

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) ▼

317 Massachusetts Avenue, NE

1st Floor

☐ Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343137

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J Robb III, MD

Signature of Treasurer

William J Robb III, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 01 2012

To:

M M / D D / Y Y Y Y Y
06 30 2012

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

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

404548.65

1023258.65

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

6639.08

13679.95

16. Refunds of Contributions Made

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

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

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 Federal Receipts

(subtract Line 18(c) from Line 19) ►

418227.55

1062013.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	404548.65	1023258.65
34. Total Contribution Refunds (from Line 28(d))	9000.00	9000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	395548.65	1014258.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	6765.20	13992.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	6639.08	13679.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	126.12	312.12

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John G Lunt MD

Mailing Address 35 Tamarack Ave

City

Danbury

State

CT

Zip Code

06811-4959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 03 / 2012

Transaction ID : A8B503F9C703D41A48A8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John W Anderson MD

Mailing Address 3301 NW 50th

City

Oklahoma City

State

OK

Zip Code

73112-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates, LLC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 05 / 2012

Transaction ID : ADF09D70995814FEE802

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David Matthew Beard MD

Mailing Address 3000 32nd Ave South

City

Fargo

State

ND

Zip Code

58103-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A0B601D28F84444F2B79

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William Landess Bourland MD

Mailing Address 6286 Briarcrest Ave

City

Memphis

State

TN

Zip Code

38120-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Memphis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2012

Transaction ID : AC780176CFEDB4161BE8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David E Brown MD

Mailing Address 2725 S 144th St Ste 212

City

Omaha

State

NE

Zip Code

68144-5253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2012

Transaction ID : A57AC1FC2A7DF4394B08

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jonathan E Buzzell MD

Mailing Address 2725 S 144th St Ste 212

City

Omaha

State

NE

Zip Code

68144-5253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2012

Transaction ID : A8CB42FBA55854A54A3B

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John T Capo MD

Mailing Address 504 Observer Hwy
Unit 2

City Hoboken State NJ Zip Code 07030-6507

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMDNJ

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A92DF4939289943F2BDC

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. William E Carlson MD

Mailing Address 1050 SE Monterey Rd Ste 400

City Stuart State FL Zip Code 34994-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Florida Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A93B21371C6B14D32BC6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Joseph W Clark MD

Mailing Address The Orthopaedic Center
927 Franklin St Se Ste 3

City Huntsville State AL Zip Code 35801-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A06CFB2AC0ED9441CAF9

Amount of Each Receipt this Period

1000.00

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

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

2300.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ian D Crabb MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
 Omaha NE 68144-5253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : A8E88A156A441468A894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas W Currey MD

Mailing Address 975 E 3rd St
 Hospital Box 260

City State Zip Code
 Chattanooga TN 37403-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Tennessee

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : AA9E84CCF19AC432C8ED

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nirain D'Souza MD

Mailing Address 7210 N Vauxhall Pl

City State Zip Code
 Peoria IL 61615-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedic Consultants

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : AB2A1B06685934397BFF

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Alfred Ainsley Durham MD

Mailing Address 2954 Lockridge Rd

City

Roanoke

State

VA

Zip Code

24014-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lewis Gale Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AF0BE583EF1BE4423927

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Enright MD

Mailing Address 2223 Lime Kiln Rd

City

Green Bay

State

WI

Zip Code

54311-6213

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSMS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A369E8D5594EA40F6940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher John Evanich MD

Mailing Address 2901 W KK River Pkwy Ste 102

City

Milwaukee

State

WI

Zip Code

53215-3660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Institute of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AC07D1FD4CCF244ACAE

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard W Garner MD

Mailing Address 3831 Piper St Suite S220

City State Zip Code
 Anchorage AK 99508-4680

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anchorage Fracture & Ortho Clinic

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : A187EF79CE73640CEAD4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brett Raymond Grebing MD

Mailing Address 6812 State Route 162 Ste 123

City State Zip Code
 Maryville IL 62062-8586

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Center for Advanced Orthopaedics

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : A6056A811030A465EBE0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Robert J Hagen MD

Mailing Address 1411 S Creasy Ln Ste 120

City State Zip Code
 Lafayette IN 47905-7433

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lafayette Orthopaedic Clinic

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : AC7E00C4C85A74D189C4

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David M Henneghan MD

Mailing Address 2111 Shadow View Circle

City State Zip Code
 Plover WI 54467-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Klasinski Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AA90AFF837A7A4ED6828

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David P Hughes MD

Mailing Address 914 Pennwood Circle

City State Zip Code
 Lancaster PA 17601-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates, LLC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A5B1C16D9621544269C3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kirk Hutton MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
 Omaha NE 68144-5253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AD88E45B6934B44D3B23

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 298

(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Omer A Ilahi MD

Mailing Address 6560 Fannin Ste 1016

City State Zip Code
Houston TX 77030-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Ortho Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : A7DDE0978842C485080E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joshua J Jacobs MD

Mailing Address 1611 W. Harrison St
Ste 300

City State Zip Code
Chicago IL 60612-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : AB5A7756865574A05BD3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ajoy K Jana MD

Mailing Address 15902 Patrick Ave

City State Zip Code
Omaha NE 68116-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Clinic Sports Med C

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : A897AB2155BB94343ABC

Amount of Each Receipt this Period

300.00

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 14 OF 298
(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory B Krivchenia II, MD

Mailing Address 3 East Benjamin Street

City State Zip Code
New Martinsville WV 26155-2705

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Settlement Orthopaedics, Inc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : AE3AC1C751FC44C96850

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen J Leibovic MD

Mailing Address 2819 N Parham Rd Ste 100

City State Zip Code
Henrico VA 23294-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hand Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : AF8E4BCE78AD449BFA4A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Monroe I Levine MD

Mailing Address Center for Spinal Disorders
9005 Grant St Ste 200

City State Zip Code
Thornton CO 80229-4384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Spinal Disorders

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : AC77C302602B7430BBEB

Amount of Each Receipt this Period

600.00

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

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

2100.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 298
(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert P Limoni MD

Mailing Address 3072 Bay Settlement Ct

City State Zip Code
Green Bay WI 54311-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Care Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A6DA2E53C8AC74CBBB3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randall Dean Neumann MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
Omaha NE 68144-5253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AB23170DF3D584FB2BE0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sean J O'Donnell MD

Mailing Address Middlesex Ortho Surgeons
410 Saybrook Rd Ste 100

City State Zip Code
Middletown CT 06457-4780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middlesex Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AF07F3CC738E64E84B82

Amount of Each Receipt this Period

2500.00

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

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

3500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 298

☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jack Wayne Pennington MD

Mailing Address 1035 Summit Way

City

Blairsville

State

GA

Zip Code

30512-4691

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A8D46BF9F82494A0D9E7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul Andrew Puckett MD

Mailing Address 2360 W Mullan Rd Ste C

City

Missoula

State

MT

Zip Code

59808-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missoula Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2012

Transaction ID : ACE2B686F30094EF2BF8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Samar Kumar Ray MD

Mailing Address 2725 S 144th St Ste 212

City

Omaha

State

NE

Zip Code

68144-5253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A1E118C4C2B244A3F88E

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel R Ripa MD

Mailing Address 4000 S 98th St

City
Lincoln

State
NE

Zip Code
68520-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AC1B41166BC254F0AAE2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gary J Roberts MD

Mailing Address 1005 S Hemlock St

City

Iron Mountain

State

MI

Zip Code

49801-3854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A79093DDF65924DFBA28

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Franklin H Sim MD

Mailing Address 200 1st St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A93C8168012DB420BB4C

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 18 OF 298

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William Stuart Singer MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
 Omaha NE 68144-5253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : A2692EE2B2DCF45C99CB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Craig R Springmeyer MD

Mailing Address 1455 E Bert Kouns Indstrl Loop

City State Zip Code
 Shreveport LA 71105-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : A93FB4707C7BA46C292C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert A Steele MD

