 05 | | 03 | | 2012 | | |
| | Suite 310 East | State | Zip Code | | | | | | | | | | |
| | Bethesda | MD | 20814 | | | | Trans | action | ו ID | : B55240 | CA6B7 | 7FE40C1 | 1946 |
| | Purpose of Disbursement | | | - | - | | | | | | | | |
| | Hensarling's LPAC | | | L., | | _ | Amoun | t of Ea | ach | Disburser | nent th | nis Perio | d |
| | Candidate Name | | | | egor ype | у/ | | | | | 5 | 000.00 | ٦. |
| | Office Sought: House Disburse | ment For: | 2012 | 1 | 140 | + | | | | 7 | | | |
| | Senate | Primary | General | | | | | | | | | | |
| | President | Other (sp | ecify) 🔻 | | | | | | | | | | |
| _ | State: District: | | Other2012 | | | | | | | | | | |
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| ITI | EMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | | | k only | one) | | 00 | | | | |
| | | Detailed Summary Page | | | 21b 27 | 22 28a | Ľ | 23 28b | 24 28c | 2 | | 26 80b |
| | y information copied from such Reports and Stater for commercial purposes, other than using the nan | | | | | | | | | | | |
| $\left[\right]$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | Political Action Committee of the A | merican Association | n of (| Drt | hopa | aedic S | Surg | geor | าร | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Date o | f Dist | burse | ment | | | |
| | | | | | | M M | / | D | D / Y | Y | | |
| | Mailing Address c/o Carole Goeas & Associates 1707 Prince St #5 | | | | | 05 | | 03 | 3 | 2012 | 2 | |
| | , | State Zip Code VA 22314 | | | | Trans | actic | on ID | : B5EEE | 34477A | 6E421A9 | 22 |
| | Alexandria Purpose of Disbursement | VA 22314 | _ | _ | | | | | | | | |
| | Pitt's LPAC | | | | | Amoun | t of E | Each | Disburse | ment th | is Period | |
| | Candidate Name | | Cate | egor /pe | y/ | | | , | | 2 | 500.00 |] |
| | | ment For: 2012 | | - | | | | | | | | |
| | Senate President | Primary General Other (specify) ▼ | | | | | | | | | | |
| | State: District: | Other2012 | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| В. | Jon Runyan for Congress, Inc | | | | | Date o | | | | | | |
| | Mailing Address P.O. Box 225 | | | | | 05 | / | 0 | | 2012 | | |
| | City S Colonia | State Zip Code NJ 07067 | | | | Trans | sactio | on ID | : B15EC | 94F387 | ED433FA | BE |
| | Purpose of Disbursement | | | - | | | | | | | | |
| | Candidate Name | | | | _ | Amoun | tote | ach | Disburse | ment th | is Period | 1 |
| | Rep. Jon Runyan | | Cate T | egor /pe | ·y/ | | | , | | 2 | 500.00 | |
| | Office Sought: House Disburser | ment For: 2010 | | - | | | | | | | | |
| | Senate President | Primary General Other (specify) ▼ | | | | | | | | | | |
| | State: NJ District: 03 | Debt2010 | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | - | | | | | | |
| C. | KEEPING REPUBLICAN IDEAS STRONG TIM | ELY AND INVENTIVE (KF | (ISTIF | AC |) | Date o | t Dist | | | | V | |
| | Mailing Address P.O. Box 312 | | | | | м м 05 | / | 03 | | 2012 | | |
| | 5 | State Zip Code SD 57101 | | | | Trans | sactio | on ID | : B3E159 | 90A640 | 484A18A ² | 18 |
| | Sioux Falls Purpose of Disbursement Noem's LPAC | SD 57101 | _ | _ | | | | | | | | |
| | Candidate Name | | Cate | egor /pe | ry/ | Amoun | t of E | Each | Disburse | | is Period 500.00 | 1 |
| | Office Sought: House Disburser Senate | nent For: 2012 Primary General | | , <u>-</u> - | | | | , | | | | 1 |
| | President | Other (specify) | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | F | OR | | NUMBEF | : | | | PAGE | E 263 (| OF 298 |
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| IT | EMIZED DISBURSEMENTS | | arate schedule(s) category of the | (C | hec | k only | | | 1 | | | | |
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| | ny information copied from such Reports and Staten for commercial purposes, other than using the nar | | | | | y perso | n for the | | pose (| of soli | citing | contribu | tions |
| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Political Action Committee of the A | mericar | Association | n of (| Ort | thopa | aedic | Sur | geo | ns | | | |
| Α. | Full Name (Last, First, Middle Initial) Levin for Congress | | | | | | Date of | of Dis | sburse | ement | | | |
| | Mailing Address P.O. Box 37 | | | | | | 05 | / | D 0 | | | y y 2012 | Y |
| | City Roseville | State MI | Zip Code 48066 | | | | Tran | sact | ion ID | : B64 | 4C96[| D02A64 | 418C856 |
| | Purpose of Disbursement | | 10000 | - | | | | | | | | | |
| | | | | | | | Amou | nt of | Each | Disbu | rseme | ent this | Period |
| | Candidate Name | | | Cat | | | | | | | | 2500 | 0.00 |
| | Sen. Carl Levin Office Sought: House Disburse | | | Т | ype | • | | | 7 | | 7 | 2000 | |
| | Office Sought: House Disburse | ment For: Primary Other (spe | X General | | | | | | | | | | |
| | State: MI District: | (| - , , , | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| В. | Majority Committee PACMC PAC | 2 | | | | | Date of | _ | | ement | Y | YY | Y |
| | Mailing Address P.O. Box 10134 | | | | | | 05 | | | 3 | L | 2012 | |
| | Bakersfield | State CA | Zip Code 93389 | | | | Tran | sact | ion ID | : B3D | 21480 | CFD3B3 | 84364AA9 |
| | Purpose of Disbursement McCarthy's LPAC | | | | | | | | | | | | |
| | Candidate Name | | | <u> </u> | | | Amoui | nt of | Each | Disbu | rseme | ent this | Period |
| | Candidate Name | | | Cat T | ego ype | | | | | | | 5000 | 0.00 |
| | Office Sought: House Disburse | ment For: | 2012 | | ypo | · | | | , | | 7 | | |
| | Senate | Primary | General | | | | | | | | | | |
| | President | Other (spe | cify) 🔻 | | | | | | | | | | |
| _ | State: District: | | Other2012 | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Majority Initiative to Keep Electing Repu | ıblicans F | und A.K.A Mil | ke R | Fu | nd | Date of | of Dis | sburse | ement | | | |
| | Mailing Address P.O. Box 2485 | | | | | | M 05 | 1 / | D 0 | D / 3 | | у у 2012 | Y |
| | | <u></u> | | | | | | | | | | | |
| | City Springfield | State VA | Zip Code 22152 | | | | Tran | sact | ion ID | : B7E | B294 | B3CAB | 94C1C96 |
| | Purpose of Disbursement | ۷۸ | 22132 | _ | | | | | | | | | |
| | Mike Roger's LPAC | | | E . | | | Amou | nt of | Each | Disbu | rseme | ent this | Period |
| | Candidate Name | | | Cat T | ego ype | | | | | | | 5000 | |
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| | Senate | Primary | General | | | | | | | | | | |
| | President X | Other (spe | | | | | | | | | | | |
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| IT | EMIZED DISBURSEMENTS | Use separate schedule(s) | | | k only | | | | | | | | |
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| | y information copied from such Reports and State for commercial purposes, other than using the na | | | | | | | | | | | | |
| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Political Action Committee of the A | American Associatio | n of | Ort | hop | aedic S | Sur | geo | ns | | | | |
| A . | Full Name (Last, First, Middle Initial) Michigan First PAC | | | | | Date o | f Dis | sburse | emen | t | | | |
| | | | | | | M M | / | D | D | / 7 | Y | Y | Y |
| | Mailing Address 901 N Washington St Suite 102 | | | | | 05 | | 0 |)3 | | _20 |)12 | |
| | City | State Zip Code | | | | Trans | sacti | on ID |) : B7 | 70AF | 35361 | E7E9 | 46BEB6F |
| | Alexandria Purpose of Disbursement | VA 22314 | | | | | | | | | | | |
| | Benishek's LPAC | | | | | Amoun | t of | Each | Disb | ursei | ment | this | Period |
| | Candidate Name | | | egor ype | ry/ | | | , | | | | 2500 | 0.00 |
| | | ement For: 2012 | | | | | | | | | | | |
| | Senate President | Primary General Other (specify) | | | | | | | | | | | |
| | State: District: | Other2012 | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| Β. | Rodney Alexander for Congress | | | | | Date o | f Dis | sburse | emen | t | | | |
| | | | | | | M M | / | D | | / Y | | Y | Y |
| | Mailing Address 319 Nancy's Road | | | | | 05 | | 0 |)3 | | _ 20 |)12 | |
| | City Quitman | State Zip Code LA 71268 | | | | Trans | sact | ion ID |) : BD | CC5 | 4403 | ABA | 64707BBI |
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| | | | | | | Amoun | t of | Each | Disb | urser | ment | this | Period |
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| | Rep. Rodney Alexander Office Sought: V House Disburse | ement For: 2012 | | уре | | | | 7 | | 7 | | | |
| | | Primary General | | | | | | | | | | | |
| | President | Other (specify) | | | | | | | | | | | |
| | State: LA District: 05 | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| C. | Stivers for Congress | | | | | Date o | f Dis | sburse | emen | t | | | |
| | Mailing Addroop 4070 Winterset Drive | | | | | м м 05 | / | |)3 | / Y | |) 12 | Y |
| | Mailing Address 4679 Winterset Drive | | | | | 05 | | | 5 | | 20 | 12 | |
| | City | State Zip Code | | | | Tran | sact | ion ID | • B0 | | 718/ | DEEL | 044EC915 |
| | Columbus | OH 43220 | | | | man | Saci | | | | 1104 | | 744L0313 |
| | Purpose of Disbursement | | | | | | | | | | | | |
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| | Rep. Steve Stivers | | | egor ype | ry/ | | | | | | | 3000 | 0.00 |
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| | Senate | Primary General | | | | | | | | | | | |
| | President | Other (specify) | | | | | | | | | | | |
| _ | State: OH District: 15 | | | | | | | | | | | | |
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| IT | EMIZED DISBURSEMENTS | | parate schedule(s) a category of the | (C | hec | k only | | | | | | 7.05 | |
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| $\left \right $ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\langle \rangle$ | Political Action Committee of the A | merica | n Associatio | n of (| Ort | thopa | aedic | Sur | geo | ns | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | _ | | | | | | |
| Α. | Adam Hasner for U.S. House | | | | | | Date | of Di | sburse | ement | | | |