Mailing Address Medical Arts Pavilion Ste 225
 4745 Ogletown Stanton Rd

City State Zip Code
 Newark DE 19713-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2012

Transaction ID : A597E6DDE52064303825

Amount of Each Receipt this Period

2500.00

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

3500.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Eric Strauss MD

Mailing Address 301 East 17th Street
Suite 1616

City State Zip Code
New York NY 10003-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Hospital for Joint Diseases

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : AC589BD895C774DC18AA

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bernard N Stulberg MD

Mailing Address 1730 W 25th St Ste 4E

City State Zip Code
Cleveland OH 44113-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : ACAB212FBC7F44B5CBED

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David Surdyka MD

Mailing Address 2740 W. Main St

City State Zip Code
Visalia CA 93291-4332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : AFBCB3E6A52FC47A8A51

Amount of Each Receipt this Period

500.00

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

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

1600.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Owen B Tabor Jr, MD

Mailing Address 6500 May Creek

City

Memphis

State

TN

Zip Code

38119-6529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tabor Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : AF63ADF30B3BC46EDB14

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael C Thompson MD

Mailing Address 21925 Stanford Circle

City

Elkhorn

State

NE

Zip Code

68022-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : A15B082647FAC498398B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. W Michael Walsh MD

Mailing Address 2530 I'On Ave

City

Sullivans Island

State

SC

Zip Code

29482-9693

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : A1CDF6156B3A94E6492F

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James G Warmbrod Jr, MD

Mailing Address 616 W Forest Ave

City

Jackson

State

TN

Zip Code

38301-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AF13172A159DE4A688AC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven D Washburn MD

Mailing Address 4830 Highway 260 Ste 103

City

Lakeside

State

AZ

Zip Code

85929-5851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : A53FDE828D54844D6849

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas Lisle Whitman MD

Mailing Address Appalachian Orthopaedic Associates
1 Medical Park Blvd Ste 300E

City

Bristol

State

TN

Zip Code

37620-7497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Appalachian Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AE8A026BF54C9479C9EB

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

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(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Alan L Whitney MD

Mailing Address 2699 N 17th St

City Coos Bay State OR Zip Code 97420-2134

FEC ID number of contributing federal political committee.

C

Name of Employer

South Coast Orthopedic Assn

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2012

Transaction ID : ABCFC2CE538EB40EF907

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas C Wilder Jr, MD

Mailing Address 239 Parfitt Way, Unit 1B

City Bainbridge Island State WA Zip Code 98110-4900

FEC ID number of contributing federal political committee.

C

Name of Employer

Group Health Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 05 / 2012

Transaction ID : AE18047E42E684599806

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Franklin Bruch MD

Mailing Address 207 Pineview Rd

City Durham State NC Zip Code 27707-2845

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 06 / 2012

Transaction ID : AC0F54D3C428043D7992

Amount of Each Receipt this Period

500.00

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

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1250.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Henry G Chambers MD

Mailing Address 3030 Children's Way
Ste 410

City State Zip Code
San Diego CA 92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2012

Transaction ID : A6189B852CFB1429FB16

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John S Early MD

Mailing Address 8210 Walnut Hill Ln Ste 130

City State Zip Code
Dallas TX 75231-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 09 / 2012

Transaction ID : A227070490ACB40A0930

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Robert Alongi MD

Mailing Address 206 E Jericho Turnpike

City State Zip Code
Huntington Station NY 11746-7330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Spine Care of Long Island

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AC1A076B944EC43AEAE6

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Frank V Aluisio MD

Mailing Address 6 Nolen Ct

City

Greensboro

State

NC

Zip Code

27408-3184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greensboro Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AD31C15C105B74B58803

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Randolph Bell MD

Mailing Address El Paso Ortho
1755 Curie Ste B

City

El Paso

State

TX

Zip Code

79902-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AA6105315613D4018A08

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Eric Gunn Bonenberger MD

Mailing Address 25 West Crystal Lake St Ste 200

City

Orlando

State

FL

Zip Code

32806-4476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A1BB23FFEFECE4785817

Amount of Each Receipt this Period

500.00

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

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

1800.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Paul D Burton DO

Mailing Address 250 Campbell Ave

City

Redlands

State

CA

Zip Code

92373-6832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arrowhead Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A792A4BC284E745CCABA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Odest F Cannon MD

Mailing Address 1015 SE 17th St Ste 100

City

Ocala

State

FL

Zip Code

34471-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A5508D5254F34481B9AB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James D Capozzi MD

Mailing Address 1300 Franklin Ave Ste UL3A

City

Garden City

State

NY

Zip Code

11530-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winthrop University Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A445B8869C6274347BC4

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Alan W Christensen MD

Mailing Address 1011 Lincoln Circle

City

Winter Park

State

FL

Zip Code

32789-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A9DC89436F9F34E50B6B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jason David Cohen MD

Mailing Address 776 Shrewsbury Ave
Ste 201

City

Tinton Falls

State

NJ

Zip Code

07724-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Professional Orthopaedic Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A253615B3E0CA4D84AEB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Stephen B Cope MD

Mailing Address The Orthopaedic Group
PO Box 86144

City

Mobile

State

AL

Zip Code

36689-6144

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A547BED12AA604874978

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ayman Ahmad Daouk MD

Mailing Address 311 W Sabal Palm Pl

City

Longwood

State

FL

Zip Code

32779-6057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : AFDA7DDD71C214870AE5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey V Dermksian MD

Mailing Address 36 W 60th St

City

New York

State

NY

Zip Code

10023-7903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Orthopaedics & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A1C712B8CF47A4563B23

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Marcus Dickason MD

Mailing Address 1720 Murchison Dr

City

El Paso

State

TX

Zip Code

79902-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A8B34009E4FF643CBB95

Amount of Each Receipt this Period

300.00

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

1050.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Noubar A Didizian MD

Mailing Address 231 St Asaphs Rd Ste 621

City

Bala Cynwyd

State

PA

Zip Code

19004-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AA290DC0076C349D6A25

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Donald A Dinwoodie MD

Mailing Address 1254 Irvine Blvd Ste 230

City

Tustin

State

CA

Zip Code

92780-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A4615C48357CC40D49CC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anthony J DiStasio II, MD

Mailing Address Sentara Division of Ortho Trauma
600 Gresham Dr

City

Norfolk

State

VA

Zip Code

23507-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A7145E8AEC7CA4B8B80E

Amount of Each Receipt this Period

250.00

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

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700.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James M Donley MD

Mailing Address 5002 Lago Dr

City

Madisonville

State

KY

Zip Code

42431-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedic Service

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : AEBE32160612B45ABBB0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James M Donley MD

Mailing Address 5002 Lago Dr

City

Madisonville

State

KY

Zip Code

42431-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedic Service

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : ADF930405BFC1487B91C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Raymond L Emerson MD

Mailing Address 575 Sioux Point Rd

City

North Sioux City

State

SD

Zip Code

57049-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A2C80B824FC1D4128B39

Amount of Each Receipt this Period

400.00

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

2400.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Joseph M Erpelding MD

Mailing Address 4770 Rockledge Rd

City
Billings

State Zip Code
MT 59106-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Billings Orthopedics & Sports

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A383F93BA70B34F23AB4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael A Fallon MD

Mailing Address 1217 Calle Del Sur

City
El Paso

State Zip Code
TX 79912-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Paso Orthopaedic Surg Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AA089F31D60F34FFBB80

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Richard D Ferkel MD

Mailing Address 6815 Noble Ave

City
Van Nuys

State Zip Code
CA 91405-3796

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOI

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A9A2A20283BAD44D39F8

Amount of Each Receipt this Period

250.00

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

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

800.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Austin Thomas Fragomen MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A3C246F2C0B224432B24

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John W Gainor MD

Mailing Address PO Box 1200

City

Santa Barbara

State

CA

Zip Code

93102-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Medical Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AE7E9DC822BE443CA833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charlotte J Harris MD

Mailing Address 732 East Maple Leaf Rd

City

Maysville

State

KY

Zip Code

41056-9069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fleming County Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AE594DF785F8142CC9A0

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John H Healey MD, FACS

Mailing Address 1275 York Ave

City
New York

State Zip Code
NY 10065-6007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A2063DAF72A464FE6B51

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Jacob Samuel Heydemann MD

Mailing Address 858 River Oaks

City
El Paso

State Zip Code
TX 79912-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A49441D08614748F09C4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Regina O Hillsman MD

Mailing Address 1771 Post Rd E

City
Westport

State Zip Code
CT 06880-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A04EC0A5BC89B4F6681B

Amount of Each Receipt this Period

250.00

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

1050.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mary Lloyd Ireland MD

Mailing Address 601 Perimeter Dr Ste 200

City

Lexington

State

KY

Zip Code

40517-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Sports Medicine Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A8DDD2BE0BC1C46CDA4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John S Jackson DO

Mailing Address 4843 Olmos St

City

El Paso

State

TX

Zip Code

79922-1751

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A853611C009BC4908BEA

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Craig P Jones MD

Mailing Address 25 West Crystal Lake St Ste 200

City

Orlando

State

FL

Zip Code

32806-4476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A122EFA1BD9D640BB881

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 34 OF 298
(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Tammron Jay Kleeman MD

Mailing Address 16 Greenbriar Ln

City State Zip Code
Wilton CT 06897-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A9E67DFDFC19E4BCBA66

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jerome Kolavo MD

Mailing Address 27650 Ferry Rd Ste 100

City State Zip Code
Warrenville IL 60555-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer

OAD Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A1C1C1559CAB3446F906

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Emile C Li MD

Mailing Address 1988 Luke Ln

City State Zip Code
Fort Dodge IA 50501-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : AB3C731495BCD4C64891

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Victor W Macko MD

Mailing Address 2545 W Hammer Ln

City

Stockton

State

CA

Zip Code

95209-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gould Medical Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A2887A91CFAF84C48972

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Todd W Maily MD

Mailing Address 71 High Wood Rd

City

West Hartford

State

CT

Zip Code

06117-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A7E9CCE0E49F04036B13

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian Makhuli MD

Mailing Address 1748 Woodwalk Creek

City

Atlanta

State

GA

Zip Code

30339-8480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : AFECD3B8414474935970

Amount of Each Receipt this Period

1000.00

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

2750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 298

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Mansfield MD

Mailing Address 1720 Murchison

City

El Paso

State

TX

Zip Code

79902-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2012

Transaction ID : AACD7ACD2B2A04C62A4

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Daniel Paul Mass MD

Mailing Address 5841 S Maryland
MC3079

City

Chicago

State

IL

Zip Code

60637-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2012

Transaction ID : AF4E43C7E8BCC4179A55

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. G Grady McBride MD

Mailing Address 25 West Crystal Lake St Ste 200

City

Orlando

State

FL

Zip Code

32806-4476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2012

Transaction ID : ADC05C13031424E639E4

Amount of Each Receipt this Period

500.00

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

1800.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 298

(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert Cameron More MD

Mailing Address 6 Sandhill Rd Suite 102

City

Flemington

State

NJ

Zip Code

08822-4946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A8DFD9BAC0D7745D4AA4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles P Murphy MD

Mailing Address 671 W Esplanade Ave Ste 100

City

Kenner

State

LA

Zip Code

70065-6258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : AB0106A8F88D84308966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian B Nielsen MD

Mailing Address 13075 E Speedway Blvd

City

Tucson

State

AZ

Zip Code

85748-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tucson Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : ACF534FAD00CF4149889

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 38 OF 298

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas G Padanilam MD

Mailing Address 528 Forest Lake Dr

City State Zip Code
Holland OH 43528-9028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : AB49240D96436436DB59

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew J Palafox MD

Mailing Address 331 Crown Point Dr

City State Zip Code
El Paso TX 79912-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A01DD093454934684875

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Richard Lee Parker MD

Mailing Address 6 Dowling Ct

City State Zip Code
Old Westbury NY 11568-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Nassau Ortho Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : A34733DF32703482191C

Amount of Each Receipt this Period

250.00

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

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

1050.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Johan J Penninck MD

Mailing Address 1720 Murchison Dr

City

El Paso

State

TX

Zip Code

79902-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A63486F88DC0E4F8184C

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Scott A Protzman MD

Mailing Address 1720 Murchison Drive

City

El Paso

State

TX

Zip Code

79902-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A55B86EC2F3EC4487BC9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Fred C Redfern MD

Mailing Address 600 Whitney Ranch Dr
Ste D22

City

Henderson

State

NV

Zip Code

89014-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A383141C9EDCA4C1A8DD

Amount of Each Receipt this Period

750.00

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

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

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 298
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bryan Lee Reuss MD

Mailing Address 430 Briercliff Dr

City

Orlando

State

FL

Zip Code

32806-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2012

Transaction ID : A4FDBE43CA6994EF4929

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Samuel R Rosenfeld MD

Mailing Address 1310 W Stewart Dr Ste 508

City

Orange

State

CA

Zip Code

92868-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2012

Transaction ID : AEDAFFF00EEEC4D5AB3C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gerald W Rothacker Jr, MD

Mailing Address 170 North Pointe Blvd

City

Lancaster

State

PA

Zip Code

17601-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Lancaster

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2012

Transaction ID : A22818EDABF58427A932

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Philip Schrank MD

Mailing Address 5 Schooners Cove

City

Setauket

State

NY

Zip Code

11733-3951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A929769EAE3DD498A8DE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Randy Steven Schwartzberg MD

Mailing Address 111 Arrowhead Ct

City

Winter Springs

State

FL

Zip Code

32708-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A98E7A40F37A34C0E9FB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David W Shenton Jr, MD

Mailing Address 3134 Sycamore Ln

City

Billings

State

MT

Zip Code

59102-0524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Montana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A7EE199B447754EE5A3C

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephanie E Siegrist MD

Mailing Address Bldg 100 Ste 105
980 Westfall Rd

City State Zip Code
Rochester NY 14618-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A802C2AF91B484CB6B94

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Manmohan Singh MD

Mailing Address 110 Ridge Rd Ste 3

City State Zip Code
Munster IN 46321-1574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A0A54B6166D8E4B8BAC2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lyle Sorensen MD

Mailing Address P.O. Box 900, X6 ORT

City State Zip Code
Seattle WA 98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Virginia Mason Med Ctr

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A6EEF49CFC0D248098A5

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Douglas J Straehley MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A47F890752AB944FA842

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Gill Sullivan MD

Mailing Address 37026 US Hwy 19 N

City State Zip Code
Palm Harbor FL 34684-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A0E8485344C4044D998A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Luis H Urrea II, MD

Mailing Address 1700 Murchison

Attn: Melissa T. Boyer

City State Zip Code
El Paso TX 79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2012

Transaction ID : ACE4FF70690414296AD1

Amount of Each Receipt this Period

300.00

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

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

1800.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven Weber DO

Mailing Address 25 West Crystal Lake St Ste 200

City State Zip Code
Orlando FL 32806-4476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AA2F24C673A954EAF8A2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. J Criss Yelton MD

Mailing Address 471 Klutey Park Plaza Dr

City State Zip Code
Henderson KY 42420-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2012

Transaction ID : AE31A22DBBDB9418EB0F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Edward W Younger III, MD

Mailing Address 6555 Coyle Ave Ste 235

City State Zip Code
Carmichael CA 95608-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A31303127AC82444A855

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard Zapanta MD

Mailing Address 5830 Beverly Hills Dr

City
Whittier

State
CA

Zip Code
90601-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2012

Transaction ID : A42B0A4CBE85C4D2FBE5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Milan M Patel MD

Mailing Address 3836 Sidestreet

City
Atlanta

State
GA

Zip Code
30341-1773

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 14 / 2012

Transaction ID : A903109F10A1C459599F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David Harold Allmacher MD