| | Mailing Address P.O. Box 276093 | | | | | | 05 | И / | | D / 7 | | 2012 | Ŷ |
| | City | State | Zip Code | | | | | | | | | | |
| | Boca Raton | FL | 33427 | | | | Tran | sact | ion ID | : B45/ | 1926 | 3BDAI | B41D58D9 |
| | Purpose of Disbursement | | | | | | | | | | | | |
| | | | | L | | | Amou | nt of | Each | Disbur | seme | nt this | Period |
| | Candidate Name | | | Cat | ego | ry/ | | | | | | 250 | 0.00 |
| | Rep. Adam Hasner | | | Т | ype | | | | 7 | | 7 | 200 | 0.00 |
| | Office Sought: House Disburse | ment For: Primary | | | | | | | | | | | |
| | President | Other (sp | General | | | | | | | | | | |
| | State: District: | Other (sp | cony) V | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| В. | Bera 2012 Victory Fund | | | | | | Date | of Di | sburse | ement | | | |
| | | | | | | | M | / | D | D / | Y | Y Y | Y |
| | Mailing Address 5429 Madison Ave | | | | | | 05 | | |)7 | L. | 2012 | |
| | City Sacramento | State CA | Zip Code 95841 | | | | Trar | sact | ion ID | : BEE | 12BD | D3329 | 8466E807 |
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| | Rep. Amerish Bera | | | | ype | | | | 7 | | 7 | 500 | 0.00 |
| | | ment For: | | | | | | | | | | | |
| | | Primary | General | | | | | | | | | | |
| | State: CA District: 07 | Other (sp | ecity) 🔻 | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| С. | Dutch Ruppersberger for Congress | s | | | | | Date | of Di | sburse | ement | | | |
| | | - | | | | | M | A / | D | D / | Y | Y Y | Y |
| | Mailing Address 22 Padonia Road, Suite C-141 | | | | | | 05 | | 0 | 7 | L., | 2012 | _ |
| | 01 | 01-1- | 7 | | | | | | | | | | |
| | City Timonium | State MD | Zip Code 21093 | | | | Tran | sact | ion ID | : BDB | 9950 | EFC89 | 146D4BD3 |
| | Purpose of Disbursement | | 21000 | _ | | | | | | | | | |
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| | Rep. Dutch Ruppersberger | | | | ype | | | | 7 | | , | 250 | 0.00 |
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| | Senate | Primary | General General | | | | | | | | | | |
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| Detailed Summary Page 20 20 20 20 20 20 300 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of somaling contributions for any potiest committee to sold critical actions for any potiest committee. 20 20 20 300 NML OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons Pall Name (Last, First, Middle Initial) Date of Disbursement A. Jeff Flake for U.S. Senate, Inc Date of Disbursement 05 / 07 / 2012 City Mailing Address P.O. Box 12512 Date of Disbursement Date of Disbursement Category Purpose of Disbursement State Zip Code Transaction D: BC#7EEA7A7C064285685 Purpose of Disbursement Disbursement For: 2012 Ganeral District Disbursement State: AZ State Zip Code Transaction D: BC#7EEA7A7C064285685 Mailing Address 430 S Capitol St E Disbursement Disbursement City State Zip Code City State Zip Code Disbursement City City City City City <th>IT</th> <th>EMIZED DISBURSEMENTS</th> <th></th> <th></th> <th>(C</th> <th>heo</th> <th>_ `</th> <th>one</th> <th>- ´</th> <th></th> <th>00</th> <th></th> <th>7.04</th> <th></th> <th></th> <th></th> | IT | EMIZED DISBURSEMENTS | | | (C | heo | _ ` | one | - ´ | | 00 | | 7.04 | | | |
| ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTE (in Full Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Jeff Flake for U.S. Senate, Inc Mailing Address P.O. Box 12512 City City Transaction ID: BC87EEA7A7C084265885 Purpose of Disbursement Candidate Name Rep. Jeff Flake Office Sought: President State: Az State: Az Optical Copies Mailing Address 430 S Capitol St SE Zind Floor City State: Year Period Office Sought: Disbursement For: 2012 City State: Zip Code Zind Floor Candidate Name Rep. Leff Flake Office Sought: Previsiont Distorrement State: Az Optiol St SE Zind Floor City State: Van Floor City State: | | | | | | - | | _ | | | | | | | | |
| Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Jeff Flake for U.S. Senate, Inc Mailing Address P.O. Box 12512 Oity State Candidate Name Rep. Jeff Flake Office Sought: President State: All Mailing Address 4.30 Scappid St SE Office Sought: President State: All Mailing Address 4.30 Scappid St SE Office Sought: President State: Action Disbursement Office Sought: President State: Action Disbursement Office Sought: President State: Action Disbursement Office Sought: President State: Action Disbursement Office Sought: House President Disbursement For: 2012 Candidate Name Category/ President State: CA President Disbursement For: 2012 | | | | | | | | | | | | | | | | |
| ✓ Full Name (Last, First, Middle Initial) A. Jeff Flake for U.S. Senate, Inc Date of Disbursement Mailing Address P.O. Box 12512 05 City State Zip Code Array AZ 85284 Purpose Of Disbursement Category Candidate Name Category Rep. Jeff Flake Disbursement For: 2012 Office Sought: Persident State: A2 Purpose of Disbursement Other (specify) Rep. Jeff Flake Disbursement For: 2012 Yan Rock Senate President Disbursement State: A2 Rouge of Disbursement Disbursement For: 2012 City State Zod Floor Disbursement For: 2012 City State: Candidate Name Category Rep. Nancy Pelosi Disbursement For: 2012 Office Sought: House Part Name (Last, Frist, Middle Initial) Babursement For: 2012 State: CA Disbursement Disbursement For: 2012 Office Sought: House <td>\square</td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | \square | | | | | _ | _ | | | | | | | | | |
| A. Jeff Flake for U.S. Senate, Inc Date of Disbursement Mailing Address P.O. Box 12512 Date of Disbursement City State Zip Code Purpose of Disbursement Category Transaction ID : BC37EEA7A7C0B4265865 Candidate Name Category State Date of Disbursement this Period Category Senate Disbursement For: 2012 Amount of Each Disbursement this Period State: AZ State Zip Code State: AZ State Zip Code State: Anount of Each Disbursement Other (specify) Date of Disbursement B. Nancy Pelosi for Congress Date of Disbursement Date of Disbursement Category/ Rep. Nancy Pelosi Disbursement For: 2012 Transaction ID : BE3996A447CB94E32A19 Washington Dc 20003 Transaction ID : BE3996A457CB94E32A19 Purpose of Disbursement Disbursement For: 2012 Category/ Transaction ID : BE3996A447CB94E32A19 State: CA Disbursement Disbursement For: 2012 Category/ Soo0.00 Office Sought: President Disbursement For: 2012 Category/ Soo0.00 Date of Disbursem | | Political Action Committee of the A | mericar | n Associatio | n of (| Or | thopa | ae | dic S | Sur | geo | ns | | | | |
| Mailing Address P.O. Box 12512 05 07 2012 City State Zip Code Purpose of Disbursement 65 07 2012 City State Zip Code Category/ Rep. Jeff Flake Disbursement For: 2012 Cole Office Sought: House Disbursement State: Purpose of Disbursement Category/ Type State: 2000.00 State: A2 Size Cole Purpose of Disbursement Date of Disbursement State: Cole Purpose of Disbursement Dc 20003 Purpose Purpose of Disbursement Dc 20003 Purpose Purpose of Disbursement Dc 20003 Purpose Office Sought: House Disbursement For: 2012 State Cole Office Sought: House Disbursement For: 2012 State Cole Cole State: Cole Disbursement Cole State Cole Cole Child Res 10 State Other (specify) General Cole Cole Cole | _ | | | | | | | _ | | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) Ann Wagner for Congress | | | | | | Date c | of Dis | sburse | ment | | | |
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| | Mailing Address P.O. Box 50 | | | | | | 05 | | 2 | 1 | <u> </u> | 2012 | |
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| C. | Full Name (Last, First, Middle Initial) Carnahan for Congress | | | | | | Date c | of Dis | sburse | ment | | | |
| | Mailing Address P.O. Box 190033 | | | | | | 05 | / | 2 | D / | | 2012 | Y |
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| $\left[\right]$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| $\left \right\rangle$ | Political Action Committee of the A | merica | n Associatior | n of (| Эr | thop | bae | edic S | Sur | geo | ns | 5 | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| Α. | Friends of Blaine Luetkemeyer | | | | | | | Date of | f Dis | sburse | em | ent | | | |
| | Mailing Address 228 S Washington St Suite 115 | | | | | | - | м м 05 | / | | D 21 | / Y | | 012 | Y |
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| | 5 | State | Zip Code | | | | | Trans | acti | on ID | 1 | B72BC/ | E16 | 17FF | 4EC38E6 |
| | Alexandira | VA | 22314 | | | | | mana | acti | | | 07200- | | ,,,, | 4203020 |
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| | Candidate Name | | | Cate | eao | orv/ | | | | | | | | 050 | |
| | Rep. Blaine Luetkemeyer | | | | ype | | | | | 7 | | 7 | | 2500 | 5.00 |
| | | ment For: Primary | | | | | | | | | | | | | |
| | Senate | General | | | | | | | | | | | | | |
| | State: MO District: 09 | ecify) 🔻 | | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | Friends of Erik Paulsen | | | | | | | Date of | f Dis | sburse | əm | ent | | | |
| | Mailing Address D.O.D. (1999) | | | | | | - | M M | / | | D | / Y | | 010 | Y |
| | Mailing Address P.O. Box 44369 | | | | | | | 05 | | | 21 | | 2 | 012 | |
| | City Eden Prairie | State MN | Zip Code 55344 | | | | | Trans | acti | ion ID |): | BBFF2 | 2460 | СВ1С | F42B8B12 |
| | Purpose of Disbursement | | | - | | - | | | | | | | | | |
| | | | | Ι. | | | | Amoun | t of | Each | Di | isburser | nent | t this | Period |
| | Candidate Name | | | Cate | ego | ory/ | | | | | | | | 250 | 00 |
| | Rep. Erik Paulsen | | | T | ype | 9 | | _ | - | 7 | _ | 7 | - | 250 | 5.00 |
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| | Senate | Primary | General | | | | | | | | | | | | |
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| | Full Name (Last, First, Middle Initial) | | | | | | + | | | | | | | | |
| C. | Graves for Congress | | | | | | | Date of | f Dis | sburse | əm | ent | | | |