Mailing Address 900 N Orange St Ste 103

City
Missoula

State
MT

Zip Code
59802-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Center for Joint Care

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A1AD26A341D4B4756863

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

Use separate schedule(s)
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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Donald Mark Arms MD

Mailing Address 207 Oak Park

City State Zip Code
McMinnville TN 37110-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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 State Zip Code
Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mayo Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A7590AF99425F47B999D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Warren R Bourgeois III, MD

Mailing Address 10025 Hyde Pl

City State Zip Code
River Ridge LA 70123-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Audubon Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : AE2DE534FE9A2469E947

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Deanna M Boyette MD

Mailing Address 2573 Stantonsburg Rd. Suite B

City State Zip Code
 Greenville NC 27834-7213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOSM

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A9260FF38045541C1B99

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Clayton B Brandes MD

Mailing Address 9536 NE 31st St

City State Zip Code
 Clyde Hill WA 98004-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A6C59876E085140CBB47

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven J Bruce MD

Mailing Address 3015 Squalicum Pkwy Ste 200

City State Zip Code
 Bellingham WA 98225-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peace Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

04 / 17 / 2012

Transaction ID : AA9703BD5FA624BC28C4

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Paul B Canale MD

Mailing Address 1505 Daphne Ave

City

Daphne

State

AL

Zip Code

36526-4298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baldwin Bone and Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A21FEA8E3599840D4A66

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph W Clark MD

Mailing Address The Orthopaedic Center
927 Franklin St Se Ste 3

City

Huntsville

State

AL

Zip Code

35801-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : ADCBC75840B044F18996

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pamela F Davis MD

Mailing Address 4622 Progress Dr Ste C

City

Davenport

State

IA

Zip Code

52807-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : ACCB97934EF724B24B7D

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David W Duffner MD

Mailing Address Suite W201

1180 N Indian Canyon Dr

City

Palm Springs

State

CA

Zip Code

92262-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : AE9C3B3BAC6F94C228DE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John English Feighan MD

Mailing Address 2260 Harcourt Dr

City

Cleveland

State

OH

Zip Code

44106-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A89A171817C4A4BDD8BF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gautham Gondi MD

Mailing Address 2405 Atherholt Dr

City

Lynchburg

State

VA

Zip Code

24501-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Center of Central Virginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A0DCF8A62466843169FF

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David M Gonzalez MD

Mailing Address 11 Bridgenorth Ln

City

San Antonio

State

TX

Zip Code

78218-6056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A38EA47CC8B3F4938875

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard E Grant MD

Mailing Address 19798 Chagrin Boulevard
Sussex Courts

City

Beachwood

State

OH

Zip Code

44122-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hospital Case Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A066B1A21B4F441089F3

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. John A Hefferon MD

Mailing Address 676 N Saint Clair St Ste 450

City

Chicago

State

IL

Zip Code

60611-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : ACA3F8F39FB9A4E98919

Amount of Each Receipt this Period

1000.00

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

1450.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William L Hennrikus Jr, MD

Mailing Address 75 Laurel Ridge Rd

City State Zip Code
Hershey PA 17033-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Hershey Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : AE650042E81AB457FAE7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kade T Huntsman MD

Mailing Address 1160 East 3900 South Ste 5000

City State Zip Code
Salt Lake City UT 84124-1275

FEC ID number of contributing
federal political committee.

C

Name of Employer

Salt Lake Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : AC45967BA3C98404EA05

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. John A Hurley MD

Mailing Address 95 Madison Ave Suite B00

City State Zip Code
Morristown NJ 07960-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : AE58BE858BFEC408DAAC

Amount of Each Receipt this Period

500.00

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

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

3500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Shepard R Hurwitz MD

Mailing Address 400 Silver Cedar Ct Suite 100

City State Zip Code
 Chapel Hill NC 27514-1585

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A020EC9F31ADF4D76952

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Paul G Johnson MD

Mailing Address 6490 Excelsior Blvd Ste E400

City State Zip Code
 Minneapolis MN 55426-4721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Nicollet Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A05E14F45A58E4E53B2E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel J Karns MD

Mailing Address Medical Arts Ctr IV
 6115 Powers Blvd Ste 100

City State Zip Code
 Cleveland OH 44129-5469

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Orthopaedics, Inc.

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A59E3667011D2454DA8E

Amount of Each Receipt this Period

250.00

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

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

1550.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kurt J Kitziger MD

Mailing Address The Carrell Clinic

9301 N Central Expy Ste 400

City

Dallas

State

TX

Zip Code

75231-0805

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Carrell Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A90F4CF1F4D2649EB870

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John O Krause MD

Mailing Address 14825 N Outer Forty Rd Ste 200

City

Chesterfield

State

MO

Zip Code

63017-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ortho Ctr of St Louis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A3FEF769C65D84B7B9F3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John J Larkin Jr, MD

Mailing Address 2845 Chancellor Dr

City

Crestview Hills

State

KY

Zip Code

41017-3418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A0FBEB7EF528A47A0A99

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Cyrus J Lashgari MD

Mailing Address 2000 Medical Pkwy, Ste 101

City State Zip Code
 Annapolis MD 21401-3743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anne Arundel Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : AD7E12D0C26254912A77

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nicky L Leung MD

Mailing Address 2000 Washington St Suite 341

City State Zip Code
 Newton Lower Falls MA 02462-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newton Wellesley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A405217A9D63A462E870

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. L Scott Levin MD

Mailing Address 3400 Spruce St 5th Floor

City State Zip Code
 Philadelphia PA 19104-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 17 / 2012

Transaction ID : AB5B5E4A466E1484DA41

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 55 OF 298

(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey L Lovallo MD

Mailing Address 7025 Benjamin St

City

Mc Lean

State

VA

Zip Code

22101-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anderson Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A3FA1F89716EF4C7CB5A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Fletcher Lovejoy MD

Mailing Address 8605 Long Acre Ct

City

Bethesda

State

MD

Zip Code

20817-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens National Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A483AAB90B6D64E2B8E7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael M Lynch MD

Mailing Address 40 Cross St

City

Norwalk

State

CT

Zip Code

06851-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A7A5E88E554F747E7812

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Leland R Mayer MD

Mailing Address S 5841 County Rd B

City

Eau Claire

State

WI

Zip Code

54701-8664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : AF020BEE67EF0470AA3C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael A Meese MD

Mailing Address 17 Elm Ave

City

Hackensack

State

NJ

Zip Code

07601-4702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sports Med & Ortho of New Jersey

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A854285F408AC432A8B0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Evangelos Megariotis MD

Mailing Address 21 Ravona St

City

Clifton

State

NJ

Zip Code

07012-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : AF8DBCBD221DB4D459FE

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark C Meier MD

Mailing Address Orthopaedic Associates
 901 N Curtis #501

City State Zip Code
 Boise ID 83706-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : AA5C2B1459A0B4C099AE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Franklin Mirrer MD

Mailing Address 215 Toll Gate Rd Ste 206

City State Zip Code
 Warwick RI 02886-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : ABFBB4EC084294E68955

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bernard F Morrey MD

Mailing Address 7703 Floyd Curl Drive

City State Zip Code
 San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : A0ECD3AF03B194365BEB

Amount of Each Receipt this Period

200.00

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

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

1700.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gary T Murata MD

Mailing Address 2488 N California St

City

Stockton

State

CA

Zip Code

95204-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alpine Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : AE590E12BE7B644389A7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph Noah MD

Mailing Address 836 Sunset Lake Blvd Ste 205

City

Venice

State

FL

Zip Code

34292-7556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suncoast Ortho & Sports Medici

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A2F2EB9A1FEB8439EB6D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Douglas W Pahl MD

Mailing Address 6500 -1 Green Island Dr

City

Columbus

State

GA

Zip Code

31904-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Hughston Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A27B8F4B573A24E74BD6

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Christopher William Peer MD, MS

Mailing Address 611 Oak Lawn Dr

City

Hancock

State

MI

Zip Code

49930-1631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portage Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A9A9C4D1F82CE42F3851

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James D Perry MD

Mailing Address 1747 Imperial Blvd

City

Lake Charles

State

LA

Zip Code

70605-5362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedic Service

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A01D90D9B409A4279A01

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven H Peterson MD

Mailing Address 691 Pauline Ct Ste L

City

Sonora

State

CA

Zip Code

95370-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A164F070F33944939B84

Amount of Each Receipt this Period

750.00

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

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

2000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Chitranjan S Ranawat MD

Mailing Address 535 East 70th St 6th Fl
Suite 637

City State Zip Code
New York NY 10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lenox Hill Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A4E730161693C4162A6C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ronald K Robinson MD

Mailing Address 2545 W Hammer Ln

City State Zip Code
Stockton CA 95209-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Gould Med Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A3D554BEE149041799C3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephen W Rodrigue MD

Mailing Address 26 Arborside Dr

City State Zip Code
Falmouth ME 04105-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Falmouth Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : A9903BC73C05D483A869

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Donald Roy Schengel MD

Mailing Address 105 E Noble

City State Zip Code
 Visalia CA 93277-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Orthopaedic Assoc Medical Clinic

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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 State Zip Code
 Caldwell ID 83605-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : AB914032D8D91401CA36

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sameer B Shammam MD

Mailing Address 10905 Ft Washington Rd Ste 305

City State Zip Code
 Fort Washington MD 20744-5812

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : A985864558B044EE694C

Amount of Each Receipt this Period

1000.00

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

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 298
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Wen Shen MD

Mailing Address 1910 South Rd

City	State	Zip Code
Poughkeepsie	NY	12601-6027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Assoc of Dutchess CountyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

Transaction ID : A7655BC0478554F4BBEE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gregory S Slaphey MD

Mailing Address 139 Fairway Dr

City	State	Zip Code
Carrollton	GA	30117-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carrollton Orthopaedic ClinicOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

Transaction ID : A1BEA7AB4548848EDB9F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Craig P Smith MDMailing Address 4140 Centennial Hills Blvd
Ste A

City	State	Zip Code
Casper	WY	82609-3265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper OrthopaedicsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

Transaction ID : AF33961F7A6D74030B93

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Eric M Spencer MD

Mailing Address 34 Greenhaven Rd

City State Zip Code
 Rye NY 10580-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Westchester Orthopedi

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A573C42B152D341358A7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Walter Stanwood MD

Mailing Address 95 Tremont St Suite 1

City State Zip Code
 Duxbury MA 02332-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plymouth Bay Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A0A66D902BA934AE583E

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Cooper L Terry MD

Mailing Address 497 Azalea Dr Ste 102

City State Zip Code
 Oxford MS 38655-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : AA7086AD5A42F427BA09

Amount of Each Receipt this Period

250.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James H Van Olst MD

Mailing Address 136 SW Washington Ave #605

City

Corvallis

State

OR

Zip Code

97333-4879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A46E1A433BE214C808D2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Albert G Volk MD

Mailing Address 5143 Holly Rd

City

Saint Augustine

State

FL

Zip Code

32080-7204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A5F18501B031B4AB18C9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anthony S Wei MD

Mailing Address 20529 SE Brady Rd

City

Camas

State

WA

Zip Code

98607-9042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Surgical Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : AEEF1361EEFCA4B9FACB

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Christopher Edward Wiggins MD

Mailing Address 3615 Hospital Rd

City

Pascagoula

State

MS

Zip Code

39581-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bienville Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A447CC87E5D4D4291854

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas W Wright MD

Mailing Address PO Box 112727
3450 Hull Road

City

Gainesville

State

FL

Zip Code

32607-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : A536FC8E3C65F46F0A74

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Sheila Marie Algan MD

Mailing Address Dept Ortho Surg Ste WP-1380
920 Stanton L Young Blvd

City

Oklahoma City

State

OK

Zip Code

73104-5036

FEC ID number of contributing
federal political committee.

C

Name of Employer

OU Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A930409781F8D4F6CA37

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas E Baumgarten MD

Mailing Address 115 Ridgeland Dr

City State Zip Code
Greenville SC 29601-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2012

Transaction ID : ADD7F47AB45F048B0B68

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Howard L Berg MD

Mailing Address 13 Medical Dr

City State Zip Code
Amarillo TX 79106-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2012

Transaction ID : ACD6F8D7A1D224EEEB2A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John T Chance MD

Mailing Address OA Centers for Orthopaedics
33 Sewall St

City State Zip Code
Portland ME 04102-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2012

Transaction ID : AE4A38E8A6DBF49EFA1E

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark R Colville MD

Mailing Address 2375 NW Overton St.

City State Zip Code
Portland OR 97210-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Surgical Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : AEF4DBA0D556943AEBD1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen M Cyphers MD

Mailing Address 4300 Golden Center Dr Ste C

City State Zip Code
Placerville CA 95667-6278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Sierra Ortho Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : A5AE25F7EEF234385811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy A Garvey MD

Mailing Address Twin Cities Spine Center
913 E 26th St Ste 600

City State Zip Code
Minneapolis MN 55404-4515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : A46BC5D43CC8A4301BF8

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Christopher D Hamilton MD

Mailing Address 2400 Bahamas Dr, #200

City

Bakersfield

State

CA

Zip Code

93309-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A62D23E7DA4C0442A8A8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian R Hamlin MD

Mailing Address Suite 1601

300 Halket Street

City

Pittsburgh

State

PA

Zip Code

15213-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

WVU School of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A386D0C67F7434D0798E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Alfred W Hanmer MD

Mailing Address 2000 Washington St Ste 341

City

Newton Lower Falls

State

MA

Zip Code

02162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newton Wesley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A4BE7F586E4C440F2862

Amount of Each Receipt this Period

200.00

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

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

1450.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Irvine MD

Mailing Address 13012 Sunny Dawn Ct

City State Zip Code
 Saint Louis MO 63127-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : A24CF479EA9DB4E13AC8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John J Larkin Jr, MD

Mailing Address 2845 Chancellor Dr

City State Zip Code
 Crestview Hills KY 41017-3418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : A7BB5035CABBC42C989B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Edward C Littlejohn MD

Mailing Address 14911 National Ave Ste 3A

City State Zip Code
 Los Gatos CA 95032-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : A59955B882218411C872

Amount of Each Receipt this Period

250.00

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

1750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David C Markel MD

Mailing Address 22250 Providence Dr Ste 401

City

Southfield

State

MI

Zip Code

48075-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Porretta Ctr for Orthopaedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : AEEA17F1D2A0B4DDF83E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Javad Parvizi MD, FRCS

Mailing Address 925 Chestnut St - 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : AE2BFA63AD5B045B99F4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John Sargent Rogerson MD

Mailing Address 2 Science Ct #101

City

Madison

State

WI

Zip Code

53711-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A3FBE6489895940E19B4

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Peter W Ross MD

Mailing Address 291 N Fireweed St

City State Zip Code
Soldotna AK 99669-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2012

Transaction ID : ABB4CCD2B31864D988F3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Harry Schmaltz MD

Mailing Address 334 Main St Ste 1

City State Zip Code
Scranton PA 18519-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Scranton Orthopaedic Specialists

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : AAEBFF6BDD8EB4BB19D9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stephen G Silver MD

Mailing Address 713 Bellaire Dr

City State Zip Code
Demarest NJ 07627-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A3A8D4CC9F82040B4BD0

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory Solis MD

Mailing Address 10610 Brighton Hill Circle N.

City

Jacksonville

State

FL

Zip Code

32256-4536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A0B9DBBF4294D4328A08

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nicholas G Weiss MD

Mailing Address 5803 Neal Ave N.