| | Mailing Address P.O Box 701 | | | | | | - | ^M 05 | / | | 21 | / Y | | 012 | Y |
| | City | State | Zip Code | | | | + | _ | | | | | | | |
| | Gainesville | GA | 30503 | | | | | Trans | act | ion ID |): | B77902 | 1C0 | 3E904 | 4A82AF1 |
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| | Rep. Tom Graves | | | T | ype | 9 | | | | 7 | _ | - 7 | | 3000 | 5.00 |
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| | Senate X | Primary | General | | | | | | | | | | | | |
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| $\left \right $ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| $\langle \rangle$ | Political Action Committee of the A | merica | n Associatior | n of (| Ort | thopa | ae | dic S | Sur | geo | n | S | | | |
| ~ | Full Name (Last, First, Middle Initial) | | | | | | | Date of | f Dia | buro | o.m | vont | | | |
| А. | Hal Rogers for Congress | | | | | | i i | | | D | | | | Y | Y |
| | Mailing Address P.O. Box 1214 East Mt Vernon St | | | | | | | 05 | | | 21 | | | 012 | |
| | , | State KY | Zip Code | | | | | Trans | acti | ion ID |): | B80C6 | F603 | D4404 | 4B91A15 |
| | Somerset Purpose of Disbursement | K î | 42502 | | | | | | | | | | | | |
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| | Candidate Name | | | Cat | eao | rv/ | 1 | | | | - | | | | |
| | Rep. Hal Rogers | | | ype | | 1 | | | 7 | 4 | | | 2500 | 0.00 | |
| | Office Sought: House Disburse Senate Senate | General | | | | | | | | | | | | | |
| | State: KY District: 05 | Other (sp | ecity) 🔻 | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | John D. Dingell for Congress | | | | | | 0 | Date of | f Dis | sburs | | | (Y | Y | Y |
| | Mailing Address 607 14th Street NW Suite 800 | | | | | | | 05 | | | 21 | | | 012 | |
| | Washington | State DC | Zip Code 20005 | | | | | Trans | sacti | ion IE | D : | B07D6 | 3C42 | 280E6 | 4047B9C |
| | Purpose of Disbursement | | | | | | ۵ | mount | t of | Fach | П | isburse | moni | t this | Period |
| | Candidate Name | | | 0.04 | | | | anoun | | Luon | | lobuloc | | | i chica |
| | Rep. John D. Dingell | | | Cate T | ego ype | | 1 | | | | | | | 150 | 0.00 |
| | Office Sought: X House Disburse | ment For: Primary Other (sp | General | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | , | | | | | |
| | State: MI District: 15 | | <i>,</i> , , | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| C. | Kenny Marchant for Congress | | | | | | | Date of | t Dis | _ | | | | | |
| | Mailing Address P.O. Box 110187 | | | | | | | м м 05 | / | 2 | 21 | / | | 012 | Y |
| | City | State | Zip Code | | | | | Trans | acti | ion IF | . . | B5617 | 2676 | | 45CDBFI |
| | Carrollton | ТХ | 75011 | | | | | mana | act | | | 000171 | | | |
| | Purpose of Disbursement | | | | | | | | | | _ | | | | |
| | Candidate Name | | | | | | Α | mount | t of | Each | D | isburse | ment | t this | Period |
| | Rep. Kenny E. Marchant | | | Cate T | ego ype | | | | | _ | | | | 2500 | 0.00 |
| | Office Sought: House Disburse Senate President | ment For: Primary Other (sp | General | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | 7 | | 7 | | | |
| _ | State: TX District: 24 | | | | | | | | | | | | | | |
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| $\left[\right]$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Ort | thop | aedic | Su | geo | on | IS | | | |
| Α. | Full Name (Last, First, Middle Initial) Latourette for Congress Committee | Э | | | | | Date | of Di | sburs | sen | ment | | | |
| | Mailing Address 320 Kenarden Dr | | | | | | 0 | 5 | | 21 | | | 2012 | Y |
| | City Standard Heights | State OH | Zip Code 44143 | | | | Tra | nsact | ion I | D: | : B09C | 93AA | 00C73 | 4B58BAD |
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| | Candidate Name | | | Cat | ego | ry/ | | | | 1 | | | 250 | 0.00 |
| | Rep. Steven C. LaTourette | | | Т | ype | | | | 7 | - | | _ | 250 | 5.00 |
| | Office Sought: House Disburser Senate President Image: Constraint of the senate of the senat of the senate of the senate of the senate of the senat of the se | 2012 X General ecify) ▼ | | | | | | | | | | | | |
| | State: OH District: 14 | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Nita Lowey for Congress | | | | | | Date | of Di | sburs | sen | nent | | | |
| | Mailing Address P.O. Box 271 | | | | | | м 0 | | | 21 | | | 2012 | Y |
| | City Strength Strengt | State NY | Zip Code 10605 | | | | Tra | insact | tion I | D : | : B8D4 | BE31 | 021C0 | 42CEBDE |
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| | Rep. Nita M. Lowey Office Sought: Y House Disburser | ment For: | | T | ype | • | | | 7 | 1 | | | | |
| | | Primary Other (spe | General | | | | | | | | | | | |
| _ | State: NY District: 18 | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Pete Stark Re-election Committee | | | | | | Date | of Di | sburs | sen | nent | | | |
| | Mailing Address P.O. Box 8331 | | | | | | м 0 | | | 21 | | | 2012 | Y |
| | City S Fremont | State CA | Zip Code 94537 | | | | Tra | nsact | tion I | D : | : B5290 | 01B6 | DAB7F | 4F8DBAD |
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| | Candidate Name Rep. Pete Stark | | | Cat | | | | | | 1 | | | 150 | 0.00 |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| $\langle \rangle$ | Political Action Committee of the A | merican Ass | sociation | of O | rtho | pae | dic S | urge | or | IS | | | | |
| _ | Full Name (Last, First, Middle Initial) | NA 1 14 | | | | | Date of | Diebu | | | | | | |
| А. | Republican Operation to Secure and Ke | ep a Majority | (ROSKAN | VI PAC | ·) | | Jale of | | ser | | N/ N | (Y | V | |
| | Mailing Address P. O. Box 1011 | | | | | | 05 | | 21 | | | 012 | | |
| | City | State Zip | Code | | | | Trans | action | | . D100 | 04425 | | | ED70 |
| | Wheaton | IL 601 | 87 | | | _ | Trans | action | . שו | . DISL | 01420 | | ,4 0F | гол |
| | Purpose of Disbursement Roskam's LPAC | | | | | | Amount | of Fa | ch [| Dishur | semen | t this | Perio | hd |
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| | Senate | Primary | General | | | | | | | | | | | |
| | State: District: | Other (specify) | Other2012 | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | 011012012 | | | | | | | | | | | |
| В. | Ribble for Congress | | | | | | Date of | Disbu | rser | nent | | | | |
| | | | | | | _ | M M | / [|) | D / | Y Y | (Y | Y | |
| | Mailing Address P.O. Box 7200 | | | | | | 05 | | 21 | | 2 | 2012 | | |
| | City Appleton | State Zip WI 549 | Code | | | | Trans | action | ID | : B268 | 268A8 | 3562A | 4AEE | E879 |
| | Purpose of Disbursement | 040 | | _ | - | _ | | | | | | | | |
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| | Candidate Name | | | Categ | | | | | | | | 500 | 0.00 | |
| | Rep. Reid J. Ribble Office Sought: X House Disburser | mant Fari anda | | Тур | be | | | - 7 | | _ | 7 | 000 | 0.00 | |
| | č A | ment For: 2012 Primary | General | | | | | | | | | | | |
| | President | Other (specify) | | | | | | | | | | | | |
| | State: WI District: 08 | | • | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | Steve Fincher for Congress | | | | | | Date of | Disbu | rser | nent | | | | |
| | Mailing Address P.O. Box 11153 | | | | | - I | м м 05 | / [| 21 | | | 012 | Y | |
| | Maining Address P.O. Box 11155 | | | | | 1.1 | 00 | | 21 | | | 012 | _ | |
| | City | | Code | | | | Trans | action | חו | · B328 | 03880 | 28833 | 1074 | 134 |
| | Jackson Purpose of Disbursement | TN 383 | 08 | | | _ | mans | action | | . 5520 | 5500 | /0000- | 10141 | 107 |
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| | Candidate Name | | | Cata | | | Amount | of Ea | cn I | Jisbur | semen | t this | Perio | a |
| | Rep. Stephen Lee Fincher | | | Cateo Typ | | | | | | | | 250 | 0.00 | |
| | Office Sought: House Disburse | ment For: 2012 | I | | | | | | | |) | | | |
| | Senate | Primary | General | | | | | | | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of the A | mericar | Association | n of (|) Dr | thop | ae | edic S | Sur | geoi | ns | | | |
| Α. | Full Name (Last, First, Middle Initial) The Eye of the Tiger PAC | | | | | | | Date o | f Dis | sburse | ment | | | |
| | Mailing Address P.O. Box 2485 | | | | | | - | 05 | / | D 2 | | Y | 2012 | Ŷ |
| | City Springfield | State VA | Zip Code 22152 | | | | | Trans | sacti | ion ID | : B0B | 05C3 | 0899444 | 4802AF5 |
| | Purpose of Disbursement Scalise's LPAC | | | | | ٦ | | Amoun | t of | Each | Disbu | rseme | ent this | Period |
| | Candidate Name | | | Cat T | ego ype | | | | | , , | | , | 2500 | 0.00 |
| | Office Sought: House Disburser Senate President | | | | | | | | - | | | | | |
| _ | State: District: | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Vern Buchanan for Congress | | | | | | | Date o | f Dis | sburse | ment | | | |
| | Mailing Address P. O. Box 48928 | | | | | | - | м м 05 | / | | D / | Y | y y 2012 | Y |
| | City Sarasota | State FL | Zip Code 34230 | | | | | Trans | sacti | ion ID | : B20 | A8BF | 50E361 | 4DCFB20 |
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| | State: FL District: 13 | | - ,, , | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) We the People PAC | | | | | | | Date o | f Dis | sburse | ment | | | |
| | Mailing Address P.O. Box 2232 | | | | | | - | м м 05 | / | 2 | D / | Y | 2012 | Y |
| | City Jenkintown | State PA | Zip Code 19046 | | | | | Trans | sacti | ion ID | : B3C | 60B9 | A03CCI | E4E598F0 |
| | Purpose of Disbursement Schwartz's LPAC | | | | | | | Amoun | t of | Each | Disbu | rseme | ent this | Period |
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| $\left \right $ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the A | mericar | n Associatio | n of (| Or | thop | ae | edic S | Sur | geo | ns | 5 | | | |