City

Stillwater

State

MN

Zip Code

55082-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Croix Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A8ED9B1FB335B4BD8A99

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David L Wood III, MD

Mailing Address 202 Summit Ave

City

Redlands

State

CA

Zip Code

92373-6852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arrowback Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2012

Transaction ID : A18D90F02397F40F5829

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey R Smith MD

Mailing Address 2646 N Foothill Dr

City

State

Zip Code

Provo

UT

84604-4390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Intermountain Healthcare

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 21 / 2012

Transaction ID : A03176BA674994A799E0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jaafar M Bazih MD

Mailing Address 4802 S 109th East Ave

City

State

Zip Code

Tulsa

OK

74146-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tulsa Bone & Joint Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AAB20B23F961244A0AF0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. B Hudson Berrey MD, FACS

Mailing Address PO Box 40006

City

State

Zip Code

Jacksonville

FL

32203-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of Florida

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A3FCC9103275B4AA49FF

Amount of Each Receipt this Period

250.00

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

750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert H Blotter MD

Mailing Address 1414 W Fair Ave Ste 190

City

Marquette

State

MI

Zip Code

49855-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Center for Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A1A05A44E2F5A4BC490F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert William Bucholz MD

Mailing Address 5323 Harry Hines Blvd

City

Dallas

State

TX

Zip Code

75390-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A682CCD4EE3F140DCBEA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Nathaniel P Cohen MD

Mailing Address 14601 S Bascom Ave Ste 200

City

Los Gatos

State

CA

Zip Code

95032-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A2F3986C46E974AED8DA

Amount of Each Receipt this Period

750.00

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

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

1750.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Howard J Gelb MD

Mailing Address 6214 NW 120th Dr

City

Coral Springs

State

FL

Zip Code

33076-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A1EC816B06DB248E5813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John R Gleason MD

Mailing Address 5671 Peachtree Dunwoody Rd NE
Suite 700

City

Atlanta

State

GA

Zip Code

30342-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AC5FA07BCD4D74330AE9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard E Grant MD

Mailing Address 19798 Chagrin Boulevard
Sussex Courts

City

Beachwood

State

OH

Zip Code

44122-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hospital Case Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AE09AD4112EA14978A2B

Amount of Each Receipt this Period

200.00

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

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

1450.00

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven I Grindel MD

Mailing Address Dept of Ortho Surg

9200 W Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53226-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A12074BCAC7534D469E0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John David Hannah MD

Mailing Address 215 McNeel Ln

City

North Platte

State

NE

Zip Code

69101-6054

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Platte Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A83A6971001EA44A5AB4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Alan S Hilibrand MD

Mailing Address 925 Chestnut St

5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reconstruction Orthopaedic Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A44F7D3976C3A41CFA4B

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Glenn J Jarrett MD

Mailing Address 2360 Mullan Rd Ste C

City

Missoula

State

MT

Zip Code

59808-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AB83AD81576844619827

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alexandre S Kindy MD

Mailing Address 101 3rd Ave SW Ste 101

City

Minot

State

ND

Zip Code

58701-3880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A19D805464E4745DEB4B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Marshall Knight MD

Mailing Address 2405 Shadelands Dr Ste 210

PO Box 31396

City

Walnut Creek

State

CA

Zip Code

94598-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muir Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A072AC66E94D84D4C8D6

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 298

☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey R Kuhlman MD

Mailing Address 650 Signal Hill Dr Ext

City

Statesville

State

NC

Zip Code

28625-4353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Healthcare, PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AD8B76FC02473494AB46

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Douglas M Lange MD

Mailing Address 2405 Shadelands Dr Ste 210
 PO Box 31396

City

Walnut Creek

State

CA

Zip Code

94598-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muir Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AE0D4D731CE7145B5B5A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Hon-Kit Lau MD

Mailing Address 3460 E La Palma Ave

City

Anaheim

State

CA

Zip Code

92806-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : ABD34BE64CEB945E2976

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard M Little MD

Mailing Address 2479 East Colorado Blvd

City

Spearfish

State

SD

Zip Code

57783-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A112B2EA630FC4BDC9CC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Randall Evan Marcus MD

Mailing Address 11100 Euclid Ave

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AEE2C609387044817934

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas L Martin MD

Mailing Address 900 Buffalo Rd Frnt 1

City

Lewisburg

State

PA

Zip Code

17837-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sun Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A197209C64AC04BE5B6B

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Alan R McCall MD

Mailing Address 7447 W Talcott Ave Ste 500

City
Chicago

State
IL

Zip Code
60631-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AA22E613ED2C94512B9D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert M O'Hollaren MD

Mailing Address 3525 Loma Vista Rd

City
Ventura

State
CA

Zip Code
93003-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ventura Ortho & Sports Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AFEB28373C2144CDFBF3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christian T Royer MD

Mailing Address 5159 Stillwater Trail

City
Frisco

State
TX

Zip Code
75034-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Dallas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A6C466CA13CE1479BB65

Amount of Each Receipt this Period

250.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. J R Rudzki MD

Mailing Address 5306 Elliott Rd

City

Bethesda

State

MD

Zip Code

20816-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	23	/	2012

Transaction ID : A3A045B4DBF68463594D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gerald J Shealy MD

Mailing Address 229 King George St

City

Daniel Island

State

SC

Zip Code

29492-8244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	23	/	2012

Transaction ID : A0002D36E278F45FB8E6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Spiegel MDMailing Address 2907 Chanticleer Ave
First Floor

City

Santa Cruz

State

CA

Zip Code

95065-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	23	/	2012

Transaction ID : A2B2C6931DBF74139A69

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert A Stanton MD

Mailing Address 75 Kings Hwy Cutoff Ste 100

City State Zip Code
 Fairfield CT 06824-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Specialty Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AF34296DB96044F6384E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George H Thompson MD

Mailing Address 11100 Euclid Ave

City State Zip Code
 Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A736C64C89B974B8181F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James C Vailas MD

Mailing Address New Hampshire Orthopedic Center
 17 Riverside Street Ste 101

City State Zip Code
 Nashua NH 03062-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A4287E2BB49A545B9856

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William David Weiss MD

Mailing Address Specialty Clinics of Georgia-Ortho
1240 Jesse Jewell Pkwy SE Ste 300

City Gainesville State GA Zip Code 30501-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Specialty Clinics of Georgia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : AEC5A1A72426B48CDB01

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David L Wiest MD

Mailing Address 2301 25th St S

City Fargo State ND Zip Code 58103-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A663E7B72FCE843FF98C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Horace Wilson MD

Mailing Address 1160 Varnum St NE Ste 312

City Washington State DC Zip Code 20017-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rankin Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A468C97C DFA524C6DB16

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Terry Younger MD

Mailing Address 929 W. Higgins Rd

City

Schaumburg

State

IL

Zip Code

60195-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barrington Orthopedic Speciali

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 23 / 2012

Transaction ID : A600B301C2D8E4646982

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffery P Beckenbaugh DO

Mailing Address 4121 8th St SW

City

Rochester

State

MN

Zip Code

55902-8751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olmsted Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 29 / 2012

Transaction ID : A7EBA90180AA644D18AC

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Cary B Chapman MD

Mailing Address 1534 Victory Blvd

City

Staten Island

State

NY

Zip Code

10314-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 29 / 2012

Transaction ID : A2744238C89754D91833

Amount of Each Receipt this Period

150.00

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

1250.00

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

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kenneth J Edwards MD

Mailing Address 183 Peace Blvd

City

Saint Joseph

State

MI

Zip Code

49085-9146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Michigan Ctr for Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2012

Transaction ID : A047C1CB75EEF4725B4F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Daniel William Green MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2012

Transaction ID : A9EC8964529F44C178D7

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. Dr. Samir Mehta MD

Mailing Address 3400 Spruce St

2 Silvertstein Pavilion

City

Philadelphia

State

PA

Zip Code

19104-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Orthopaedic Surgery

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

274.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2012

Transaction ID : A85FDFBB3A2AD4AE5966

Amount of Each Receipt this Period

199.99

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

466.99

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Scott Edward Porter MD

Mailing Address Dept of Ortho, Acad Serv

701 Grove Rd 2nd Fl Suprt Twr

City

Greenville

State

SC

Zip Code

29605-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 29 / 2012

Transaction ID : A811AB97DFFF44DB68C1

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. William J Robb III, MD

Mailing Address Walgreen Bldg, Dept of Ortho

2650 Ridge Ave Ste 2505

City

Evanston

State

IL

Zip Code

60201-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Bone & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

04 / 29 / 2012

Transaction ID : A216C6EBF435243DF83C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marc J Rosen MD

Mailing Address 5605 W Eugie Ste 111

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Surgeons Network of North

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

04 / 29 / 2012

Transaction ID : A902FCD1F22FA4C458FE

Amount of Each Receipt this Period

100.00

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

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

1185.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nathaniel J Stewart MD

Mailing Address 2480 Fieldstone

City

Eau Claire

State

WI

Zip Code

54701-7869

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chippewa Valley Orthopedic and Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2012

Transaction ID : ADA82625126394485B33

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Wendall W Adams Jr, MD

Mailing Address 3801 5th St SE Ste 110

City

Puyallup

State

WA

Zip Code

98374-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : ADDB753056B44496D94D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Norberto Baez MD

Mailing Address PO Box 1019

City

Sabana Grande

State

PR

Zip Code

00637-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baez Orthopaedic & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A4B379A5875364535ABD

Amount of Each Receipt this Period

250.00

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

850.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Donald Robert Bassman MD

Mailing Address 522 N New Ballas Rd Ste 199

City State Zip Code
 Saint Louis MO 63141-6815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2012

Transaction ID : A6F0533E8E53949B9B23

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Donald Donavon Berg MD

Mailing Address 1005 Pennsylvania Ste 212

City State Zip Code
 Ottumwa IA 52501-6414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2012

Transaction ID : A555B79B91BF64EB79D8

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. H Morton Bertram III, MD

Mailing Address PO Box 112649

City State Zip Code
 Naples FL 34108-0145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2012

Transaction ID : AF94CE80B66744E14991

Amount of Each Receipt this Period

1000.00

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

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

2800.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert J Bielski MD

Mailing Address 5841 S. Maryland Ave
Mc3079

City State Zip Code
Chicago IL 60637-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A868D8AD0D54F4CD4AEE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen E Blythe MD

Mailing Address 1403 N Green Way Dr

City State Zip Code
Coral Gables FL 33134-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : AA89A0CFF12CE40D3AC3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard M Bochner MD

Mailing Address 2500 Marcus Ave Ste 103

City State Zip Code
New Hyde Park NY 11042-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : ADDA08EAAD5914A1AA97

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William Landess Bourland MD

Mailing Address 6286 Briarcrest Ave

City

Memphis

State

TN

Zip Code

38120-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Memphis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2012

Transaction ID : A510D9CCAB2934C42AA3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Salvador B Cecilio MD

Mailing Address Orthopedic Surgery
302 California Ave Ste 202

City

Wahiawa

State

HI

Zip Code

96786-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 30 / 2012

Transaction ID : AB2042D8B6EA24879859

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Richard Chang MD

Mailing Address 1081 Route 22 W

City

Bridgewater

State

NJ

Zip Code

08807-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Somerset Orthopaedics Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2012

Transaction ID : A478B7072A74546A89FB

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey Chase MD

Mailing Address PO Box 8179

City

St Thomas

State

VI

Zip Code

00801-1179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virgin Islands Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A8244E920481B4687A20

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard H Cobden MD

Mailing Address 385 Forest Hills Ct

City

Fairbanks

State

AK

Zip Code

99709-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairbanks Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : AB1619BFDBC064C52BAF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edward Adrian Connolly MD

Mailing Address 2300 53rd Ave Suite LI04

City

Bettendorf

State

IA

Zip Code

52722-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic & Rheumatology Ass

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A965A9BE0D97F4290B28

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Geoffrey H Cook MD

Mailing Address 75 Tortilla Dr

City State Zip Code
 Sedona AZ 86336-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : A0F46F9CB0D1A4F01875

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey W Cook MD

Mailing Address 3310 Aspen Grove Dr Ste 102

City State Zip Code
 Franklin TN 37067-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Franklin Ortho & Sports Medicine

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : A0DA7950CEC1A4B8CB28

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark George Creighton MD

Mailing Address 61 Channing Cross

City State Zip Code
 Hampton Bays NY 11946-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : A4D522E37D75B4E61846

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

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(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel J Daluga MD

Mailing Address 4601 Penelope Ct

City

West Lafayette

State

IN

Zip Code

47906-5740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A0D93476AE1E6436DBD4

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Richard Greenfield MD

Mailing Address 3737 Moraga Ave Ste A106

City

San Diego

State

CA

Zip Code

92117-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A02FE3CF28152440B9A5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth A Gustke MD

Mailing Address 13020 N Telecom Pkwy

City

Temple Terrace

State

FL

Zip Code

33637-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A1B4BF09377684C22AE9

Amount of Each Receipt this Period

500.00

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

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

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 94 OF 298
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen Austin Hunt MD

Mailing Address 1590 Rt 206 North

City	State	Zip Code
Bedminster	NJ	07921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bedminster Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	30	/	2012

Transaction ID : A7B540B7A33F54015BF7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Turner Jones MDMailing Address Bone and Joint Surgery Clinic
3410 Executive Dr Ste 103

City	State	Zip Code
Raleigh	NC	27609-7457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	30	/	2012

Transaction ID : A782C0EB3B39949BCBE4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jay R Lieberman MD

Mailing Address 263 Farmington Ave

City	State	Zip Code
Farmington	CT	06030-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Connecticut Health Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	30	/	2012

Transaction ID : AB279069EE10E43BAA10

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Neal D Lintecum MD

Mailing Address 1112 W 6th St Ste 124

City

Lawrence

State

KS

Zip Code

66044-2249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Kansas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2012

Transaction ID : A105CF25E64D447839FE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Herman Meyer MD

Mailing Address PO Box 2410

City

Kearney

State

NE

Zip Code

68848-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Anthony's Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2012

Transaction ID : A68813205279C430882B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John S Place MD

Mailing Address 3907 Creekside Loop Ste 100

City

Yakima

State

WA

Zip Code

98902-4879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2012

Transaction ID : A90C605764B904F78A41

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stanley R Rothschild MD

Mailing Address 3301 New Mexico Ave NW Ste 248

City State Zip Code
 Washington DC 20016-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2012

Transaction ID : A4A6ED48352E9445488F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Thomas Sowa MD

Mailing Address 301 Center Meeting Rd

City State Zip Code
 Wilmington DE 19807-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

First State Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2012

Transaction ID : A851AC269589444AC9A6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert E Stein MD

Mailing Address 301 21st Ave N

City State Zip Code
 Nashville TN 37203-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tennessee Orthopaedic Clinics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2012

Transaction ID : A3A76D0F13EFB42549D6

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Strege MD

Mailing Address 12830 Horton Ln

City State Zip Code
Saint Louis MO 63131-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid County Orthopedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : AB1E49FF12D194601BFD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Malcolm J Stubbs MD

Mailing Address 1103 Kaliste Saloom Rd Ste 102

City State Zip Code
Lafayette LA 70508-5784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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 Rd Ste 225

City State Zip Code
Newark DE 19713-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : ADE44237B88604A3BB91

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel Lee MD

Mailing Address 9808 Winter Palace Dr

City State Zip Code
 Las Vegas NV 89145-8638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 03 / 2012

Transaction ID : AA970E6B420E042F9A24

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. David Eli Rojer MD

Mailing Address 419 Walton Rd

City State Zip Code
 Maplewood NJ 07040-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Union County Orthopaedic Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 03 / 2012

Transaction ID : AFB6E677097CA4FFFB98

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Melvyn Augustus Harrington MD

Mailing Address Dept of Ortho
 6620 Main St Ste 1325

City State Zip Code
 Houston TX 77030-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Baylor College of Medicine