| Α. | Full Name (Last, First, Middle Initial) Carnahan for Congress | | | | | | | Date o | f Dis | sburse | eme | ent | | | |
| | Mailing Address P.O. Box 190033 | | | | | | | 05 | / | | 24 | / Y | |)12 | Ŷ |
| | City St. Louis | State MO | Zip Code 63119 | | | | | Trans | sacti | ion ID |) : E | 38819E | 019/ | A2B14 | E46BDB |
| | Purpose of Disbursement | | | | | 7 | | Amoun | t of | Each | Di | sburse | ment | this F | Period |
| | Candidate Name | | | Cat | eao | orv/ | | | | | | | | | |
| | Rep. Russ Carnahan | | | ype | | | L., | | 7 | | | | 2500 | .00 | |
| | Office Sought: X House Disburser Senate X President | 2012 General ecify) ▼ | | | | | | | | | | | | | |
| | State: MO District: 03 | | | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Carnahan for Congress | | | | | | | Date o | f Dis | sburse | eme | ent | | | |
| | Mailing Address P.O. Box 190033 | | | | | | | м м 05 | / | | 24 | / Y | | 012 | Y |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | + | | | | | | | | |
| C. | Allen West for Congress | | | | | | | Date o | | | eme | ent | | Y | V |
| | Mailing Address P.O. Box 1028 | | | | | | | 05 | | | 1 | | |)12 | |
| | City | State | Zip Code | | | | \square | Trans | sacti | ion ID |) - F | 85F967 | 20.27 | 48F24 | 4EE9D4 |
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| | ME OF COM | MITTEE (In Full) | | | | | | | | | | | | | | |
| | olitical Act | tion Committee | e of the A | merica | n Associatio | n of (| Or | tho | opa | edic S | Sur | geo | ns | | | |
| | | First, Middle Initial) | _ | | | | | | | | | | | | | |
| A. Ar | meripac: | The Fund for a | Greater | Americ | а | | | | | Date o | | | | | | |
| Mai | | 499 South Capitol Str #414 | eet, SW | | | | | | | 05 | | 3 | | | 2012 | Y |
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| | oyer's LPAC | irsement | | | | | | | | Amoun | t of | Each | Disburs | semei | nt this | Period |
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| Sta | te: | District: | | | Other2012 | | | | | | | | | | | |
| Full | I Name (Last, | First, Middle Initial) | · | | | | | | | | | | | | | |
| В . Ді | ustin Scot | t for Congress | , Inc | | | | | | | Date o | f Di | sburse | ement | | | |
| Mai | iling Address | | | | | | | | _ | M M | / | | | | Y Y | Y |
| IVIA | ling Address | P.O. Box 2530 | | | | | | | | 05 | | 3 | 1 | | 2012 | |
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| | | Senate President | | Primary Other (sp | General | | | | | | | | | | | |
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| с . Ве | en Chand | ler for Congres | SS | | | | | | | Date o | f Di | sburse | ement | | | |
| <u></u> | | | | | | | | | _ | M | / | D | | | Y Y | Y |
| Mai | iling Address | P.O. Box 12678 | | | | | | | | 05 | | 3 | 1 | | 2012 | |
| City | y | | ç | State | Zip Code | | | | | Turn | | ID | | 704 0 | 75075 | |
| | kington | | | KY | 40583 | | | | | Trans | sact | ION ID | : BF49 | 7810 | /53/F | 4B63AEA |
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| | | Senate | | Primary | X General | | | | | | | | | | | |
| 01- | L. 107 | President | | Other (sp | ecify) 🔻 | | | | | | | | | | | |
| Sta | ite: KY | District: 06 | | | | | | | | | | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| $\langle \rangle$ | Political Action Committee of the A | merica | n Associatior | n of (| Orth | nopa | aedic | Sur | geo | ns | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Berg for Senate | | | | | | Date | of Di | sburse | ement | | | |
| | | | | | | | М | M / | D | D / | Y Y | Y | Y |
| | Mailing Address P.O. Box 9394 | | | | | | 05 | | 3 | 31 | 2 | 012 | |
| | 5 | State ND | Zip Code | | | | Tran | sact | ion ID |) : BFA38 | 382AI | D4A30 | 4B88936 |
| | Fargo Purpose of Disbursement | ND | 58106 | | | | | | | | | | |
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| | Candidate Name | | | Cat | egory | y/ | | | | | | 5000 | |
| | Rep. Richard A Berg | | | | ype (| , | | | 7 | | _ | 5000 | .00 |
| | | ment For: | | | | | | | | | | | |
| | Senate X President | Primary | General | | | | | | | | | | |
| | State: ND District: | Other (sp | echy) 🔻 | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| Β. | Devin Nunes Campaign Committe | е | | | | | Date | | sburse | ement | | | |
| | Mailing Address P.O. Box 6545 | | | | | | 05 | | D | D / 31 | | 012 | Y |
| | | | | | | | | | | | | | |
| | City Visalia | State CA | Zip Code 93290 | | | | Trar | nsact | tion ID |) : B27B | DED5 | AE4D8 | 34DED9C |
| | Purpose of Disbursement | | | | - | | A.m.o.u | nt of | Teeb | Diebure | | t this I | Dariad |
| | Candidate Name | | | <u> </u> | | _ | Amou | nt of | Each | Disburs | emen | t triis i | enou |
| | Rep. Devin Nunes | | | | egory ype | y/ | | | | | | 2500 | 0.00 |
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| | Ŭ A | Primary | General | | | | | | | | | | |
| | President | Other (sp | ecify) 🔻 | | | | | | | | | | |
| _ | State: CA District: 21 | | | | | | | | | | | | |
| c | Full Name (Last, First, Middle Initial) | | | | | | Date | of Di | churc | omont | | | |
| 0. | Friends of Cliff Stearns | | | | | | | _ | | | | | |
| | Mailing Address P.O. Box 308 | | | | | | ^M 05 | | D | 51 | | 012 | Y |
| | City | State | Zip Code | | | | Tron | | ion IC | | | 24256 | 48488B9 |
| | Silver Springs | FL | 34489 | | | | ITai | 15401 | | . 00041 | 000 | 51250 | 40400D3 |
| | Purpose of Disbursement | | | | | 11 | | | | | | | |
| | Candidate Name | | | <u> </u> | | _ | Amou | nt of | Each | Disburs | emen | t this I | Period |
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| | Senate | Primary | General | | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of the A | America | n Associatio | n of (| Or | thop | aedic | Su | rgeo | on | IS | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| Α. | Friends of Erik Paulsen | | | | | | Date | of D | isburs | ser | nent | | | |
| | Mailing Address P.O. Box 44369 | | | | | | 0 | 5 N | | 31 | | | 012 | Y |
| | City | State | Zip Code | | | | | | | _ | | | | |
| | Eden Prairie | MN | 55344 | | | | Tra | nsac | tion II | D : | B53240 | 0F10 | BB2F | 4F51874 |
| | Purpose of Disbursement | | | | | | | | | | | | | |
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| | Rep. Erik Paulsen Office Sought: V House Disburse | | | Т | уре | ; | | - | 7 | ÷ | - 7 | | | |
| | Office Sought: House Disburse Senate | ment For: Primary | 2012 C General | | | | | | | | | | | |
| | President | ecify) | | | | | | | | | | | | |
| | State: MN District: 03 | | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| В. | Gardner for Congress | | | | | | Date | of D | isburs | ser | nent | | | |
| | | | | | | | | M / | | | | | (| Y |
| | Mailing Address P.O. Box 2408 | | | | | | 0 | 5 | | 31 | | Ż | 2012 | |
| | City | State CO | Zip Code | | | | Tra | nsac | tion I | D | : BB331 | DD6 | 3429F | 4103BFC |
| | Loveland Purpose of Disbursement | 00 | 80539 | | | | | | | | | | | |
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| | Rep. Cory Scott Gardner | | | | ype | | | | 7 | 4 | 7 | | 150 | 0.00 |
| | | ment For: | | | | | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | | |
| | President | Other (sp | ecify) 🔻 | | | | | | | | | | | |
| _ | State: CO District: 04 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | Ken Calvert for Congress | | | | | | Date | of D | isburs | ser | nent | | | |
| | Mailing Address P.O. Box 20123 | | | | | | M 0 | | | 31 | | | 012 | Y |
| | | | | | | | | | | | | | | |
| | City | State Zip Code | | | | | | | | | | 4428 | 3B8B9 | 4513996 |
| | Riverside Purpose of Disbursement | CA | 92516 | | | | | | | | | | | |
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| | Rep. Kenneth S Calvert | | | | iype | | | | | | | | 2000 | 0.00 |
| | Office Sought: X House Disburse | ment For: | 2012 | | | | | | / | | , | | | |
| | Senate | Primary | General | | | | | | | | | | | |
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| $\left[\right]$ | NAME OF COMMITTEE (In Full) | | | |
| | Political Action Committee of the A | merican Associati | on of Orthop | aedic Surgeons |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | |
| Α. | Levin for Congress | | | Date of Disbursement |
| | Mailing Address P.O. Box 37 | | | 05 / 0 D / Y Y Y Y 2012 |
| | City | State Zip Code | | Transaction ID : B8058C647F9DC4C9382B |
| | Roseville | MI 48066 | | |
| | Purpose of Disbursement | | | Amount of Each Disbursement this Period |
| | Candidate Name | | Category/ | |
| | Sen. Carl Levin | | Type | 2500.00 |
| | Office Sought: House Disburse Senate President | ment For: 2012 Primary X General Other (specify) ▼ | | |
| | State: MI District: | | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | Mike Thompson for Congress | | | Date of Disbursement |
| | Mailing Address 5429 Madison Ave. | | | 05 31 Y Y Y Y 2012 |
| | City Sacramento | State Zip Code CA 95841 | | Transaction ID : B294902B00B074DA0A36 |
| | Purpose of Disbursement | | | |
| | Candidate Name | | | Amount of Each Disbursement this Period |
| | Rep. Mike Thompson | | Category/ | 1000.00 |
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| | Senate | Primary X General | | |
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| | State: CA District: 01 | | | |
| ~ | Full Name (Last, First, Middle Initial) | | | Data of Disburgement |
| С. | Mike Thompson for Congress | | | Date of Disbursement |
| | Mailing Address 5429 Madison Ave. | | 05 31 Y Y Y Y 2012 | |
| | City | State Zip Code | | |
| | Sacramento | CA 95841 | | Transaction ID : B8F5146D336034885992 |
| | Purpose of Disbursement | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Political Action Committee of the A | merican A | ssociatior | n of (| Orth | hopa | edic S | Sur | geo | ns | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | _ | | | | | | |
| А. | Montana Democratic Party | | | | | | Date o | | | | | | |
| | Mailing Address P.O. Box 802 | | | | | | 05 | | 3 | | | 012 | Ŷ |
| | , | | ip Code | | | | Tran | sacti | ion ID | · B0F4F | ACB | 002F2 | 4D69B25 |
| | Helena Purpage of Diaburgement | MT 5 | 59624 | | | | man | 5401 | | | | 00212 | 4000020 |
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| | Office Sought: House Disburser Senate | ment For: 201 Primary | 2 X General | | | | | | | | | | |
| | President | Other (specify |) | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | |
| B | Full Name (Last, First, Middle Initial) | | | | | | Date o | f Did | buree | mont | | | |
| υ. | Peace Through Strength PAC | | | | | | | | D | | VVV | Y | V |
| | Mailing Address 499 S. Capitol St. SW Suite 420 | | | | | | 05 | | | 1 | | 012 | T |
| | Washington | | ip Code 20003 | | | | Tran | sact | ion ID | : B7CD2 | 9D0/ | A001F | 475587F |
| | Purpose of Disbursement VOID - Hunter's LPAC | | | | | | Amour | nt of | Fach | Disburse | ment | t this I | Period |
| | Candidate Name | | | Cat | egory | | / through | | Luon | Disbuilde | | | Chica |
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| | | ment For: 201 | | | | | | | | | | | |
| | Senate President | Primary Other (specify | General | | | | | | | | | | |
| | State: District: | | Other2012 | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| C. | Renee Ellmers for Congress Comr | nittee | | | | | Date o | _ | | | | | _ |
| | Mailing Address P.O. Box 904 | | | | | | м м 05 | / | 3 | | | 012 | Y |
| | City | State Z | ip Code | | | | Trop | cont | ion ID | | 070 | 70025 | 450 4 4 6 4 |
| | Dunn | NC 2 | 28335 | | | | Trans | Sact | | | 0101 | /6233 | 450AA64 |
| | Purpose of Disbursement | | | | | | | | | D: 1 | | | |
| | Candidate Name | | | Cat | egory | | Amour | nt of | Each | Disburse | ment | t this I | Period |
| | Rep. Renee L. Ellmers | | | | ype | y/ | L. | | | | | 2500 | .00 |
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| | State: NC District: 02 | | | | | | | | | | | | |
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| | CHEDULE B (FEC Form 3X) | | arata cabadula(a) | | | | NUMBER | : | | | PAG | E 281 | OF 298 |
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| IT | EMIZED DISBURSEMENTS | for each | arate schedule(s) category of the | (c | hec | k only 21b | one) | X | 23 | | 24 [| 25 | □ 26 |
| | | Detailed | Summary Page | | | 27 | 28a | | 28b | | 28c | 29 | 30b |
| | ny information copied from such Reports and Stater for commercial purposes, other than using the nan | | | | | | | | | | | | |
| \square | NAME OF COMMITTEE (In Full) | | | | _ | | | _ | | | | | |
| | Political Action Committee of the A | mericar | n Association | of (| Ort | thopa | aedic | Sur | geo | ns | | | |
| ۸ | Full Name (Last, First, Middle Initial) | | | | | | Date o | of Die | shured | mont | | | |
| | Stivers for Congress | | | | | | M | | D | | | YY | V |
| | Mailing Address 4679 Winterset Drive | | | | | | 05 | | | 51 | L | 2012 | |
| | 5 | State | Zip Code | | | | Tran | sact | ion ID | : BB | 93FBE | 3CE85D | 0466D9A5 |
| | Columbus Purpose of Disbursement | ОН | 43220 | | | | | | | | | | ••••• |
| | | | | | | | Amour | nt of | Each | Disb | ursem | ent this | Period |
| | Candidate Name | | | Cate | edol | rv/ | | | | | | | |
| | Rep. Steve Stivers | | | | ype | | | | 7 | | 7 | 250 | 0.00 |
| | | ment For: | | | | | | | | | | | |
| | Senate President | Primary | General | | | | | | | | | | |
| | State: OH District: 15 | Other (spe | ecity) 🔻 | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| В. | Vargas for Congress 2012 | | | | | | Date o | _ | _ | _ | _ | | _ |
| | Mailing Address 5429 Madison Ave | | | | | | 05 | / | | D 81 | Y | 2012 | Y |
| | City Sacramento | State CA | Zip Code 95841 | | | | Tran | sact | ion ID |) : BE | A8CF | B186718 | 34C5A85C |
| | Purpose of Disbursement | | | - | - | | | | | | | | |
| | | | | L | | | Amour | nt of | Each | Disb | ursem | ent this | Period |
| | Candidate Name Sen. Juan Vargas | | | Cate | | | | | | | | 500 | 0.00 |
| | 0 | ment For: | 2012 | 1 | ype | | | | 7 | | 7 | | |
| | | Primary | General | | | | | | | | | | |
| | President | Other (spe | ecify) 🔻 | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) | | | | | | Date o | of Di | sburse | ement | | | |
| | Mailing Address P.O. Box 680063 | | | | | | 05 | / | | D 1 | Y | 2012 | Y |
| | City | State | Zip Code | | | | _ | | | | | | |
| | Franklin | TN | 37068 | | | | Iran | sact | ion ID |): B/ | 639C2 | 36DF51 | 489FBFB |
| | Purpose of Disbursement Blackburn's LPAC | | | | - | | | | | | | | |
| | Candidate Name | | | Cate | egoi ype | | Amour | nt of | Each | Disb | ursem | ent this 500 | |
| | Office Sought: House Disburser | ment For: | 2012 | | ,,,,,, | | | | 5 | | 7 | | |
| | Senate | Primary | General | | | | | | | | | | |
| | President X | Other (spe | | | | | | | | | | | |
| _ | State: District: | | Other2012 | | | | | | | | | | |
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| IT | EMIZED DISBURSEMENTS | | h category of the | (c | hec | k only ⊒ 21b | | | 202 | Г | 24 | | 25 | |
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| $\left \right $ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Or | thopa | aedic S | Sur | geo | ns | 5 | | | |
| ٨ | Full Name (Last, First, Middle Initial) | | | | | | Date o | f Die | buroc | ~ m | ont | | | |
| А. | Friends of Jim Clyburn | | | | | | Date 0 | | | | | | | |
| | Mailing Address P.O. Box 12567 | | | | | | 06 | / | 0 |)8 | | | 012 | Ţ |
| | City | State | Zip Code | | | | Trans | acti | | 1 | B7E311 | 623 | 53334 | 1F3B61 |
| | Columbia | SC | 29211 | | | | Trans | acu | | | 5/1 511 | 023 | 55554 | 11 3001 |
| | Purpose of Disbursement | | | | | | Amoun | t of | Each | D | isburse | ment | t this | Period |
| | Candidate Name | | | Cat | | | | | | | | | 2500 | 0.00 |
| | Rep. James E. Clyburn | | | Т | уре | , | | - | 7 | - | 7 | - | 2000 | |
| | Office Sought: K House Disburse Senate | ment For: Primary | 2012 General | | | | | | | | | | | |
| | President | ecify) | | | | | | | | | | | | |
| | State: SC District: 06 | | · · · · · | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| В. | Friends of Jim Clyburn | | | | | | Date of | f Dis | sburse | əm | ent | | | |
| | | | | | | | M M | / | D | D | / Y | Y | Y | Y |
| | Mailing Address P.O. Box 12567 | | | | | | 06 | | C | 08 | | 2 | 012 | |
| | City Columbia | State SC | Zip Code 29211 | | | | Trans | sacti | ion ID |): | B11A2 | 8576 | 94F44 | 881BCC |
| | Purpose of Disbursement | | 23211 | _ | | | | | | | | | | |
| | | | | 1.1 | | | Amoun | t of | Each | D | isburse | ment | t this | Period |
| | Candidate Name | | | Cat | ego | ry/ | | | | | | | 5000 | 0.00 |
| | Rep. James E. Clyburn | | | | ype | | | | 7 | - | | | 5000 | 5.00 |
| | | ment For: | | | | | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | | |
| | State: SC District: 06 | Other (sp | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | Buck McKeon for Congress | | | | | | Date of | f Dis | sburse | em | ent | | | |
| | Mailing Address 202401 | | | | | | M M | / | | D | / Y | | 012 | Y |
| | Mailing Address 23942 Lyons Ave #105 | | | | | | 06 | | | 2 | | 20 | 012 | |
| | City | State | Zip Code | | | | Trans | acti | | . . | BDUGE | - • • | 78 4 71 | 42ECB2 |
| | Santa Clarita | CA | 91321 | | | | mana | acu | | | | | | 422002 |
| | Purpose of Disbursement | | | | | | | | | | | | | |
| | Candidate Name | | | <u>.</u> | | | Amoun | t of | Each | D | isburse | ment | t this | Period |
| | Rep. Buck McKeon | | | Cat T | ego ype | | | | | | | | 5000 | 0.00 |
| | • | ment For: | 2012 | | 700 | | | | 7 | | 7 | | | |
| | Senate | Primary | X General | | | | | | | | | | | |
| | President | Other (sp | ecify) | | | | | | | | | | | |
| _ | State: CA District: 25 | | | | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | F | ORI | | IUMBER | | | P/ | AGE | 283 (| DF 298 |
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| IT | EMIZED DISBURSEMENTS | | parate schedule(s) h category of the | | heck | only | one) | | 1. | _ | | _ | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Orth | hopa | aedic S | Sur | geo | ns | | | |
| A. | Full Name (Last, First, Middle Initial) Charles Boustany Jr. MD for Cong | ress, Ir | 1 | | | | Date o | _ | sburse | | YY | Ý | Y |
| | Mailing Address P.O. Box 80126 | | | | | | 06 | | | 2 | | 012 | |
| | City Lafayette | State LA | Zip Code 70598 | | | | Trans | sacti | ion ID | : B502C | 1205 | 71E44 | 658914 |
| | Purpose of Disbursement | | | | | | Amoun | t of | Each | Disburse | ement | t this I | Period |
| | Candidate Name | | | Cat | egory | v/ | | | | | | 4500 | |
| | Rep. Charles W. Boustany Jr. | | | | ype | , | | | 7 | | | 1500 | 0.00 |
| | Senate President | nent For: Primary Other (sp | X General | | | | | | | | | | |
| _ | State: LA District: 07 | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Congressman Waxman Campaign | Comm | ۱. | | | | Date o | _ | | _ | | | _ |
| | Mailing Address 6380 Wilshire Blvd Suite 1612 | | | | | | 06 | | D | 12 | | 012 | Y |
| | Los Angeles | State CA | Zip Code 90048 | | | | Trans | sact | ion IC |) : B0EF9 | E9C | FF099 | 40A795E |
| | Purpose of Disbursement | | | | | | Amoun | t of | Each | Disburse | men | t this I | Period |
| | Candidate Name | | | | egory | y/ | | | | | | 1000 | 0.00 |
| | Rep. Henry A. Waxman Office Sought: X House Disburser Senate Image: Construction of the senate Image: Construction of the senate | ment For: Primary | 2012 X General | Т | ype | | | | 7 | 7 | | 1000 | |
| | State: CA District: 30 | Other (sp | ecify) | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Diane Black for Congress | | | | | | Date o | f Di | sburse | ement | | | |
| | Mailing Address P.O. Box 1437 | | | | | | M M 06 | / | D 1 | D / 2 | | 012 | Y |
| | City S Gallatin | State TN | Zip Code 37066 | | | | Trans | sact | ion IC |) : B6F94 | 8C7 <i>4</i> | AFE85 | 47C4B83 |
| | Purpose of Disbursement | | | | - | | | | | | | | |
| | Candidate Name Rep. Diane Lynn Black | | | | egory | y/ | Amoun | t of | Each | Disburse | emen | t this 1 2500 | |
| | | nent For: Primary Other (sp | X General | | | | | | 7 | 7 | _ | | |
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| IT | EMIZED DISBURSEMENTS | | category of the | (C | hec | ck only | | | ~~ | <u> </u> | | □ | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Ort | thopa | aedic S | Sur | geoi | ns | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| Α. | Friends of Bill Posey | | | | | | Date of | f Dis | burse | | Y | Y Y | Y |
| | Mailing Address P. O. Box 360877 | | | | | | 06 | | 1 | 2 | 2 | 2012 | |
| | City | State | Zip Code | | | | Trans | acti | on ID | · B02E2 | | BE205 | 428CB96 |
| | Melbourne | FL | 32936 | | | | Trans | acu | | . 60272 | LFVI | DF 393 | +200890 |
| | Purpose of Disbursement | | | | | | Amount | t of | Each | Disburse | emen | nt this | Period |
| | Candidate Name | | | Cat | eqo | ory/ | | 1 | | | | 0500 | |
| | Rep. Bill Posey | | | | ype | | | | 7 | | | 2500 | 0.00 |
| | Senate | ment For: Primary | X General | | | | | | | | | | |
| | State: FL District: 15 | Other (spe | ecity) 🔻 | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| В. | Friends of Cliff Stearns | | | | | | Date of | f Dis | | ment | Y | Y Y | Y |
| | Mailing Address P.O. Box 308 | | | | | | 06 | Í | | 2 | | 2012 | |
| | City Silver Springs | State FL | Zip Code 34489 | | | | Trans | acti | on ID | : BE7C | 635B | 1AEC | 242D2849 |
| | Purpose of Disbursement | | | | | | Amount | t of | Fach | Disburs | emen | nt this | Period |
| | Candidate Name | | | | | | | | | 2102010 | | | 0.104 |
| | Rep. Cliff B. Stearns | | | Cate | ego ype | | 1 | | | | | 2500 | 0.00 |
| | | ment For: Primary | 2012 X General | • | ype | , | | | , | | | | |
| | President | Other (spe | ecify) | | | | | | | | | | |
| _ | State: FL District: 06 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| C. | Friends of Lois Capps | | | | | | Date of | f Dis | | | V | | |
| | Mailing Address P.O. Box 23940 | | | | | | 06 | / | 1 | 2 | | 2012 | Ŷ |
| | City | State | Zip Code | | | | Trong | | on ID | . B7C02 | OCD | 11115 | |
| | Santa Barbara | | | | Trans | auti | טו ווס | . 87693 | OEB | 1113 | 45C9BD4 | | |
| | Purpose of Disbursement | | | - | _ | | | | | | | | |
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| | Rep. Lois Capps | | | Т | ype | ; | | | 7 | | | 1000 | |
| | Senate | ment For: Primary | X General | | | | | | | | | | |
| | State: CA District: 23 | Other (spe | еспу) 🔻 | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | | ΩΡ | | NUMBER: | | | P | AGF | 285 (| DF 298 |
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| | y information copied from such Reports and State for commercial purposes, other than using the nar | | | | | | | | | | | |
| $\left \right $ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | Political Action Committee of the A | merican Associatio | on of (| Ort | thopa | aedic S | Sur | geoi | ns | | | |
| • | Full Name (Last, First, Middle Initial) | | | | | Data af | . D:- | | | | | |
| А. | Kinzinger for Congress | | | | | Date of | Dis | | | | | |
| | Mailing Address P.O. Box 1050 | | | | | 06 | / | D 1 | 2 | | 012 | Y |
| | City | State Zip Code | | | | _ | | | | | | |
| | Bourbonnais | IL 60914 | | | | Trans | acti | on ID | : B8817 | CF47 | BB404 | 4A10856 |
| | Purpose of Disbursement | | | | | A | f | F aab | Dieleuwe | | | Devied |
| | Candidate Name | | | | _ | Amount | . 01 | Each | Disburs | ement | t triis r | Period |
| | Rep. Adam Kinzinger | | | ego | | 1 | | | | | 2500 | .00 |
| | Office Sought: X House Disburse | ype | | | | 7 | | | | | | |
| | Senate | | | | | | | | | | | |
| | President | | | | | | | | | | | |
| | State: IL District: 11 | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| В. | Linda Lingle Senate Committee | | | | | Date of | Dis | burse | ment | | | |
| | | | | | | M M | / | | D / | | Y | Y |
| | Mailing Address 46-001 Kamehameha Hwy Suite | | | | | 06 | | 1 | 2 | 20 | 012 | |
| | City Kaneohe | State Zip Code HI 96744 | | | | Trans | acti | on ID | : BD977 | 7 DB9 1 | 152684 | 45178DD |
| | Purpose of Disbursement | | | - | | | | | | | | |
| | | | | | | Amount | of | Each | Disburs | ement | t this F | Period |
| | Candidate Name | | | egoi | | | | | | | 2500 | 0.00 |
| | Linda Lingle | ment Fem. co.ic | Т | ype | | | | 7 | | | | |
| | | ment For: 2012 Primary General | | | | | | | | | | |
| | President | Primary General Other (specify) | | | | | | | | | | |
| | State: HI District: | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| C. | Lynn Jenkins for Congress | | | | | Date of | Dis | burse | ment | | | |
| | Mailing Address P.O. Box 1441 | | | | | 06 | / | D 1 | 2 | | 012 012 | Y |
| | City | State Zip Code | | | | | | | | | | |
| | Topeka | KS 66601 | | | | Trans | acti | on ID | : B600E | :D104 | 430E4 | 1923B8D |
| | Purpose of Disbursement | | | - | | | | | | | | |
| | Candidate Name | | | | | Amount | of | Each | Disburse | ement | t this F | Period |
| | Rep. Lynn Jenkins | | | ego | | | | | | | 2500 | .00 |
| | | ment For: 2012 | | ype | | | | 7 | | _ | 1 | |
| | Senate | Primary General | | | | | | | | | | |
| | President | Other (specify) | | | | | | | | | | |
| | State: KS District: 02 | · · · · · | | | | | | | | | | |
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| IT | EMIZED DISBURSEMENTS | | arate schedule(s) category of the | | | ck onl | ly on | ie) | | 1 | | | _ | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Political Action Committee of the A | Americar | n Association | of (| Ort | thop | bae | edic S | Sur | geoi | าร | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | | _ | | | | | | |
| Α. | Matheson for Congress | | | | | | | Date of | f Dis | sburse | ment | | | |
| | Mailing Address P.O. Box 521048 | | | | | | | 06 | / | D 1 | 2 | | 2012 | Y |
| | City | State | Zip Code | | | | | _ | | | | | | |
| | Salt Lake City | UT | 84152 | | | | | Trans | acti | on ID | : BBC | CE210 | CE68C | E4674B8 |
| | Purpose of Disbursement | | | | | | | Amount | t of | Each | Disbur | semei | nt this | Period |
| | Candidate Name | | | Cate | eqo | ory/ | | | | | | | 250 | 0.00 |
| | Rep. Jim Matheson | | | | ype | | | | | 7 | _ | , | 250 | 0.00 |
| | Office Sought: X House Disburse Senate President | ment For: Primary Other (spe | K General | | | | | | | | | | | |
| | State: UT District: 02 | | · | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | _ | | | | | | |
| в. | Olson for Congress Committee | | | | | | | Date of | f Dis | sburse | ment | | | |
| | Mailing Address P.O. Box 16381 | | | | | | | м м 06 | / | | D / 2 | | 2012 | Y |
| | City | State | Zip Code | | | | | Trans | acti | ion ID | : B700 | 5F85 | 8C6D6 | 64408AFB |
| | Sugar Land Purpose of Disbursement | ТХ | 77496 | | | | _ | | | | | | | |
| | | | | | | | | Amount | t of | Fach | Disbur | semer | nt this | Period |
| | Candidate Name | | | Cat | | | | | | | 2.000 | | | - chica |
| | Rep. Pete Olson | | | Cate T | ego ype | | | L | | , | | , | 250 | 0.00 |
| | Office Sought: X House Disburse Senate President | ment For: Primary Other (spe | X General | | | | | | | | | | | |
| _ | State: TX District: 22 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | PAC to the Future | | | | | | | Date of | f Dis | | | | | |
| | Mailing Address 430 South Capitol Street, SE First Floor | | | | | | | ^M 06 | / | D 1. | 2 | | 2012 | Y |
| | City | State | Zip Code | | | | | Trans | acti | | - B04 | | 707870 | 4A1696A |
| | Washington | DC | 20003 | | | | _ | mana | acti | | | | 0/0/0 | |
| | Purpose of Disbursement Pelosi's LPAC | | | | | | | • | | F I. | D'-1 | | | Devia |
| | Candidate Name | | | Cate | ego ype | | | Amount | t of | Each | Disbur | semer | | Period 0.00 |
| | Office Sought: House Disburse Senate President | ment For: Primary Other (spe | General | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | 3 | | 9 | | |
| | State: District: | • | Other2012 | | | | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | FC | DR LI | NE N | UMBER | : | | P | AGE | 287 (|)F 298 |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| $ \rangle$ | Political Action Committee of the | American Association | n of (| Drth | opa | edic S | Surg | eor | าร | | | |
| <u>د</u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| А. | Trust PAC | | | | | Date o | t Disb | urser | | V | Y | V |
| | Mailing Address 228 S. Washington Street Suite 115 | | | | | 06 | | 12 | | | 012 | T |
| | City | State Zip Code VA 22314 | | | | Trans | actio | n ID : | : B6A17 | 2AF9 | 24CF4 | 4B07932 |
| | Alexandria Purpose of Disbursement | VA 22314 | _ | | _ | | | | | | | |
| | Upton's LPAC | | 11 | ÷. | | Amoun | t of Ea | ach I | Disburs | ement | this F | Period |
| | Candidate Name | | | egory/ /pe | | | , | | 7 | | 5000 | .00 |
| | Office Sought: House Disbut Senate President | rsement For: 2012 Primary General X Other (specify) ▼ | | | | | | | | | | |
| | State: District: | Other2012 | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Kelly PAC | | | | | Date o | f Disb | urser | ment | | | |
| | Mailing Address 499 S. Capitol St. SW Suite 420 | | | | | 06 | | D 18 | | | 012 | Y |
| | City Washington | StateZip CodeDC20003 | | | | Trans | actio | n ID | : B196E | 38C07 | 782B4 | 4055A1A |
| | Purpose of Disbursement Ayotte's LPAC | | | - | 1 | Amoun | t of E | ach I | Diebure | omont | thic F | Pariod |
| | Candidate Name | | | egory/ /pe | 1 | Anoun | . 01 12 | acit | DISDUIS | | 5000 | |
| | Senate President | sement For: 2012 Primary General X Other (specify) ▼ | | | | | | | | | | |
| | State: District: | Other2012 | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Linda Lingle Senate Committee | | | | | Date o | f Disb | urser | _ | V V | Y | Y |
| | Mailing Address 46-001 Kamehameha Hwy Sui | te 301 | | | | 06 | | 18 | | | 012 | T |
| | City Kaneohe | State Zip Code HI 96744 | | | | Trans | actio | n ID | : B3720 | 78B4 | F9FA4 | 5E986E |
| | Purpose of Disbursement | | | | 1 | | | | | | | |
| | Candidate Name Linda Lingle | | | egory/ /pe | 1 | Amoun | t of Ea | ach I | Disburs | ement | this F 2500 | |
| | Office Sought: House Disbur Senate President | rsement For: 2012 Primary General Other (specify) ▼ | | 140 | | | 7 | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | _ | | | | _ | | | | | | | |
| | Political Action Committee of the A | mericar | n Association | of (| Ort | tho | bae | edic S | Sur | .ge | eor | าร | | | | |
| A. | Full Name (Last, First, Middle Initial) Pat Meehan for Congress | | | | | | | Date c | of Dis | sbı | urser | ment | | | | |
| | Mailing Address 323 W. Front Street | | | | | | | M M | / | ľ | 18 | | Y | |)12 | Y |
| | | Ctoto | Zin Codo | | | | | 00 | | 1 | | , | | 20 | | |
| | Media | State PA | Zip Code 19063 | | | | | Trans | sacti | ior | n ID : | : BD8 | 32AI | EC | BDCC | F48EAB6 |
| | Purpose of Disbursement | | | — | | | | Amour | nt of | Ea | ach I | Disbu | irser | nent | this | Period |
| | Candidate Name | | | Cate | egoi | ry/ | | | | T | | | | | 500 | 0.00 |
| | Rep. Patrick MeehanOffice Sought:VVHouseDisburse | | | Ţ | ype | | | <u> </u> | - | 7 | - | | 7 | - | 500 | 5.00 |
| | Office Sought: House Disburse Senate | ment For: Primary | 2012 X General | | | | | | | | | | | | | |
| | State: PA District: 07 | Other (spe | ecify) | | | | | | | | | | | | | |
| _ | State: PA District: 07 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | |
| Β. | Randy Altschuler for Congress | | | | | | | Date c | _ | | | | _ | | | _ |
| | Mailing Address 1236 Middle Country Rd. | | | | | | | 06 | / | | 18 | | Y | | 012 | Y |
| | City Middle Island | State NY | Zip Code 11953 | | | | | Tran | sact | ior | n ID | : B2F | 3D | 5A02 | 32E1 | 48039BD |
| | Purpose of Disbursement | | | | - | | - | Amour | nt of | | och I | Dichu | rcor | nont | thic | Poriod |
| | Candidate Name | | | 0.01 | | | | Amour | | L.C | | DISDU | 1301 | nem | uns | renou |
| | Rep. Randolph Altschuler | | | Cate T | egoi ype | | | L. | | 7 | | | 7 | | 500 | 0.00 |
| | | ment For: Primary Other (spe | General | | | | | | | | | | | | | |
| | State: NY District: 01 | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Vote to Elect Republicans Now PA | C (VER | N PAC) | | | | | Date c | of Dis | sbı | urser | ment | | | | |
| | Mailing Address P.O. Box 48928 | | | | | | | 06 | / | | 18 | | Y | |)12 | Y |
| | City Sarasota | State FL | Zip Code 34236 | | | | | Tran | sact | ior | ו ID | : BA(| OFFI | -6D5 | 5C138 | 34F27BDD |
| | Purpose of Disbursement Buchanan's LPAC | | | | | | | | | | | | | | | |
| | Candidate Name | | | Cate | egoi ype | | | Amour | nt of | Ea | ach I | Disbu | irser | nent | this 500 | |
| | Senate President | ment For: Primary Other (spe | General ecify) ▼ | | | | | | | - 7 | | | 7 | | | |
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| | y information copied from such Reports and State for commercial purposes, other than using the nar | | | | |
| | NAME OF COMMITTEE (In Full) | | | | |
| | Political Action Committee of the A | American Associatio | n of C | Orthop | aedic Surgeons |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| Α. | 21st Century PAC | | | | Date of Disbursement |
| | Mailing Address 2052 Lake Audubon Court Suite 300 | | | | 06 25 2012 |
| | 5 | State Zip Code | | | Transaction ID : B410B44AA31544A2EB24 |
| | Reston Purpose of Disbursement | VA 20191 | | | |
| | McKeon's LPAC | | | | Amount of Each Disbursement this Period |
| | Candidate Name | | Cate | egory/ | 5000.00 |
| | | . = | Ту | vpe | 5000.00 |
| | Office Sought: House Disburse Senate | ement For: 2012 Primary General | | | |
| | President | Other (specify) | | | |
| _ | State: District: | Other2012 | | | |
| в. | Full Name (Last, First, Middle Initial) Collins for Senator | | | | Date of Disbursement |
| υ. | Collins for Seriator | | | | |
| | Mailing Address P.O. Box 1096 | | | | 06 25 2012 |
| | City Bangor | State Zip Code ME 04402 | | | Transaction ID : BDEE97E86DEB24927953 |
| | Purpose of Disbursement | | - | - | |
| | Candidate Name | | | | Amount of Each Disbursement this Period |
| | Sen. Susan M. Collins | | | egory/ vpe | 2500.00 |
| | | ement For: 2014 | ., | P 0 | , |
| | X Senate | Primary General | | | |
| | State: ME District: | Other (specify) | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| C. | Friends of Dave Reichert | | | | Date of Disbursement |
| | Mailing Address P. O. Box 2032 | | | | 06 / D D / Y Y Y Y 25 2012 |
| | City | State Zip Code | | | Transaction ID : B02A6D9B5809947F0B5E |
| | Bellevue | WA 98015 | | | Transaction ID . BuzA0D9B3009947F0B3E |
| | Purpose of Disbursement | | | | |
| | Candidate Name | | | | Amount of Each Disbursement this Period |
| | Rep. Dave G. Reichert | | | egory/ /pe | 5000.00 |
| | • | ement For: 2012 Primary X General Other (specify) | | | |
| | State: WA District: 08 | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | | |
| | Political Action Committee of the A | merica | n Associatior | n of (| Or | thopa | aedic S | Sur | geo | ns | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Date of Disbursement | | | | | | | | | | | |
| А. | Jon Runyan for Congress, Inc | | | | | | Date o | t Dis | sburse | emen | t | | | | | | | |
| | Mailing Address P.O. Box 225 | | | | | | 06 | / | 2 | 25 | / Y | 20 | 12 | Ŷ | | | | |
| | City | State | Zip Code | | | | _ | | | | | | | | | | | |
| | Colonia | NJ | 07067 | | | Transaction ID : B852099B5E1C9430BBC1 | | | | | | | | | | | | |
| | Purpose of Disbursement | | | | | | Amoun | t of | Each | Disb | oursen | nent | this F | Period | | | | |
| | Candidate Name | Cat | ego | ory/ | / | | | | | | | | | | | | | |
| | Rep. Jon Runyan | | | | ype | | | | | | | | | | | | | |
| | Office Sought: House Disburser Senate President | nent For: Primary Other (spe | X General | | | | | | | | | | | | | | | |
| | State: NJ District: 03 | | | | | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | | |
| В. | Mark Critz for Congress Committee | е | | | | | Date o | f Dis | sburse | emen | t | | | | | | | |
| | | | | | | 06 25 2012 | | | | | | | | | | | | |
| | Mailing Address 647 Main Street Suite 110 | | | | | | 06 | | 2 | 25 | | 20 | 12 | | | | | |
| | Johnstown | State PA | Zip Code 15901 | | | | Trans | sact | ion ID |) : B3 | 31A82 | 312A | \45F4 | 2569BD | | | | |
| | Purpose of Disbursement | | | | | | Amount of Each Disburgement this Peri | | | | | | | | | | | |
| | Candidate Name | | | | | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| | Rep. Mark S. Critz | | | Cate | ego ype | | 2500.0 | | | | | | | | | | | |
| | | ment For: | 2012 | | ,00 | · | | | | | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | | | | | | |
| | President | Other (spe | ecify) | | | | | | | | | | | | | | | |
| _ | State: PA District: 12 | | | | | | | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) | | | | | | Date o | f Dis | sburse | emen | t | | | | | | | |
| | | | | | | | M M | / | D | D | / Y | Y | Y | Y | | | | |
| | Mailing Address P.O. Box 7439 | | | | | | 06 | | 2 | 5 | L | 20 | 12 | | | | | |
| | | State | Zip Code | | | | Trans | sact | ion ID |) : B9 | 1238 | B8E7 | 7E544 | D07B9A | | | | |
| | Arlington Purpose of Disbursement | VA | 22207 | | | | | | | • | | | | | | | | |
| | Conservative Women PAC | | | | | | | | | | | | | | | | | |
| | Candidate Name | | | Cat | ego ÿpe | | Amoun | t of | Each | Disb | oursen | | this F 5000 | | | | | |
| | Office Sought: House Disburser | ment For: | 2012 | | 11.2 | | | | | | 7 | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | | | | | | |
| | President | Other (spe | ecify) 🔻 | | | | | | | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | - | _ | | | | | | | | | | | | | | |
| Ĺ | Political Action Committee of the A | merican Associatio | n of (| Orth | nopa | aedic S | Sur | geo | ns | | | | | | | | | |
| ^ | Full Name (Last, First, Middle Initial) | | | | | Data | f D: | ob | mort | | | | | | | | | |
| А. | Texas 150 Fund | | | | | Date o | _ | sburse | | v | Y Y | V | | | | | | |
| | Mailing Address P.O. Box 2485 | | | | | 06 | | | 5 | | 2012 | | | | | | | |
| | , | State Zip Code | | | | Transaction ID : B2F6665F17B01452F849 | | | | | | | | | | | | |
| | Springfield Purpose of Disbursement | VA 22152 | | | | | | | | | | | | | | | | |
| | Brady's LPAC | Brady's LPAC | | | | | | | | | | | | | | | | |
| | Candidate Name | Cat | egory | y/ | | | 250 | 0.00 | | | | | | | | | | |
| | Office Cought | | ype | | | - | 7 | | 7 | 250 | 0.00 | | | | | | | |
| | Office Sought: House Disburser Senate | nent For: 2012 Primary General | | | | | | | | | | | | | | | | |
| | President | Other (specify) | | | | | | | | | | | | | | | | |
| | State: District: | Other2012 | | | | | | | | | | | | | | | | |
| P | Full Name (Last, First, Middle Initial) | | | | | D . | | | | | | | | | | | | |
| в. | Voice for Freedom | | | | | Date of Disbursement | | | | | | | | | | | | |
| | Mailing Address 3502 Halcyon Drive | | | | | 06 25 2012 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | City Alexandria | State Zip Code VA 22305 | | | | Trans | sact | ion ID | : B4C | 99768 | F0DC | 340E4A80 | | | | | | |
| | Purpose of Disbursement | 22000 | - | _ | | | | | | | | | | | | | | |
| | Price's LPAC | | | | | Amoun | t of | Each | Disbur | semer | nt this | Period | | | | | | |
| | Candidate Name | | | egory | y/ | | | | | | 500 | 0.00 | | | | | | |
| | Office Sought: House Disburser | ment For: 2012 | I | ype | -+ | | | 5 | | 7 | | | | | | | | |
| | Senate | Primary General | | | | | | | | | | | | | | | | |
| | | Other (specify) | | | | | | | | | | | | | | | | |
| | State: District: | Other2012 | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Womack for Congress Finance Co | mmittee | | | | Date o | f Di | sburse | ement | | | | | | | | | |
| | | | | | | M M | _ | D | | Y | Y Y | Y | | | | | | |
| | Mailing Address P.O. Box 508 | | | | | 06 | | 2 | 5 | | 2012 | | | | | | | |
| | City | State Zip Code | | | | T | | | | | | 7440405 | | | | | | |
| | Rogers | AR 72757 | | | | irans | sact | ion ID | : 86D | 99CE4 | +SDE4 | 7413AB54 | | | | | | |
| | Purpose of Disbursement | | | | • | | _ · | D: 1 | | | Devi i | | | | | | | |
| | Candidate Name | | Cat | 0005 | | Amoun | t of | ∟ach | Disbur | semer | nt this | Period | | | | | | |
| | Rep. Steve Womack | | | egory ype | y/ | | | | | 7 | 250 | 0.00 | | | | | | |
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| | Senate President | Primary General Other (specify) | | | | | | | | | | | | | | | | |
| | State: AR District: 03 | | | | | | | | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | Political Action Committee of the A | mericar | Association | n of (| Ort | tho | opae | edic S | Sur | geor | าร | | | | |
| Α. | Full Name (Last, First, Middle Initial) Andy Harris for Congress | | | | | | | Date of | f Dis | | | V | V | . Yes | |
| | Mailing Address P.O. Box 1527 | | | | | | | 06 | / | 20 | _ | | 2012 | Ŷ | |
| | 5 | State | Zip Code | | | | | Trans | acti | on ID | : BEE | 47D2 | F63551 | 4446AF9 | |
| | Annapolis Purpose of Disbursement | napolis MD 21404 rpose of Disbursement | | | | | | | | | | | | | |
| | Fulpose of Disbursement | | | — | | | | Amoun | t of | Each | Disbur | semei | nt this | Period | |
| | Candidate Name | | | Cate | eqo | rv/ | 1 | | | | - | | 2000 | | |
| | Rep. Andrew P. Harris | | | | ype | | | | - | 7 | | 7 | 200 | 5.00 | |
| | Office Sought: House Disburser Senate President | ment For: Primary Other (spe | X General | | | | | | | | | | | | |
| | State: MD District: 01 | ettion (opo | (iii) V | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Hudson Valley Future Fund | | | | | | | Date of | f Dis | burse | ment | | | | |
| | Mailing Address 1006 Pendleton Street | | | | | | | м м 06 | / | 2 | _ | | 2012 | Y | |
| | City Alexandria | State VA | Zip Code 22314 | | | | | Trans | acti | on ID | : BC2 | CAC5 | 17C62 | 54D6787 <i>A</i> | |
| | Purpose of Disbursement Hayworth's LPAC | | | - | | | | • | () | - I. | Dist | | | Devia | |
| | Candidate Name | | | Cate | ego ype | | | Amoun | | Each | Disbur | seme | | 0.00 | |
| | Senate President | ment For: Primary Other (spe | | | | | | | | | | | | | |
| | State: District: | | Other2012 | | | | _ | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) John S Fund | | | | | | | Date of | f Dis | burse | | V | YY | V | |
| | Mailing Address 499 S. Capitol St. SW Suite 420 | | | | | | | 06 | Í | 20 | _ | | 2012 | | |
| | City Washington | State DC | Zip Code 20003 | | | | | Trans | acti | on ID | : B052 | 8632 | 2E0434 | AB08D9 | |
| | Purpose of Disbursement Shimkus' LPAC | | | | | | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributors from such committee of the American Association of Orthopaedic Surgeons NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Mary Bono Mack Committee Mailing Address 104 Hume Ave City State Zip Code | ее. У |
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| Detailed Summary Page 210 22 23 24 23 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution from such committee to solicit contributions from such committee to solicit contributions from such committee of the American Association of Orthopaedic Surgeons NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Mary Bono Mack Committee Mailing Address 104 Hume Ave Date of Disbursement City State Zip Code | Y |
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| Rep. John Shimkus Category/ Type Office Sought: House Senate Primary President Other (specify) State: IL Disbursements This Page (optional) | | Candidate Name | | | | | | Amoun | t of | Each | Disburse | men | t this I | Period | | | | | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | - | ~ | | | | | | | | | | | | | |
| / | Political Action Committee of the A | merical | n Associatior | n of (| Orf | thopa | aeo | lic S | Sur | geo | n | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Rand Paul for U.S. Senate 2016 | | | | | | D | ate o | f Di | sburse | əm | nent | | | | | | |
| | Mailing Address 1020 North Fairfax St Suite 201 | | | | | | | 06 | / | D 2 | 29 | / | | 2012 | Y | | | |
| | | State VA | Zip Code 22314 | | | | | Trans | sacti | ion ID |): | B786 | 53060 | D3DCE | 4FE5AF9 | | | |
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| | State: KY District: | | | | | | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Rand Paul for U.S. Senate 2016 | | | | | | | | _ | sburse | | _ | | | | | | |
| | Mailing Address 1020 North Fairfax St Suite 201 | | | | | | 06 29 2012 | | | | | | | | | | | |
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| \square | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | | |
| | Political Action Committee of the A | merican | Association | n of (| Эr | the | opa | edic | Sur | geo | n | S | | | | | | |
| ~ | Full Name (Last, First, Middle Initial) | | | | | | | Date | -4 D: | oburo | ~ ~~ | ant | | | | | | |
| А. | Daryl Sheldon Larke MD | | | | | | | Date | וטונ | | | | | Y | V | | | |
| | Mailing Address 60 Laurel Ridge Rd | | | | | | | 04 | <i>a</i> 7 | | 11 | | | 012 | | | | |
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| | Prestonsburg Purpose of Disbursement | KY | 41653 | | | | | | | | | | | | | | | |
| | Refund of erroneous contribution | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | |
| | Candidate Name | ego ype | ory/ | | | | | | | | | | | | | | | |
| | Office Sought: House Disburse | ment For: | | | 790 | | _ | | | | | , , | | | | | | |
| | Senate | Primary | General | | | | | | | | | | | | | | | |
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| В. | Daryl Sheldon Larke MD | | | | | | | Date | of Di | sburse | em | nent | | | | | | |
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| | Mailing Address 60 Laurel Ridge Rd | | | | | | | 04 | | | 11 | | 2 | 012 | | | | |
| | City Prestonsburg | State KY | Zip Code 41653 | | | | | Tran | sact | tion ID |): | B09EC | 9049 | 908824 | 4CECB07 | | | |
| | Purpose of Disbursement | | | _ | | | | | | | | | | | | | | |
| | Refund of erroneous contribution | | | L., | _ | | | Amount of Each Disbursement this P | | | | | | | | | | |
| | Candidate Name | | | Cate T | ego ype | | | Ε. | | , | | | | 200 | 0.00 | | | |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | | |
| C. | Joseph W Clark MD | | | | | | | Date | of Di | sburse | em | nent | | | | | | |
| | Mailing Address The Orthopaedic Center | | | | | | | 05 | / | | D 17 | / Y | | 012 | Y | | | |
| | 927 Franklin St Se Ste 3 | | | | | | | 00 | | | | | 2 | 012 | | | | |
| | | State | Zip Code | | | | | Tran | sact | tion ID |): | B639B1 | 7F4 | EE02 | 4385809 | | | |
| | Huntsville Purpose of Disbursement | AL | 35801-4305 | | | | _ | | | | | | | | | | | |
| | Refund duplicate contribution | | | — | | | | Amou | nt of | Each | D | isburser | nen | t this | Period | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | _ | | | | | | | | | | | | | |
| | Political Action Committee of the | America | n Association | of (| Drt | hopa | aed | ic S | Sur | geo | n | S | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) William J Robb III, MD | | | | | | | | | sburse | | | | | | | | |
| | Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 | | | | | | N. | 06 | | D (| 25 | | | 012 | Y | | | |
| | City Evanston | State IL | Zip Code 60201-1718 | | | | Г | ran | sact | ion ID |): | B26FA | EF2 | 62B8F | 46B9 | 9A1E | | |
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| | Office Sought: House Disburs Senate President | ement For: Primary Other (spe | General ecify) ▼ | | | | | | | | | | | | | | | |
| | State: District: Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | | |
| В. | William J Robb III, MD | | | | | | _ | ate c | | sburse | | | V | (Y | V | | | |
| | Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 | | | | | | Ľ | 06 | | | 05 | | | 2012 | | | | |
| | City Evanston | State IL | Zip Code 60201-1718 | | | | ٦ | Fran | sact | tion IE |) : | B8A2/ | AAC |)209A(| 64672 | 2994 | | |
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| | Office Sought: House Disburs Senate President State: District: | ement For: Primary Other (spe | General ecify) ▼ | | | | | | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) William J Robb III, MD | | | | | | Da | ate c | of Di | sburse | en | nent | | | | | | |
| | Mailing Address Walgreen Bldg, Dept of Ortho 2650 Ridge Ave Ste 2505 | | | | | | N | 06 | / | D (|)5 | | | 012 | Y | | | |
| | City Evanston | State IL | Zip Code 60201-1718 | | | | ٦ | Fran | sact | tion ID |) : | B3973 | D467 | 7FB124 | 4F78 | 992 | | |
| | Purpose of Disbursement Refund 4/29/12 contribution | | | | | ٦ | An | nour | nt of | Each | n D | Disburse | emen | t this | Perio | d | | |
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| | OF COMMITTEE (In Full) | | | | | _ | _ | | | _ | | | | | | | |
| | ical Action Committee | of the Ai | merican | Association | n of (| Or | tho | opa | edic S | Sur | geo | ns | | | | | |
| | me (Last, First, Middle Initial) es M Donley MD | | | | | | | | Date c | of Di | sburse | emei | nt | | | | |
| | Address 5002 Lago Dr | | | | | | | _ | M 06 | / | D 2 | | / Y | 201 | | Y | |
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