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : A12AB406B27304EC7970

Amount of Each Receipt this Period

1000.00

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

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

2750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ira H Kirschenbaum

Mailing Address 1650 Selwyn Ave

City

Bronx

State

NY

Zip Code

10457-7626

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

Date of Receipt

05 / 07 / 2012

Transaction ID : ACB36F442E37B49CC9CA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mary I O'Connor MD

Mailing Address 4500 San Pablo Rd

City

Jacksonville

State

FL

Zip Code

32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Jacksonville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : A58447C4CA7E440FCAE7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark D Weber MD

Mailing Address 2333 Progress Rd Ste C

City

West Branch

State

MI

Zip Code

48661-9384

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Mich Family Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : A104580CAB537418F935

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John W Acampa MD

Mailing Address 180 E. Main St Suite 7

City

Bay Shore

State

NY

Zip Code

11706-8427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A645641498038454BA48

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven L Buckley MD

Mailing Address 6007 Macon Ct

City

Huntsville

State

AL

Zip Code

35802-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : AC2D6EFC477394D58AB2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gary Drillings MD

Mailing Address 1777 Hamburg Tpke Ste 305

City

Wayne

State

NJ

Zip Code

07470-5243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2012

Transaction ID : ACBD7375052654318BD3

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James W Gallentine MD

Mailing Address 3121 Sheridan Blvd

City

Lincoln

State

NE

Zip Code

68502-5232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : AF0EB7E5AF22640BCBB0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard E Grant MD

Mailing Address 19798 Chagrin Boulevard
Sussex Courts

City

Beachwood

State

OH

Zip Code

44122-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hospital Case Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A7844262F1CF54D6D874

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Richard E Grant MD

Mailing Address 19798 Chagrin Boulevard
Sussex Courts

City

Beachwood

State

OH

Zip Code

44122-4921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hospital Case Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A1D0B3771669E445B86A

Amount of Each Receipt this Period

200.00

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

900.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nicholas M Halikis MD

Mailing Address 23456 Hawthorne Blvd Ste 300

City State Zip Code
Torrance CA 90505-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 10 / 2012

Transaction ID : AC24C0B65DACF4293AC3

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Laurie O Hughes MD

Mailing Address 46 Kings Arms Rd

City State Zip Code
Little Rock AR 72227-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Central Arkansas Veterans Heal

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 10 / 2012

Transaction ID : ABCC80584FC2943D38A9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Steven Harris Jones MD

Mailing Address 1115 Boulders Dr

City State Zip Code
North Chesterfield VA 23225-4067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ortho Virginia

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A2FC0046502D6459AA45

Amount of Each Receipt this Period

1000.00

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

1600.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bret T Kean MD

Mailing Address 2930 SE Carlton St

City

Portland

State

OR

Zip Code

97202-8650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : AA7458049710A4769B94

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul S Kenyon MD

Mailing Address 150 S. East Ave
Po Box 600

City

Jackson

State

MI

Zip Code

49201-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : ACCCEA740E8694EC3AAE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Drew E Kiernan MD

Mailing Address 2405 Atherholt Rd

City

Lynchburg

State

VA

Zip Code

24501-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Virginia Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : A90A644F83BC94981B76

Amount of Each Receipt this Period

750.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bruce P Klein MD

Mailing Address 229 Parrish St Suite 100

City

Canandaigua

State

NY

Zip Code

14424-1791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Canandaigua Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A9F847A3A278B45C0B16

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott A Langford MD

Mailing Address 120 NE St Luke's Blvd Ste 200

City

Lees Summit

State

MO

Zip Code

64086-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockhill Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2012

Transaction ID : AE53731CF4100450ABD3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. J Wesley Mesko MD

Mailing Address 2815 S Pennsylvania Ave Ste 204

City

Lansing

State

MI

Zip Code

48910-3496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A7B5CDA7BE7FC41EDB74

Amount of Each Receipt this Period

400.00

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

1150.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Christopher M Miller MD

Mailing Address 5059 S Greenbriar Ave

City
Springfield

State
MO

Zip Code
65804-7758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Specialists of Springfield

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A74A7C83DDE0044AB988

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gary W Misamore MD

Mailing Address 201 Pennsylvania Pkwy
Ste 100

City
Indianapolis

State
IN

Zip Code
46280-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Sports Medicine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A2B10E3411F9E464CBCC

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Jose Manuel Montanez-Huertas MD

Mailing Address Villa Torrimar Reina Isabel 410

City
Guaynabo

State
PR

Zip Code
00969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2012

Transaction ID : ACDDAC83E6C4B42F7A27

Amount of Each Receipt this Period

400.00

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

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

1600.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hector M Pedraza MD

Mailing Address 101 Teal Pointe Dr

City State Zip Code
Pikeville NC 27863-8857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Goldsboro Orthopaedic Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2012

Transaction ID : ACAEEE6A4D16C4DB9BF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Pasquale Petrera MD

Mailing Address 1675 Woodbrooke Dr

City State Zip Code
Salisbury MD 21804-8502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 10 / 2012

Transaction ID : AC653D880B8664A1592D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James W Scott MD

Mailing Address PO Box 7630

City State Zip Code
Tifton GA 31793-7630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A6293A5FE4D274ECA871

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 107 OF 298
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David R Simpson MD

Mailing Address 819 Eastview Ave

City

Delray Beach

State

FL

Zip Code

33483-5968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ctr for Bone & Joint Surg of the Palm

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : AF7098BA150BA4AE3976

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory W Soghikian MD

Mailing Address 700 Lake Ave Ste 1

City

Manchester

State

NH

Zip Code

03103-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

NH Orthopaedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A207130EB862A44BBA84

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Charles A Sommer MD

Mailing Address 94 South St

City

Southbridge

State

MA

Zip Code

01550-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrington Physician Services

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A889AA68DB7364AB2A2D

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Susan E Stephens MD

Mailing Address 1776 Chartley

City State Zip Code
 Gates Mills OH 44040-9725

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Institute for Spine, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 10 / 2012

Transaction ID : AA1F8A1F1809943D6A25

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Richard J Sternberg MD

Mailing Address 2 Westridge Rd

City State Zip Code
 Cooperstown NY 13326-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bassett Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A8C10D04911714FC88DB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jonathan B Ticker MD

Mailing Address 1728 Sunrise Hwy

City State Zip Code
 Merrick NY 11566-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Island Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : A1F87D98B77974DA9B87

Amount of Each Receipt this Period

250.00

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

550.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Blum MD

Mailing Address 301 NW 84th Ave Ste 303

City

State

Zip Code

Plantation

FL

33324-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A7B06A110268F4BB0A11

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey R Cusmaru MD

Mailing Address 833 Saint Vincents Dr Suite 403

City

State

Zip Code

Birmingham

AL

35205-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OrthoSports Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : AC3A39BE1635F4CFDA6A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven Eager MD

Mailing Address 2488 N California St

City

State

Zip Code

Stockton

CA

95204-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Alpine Orthopedic Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A392B2E3961884DB8A93

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Anthony Louis Finuoli DO

Mailing Address 23 Legends Cir

City

Melville

State

NY

Zip Code

11747-5301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : ADE230253D05B46C3934

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David A Fisher MD

Mailing Address 8450 Northwest Blvd

City

Indianapolis

State

IN

Zip Code

46278-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedics Indianapolis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

Transaction ID : AD47F348BEC404786BFF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jonathan R Fox MD

Mailing Address 5929 E Via del Cielo

City

Paradise Valley

State

AZ

Zip Code

85253-8107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A802F62E7D32D4EB1B03

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

Use separate schedule(s)
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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

Mailing Address Inter-Community Prof Plaza
315 N 3rd Ave Ste 302

City State Zip Code
Covina CA 91723-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A54B396FCF5ED44779CA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas David Greider MD

Mailing Address 6624 Fannin St Ste 2600

City State Zip Code
Houston TX 77030-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A3A39A29E87924A088EB

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mark S Humphrey MD

Mailing Address 18190 Berryhill Dr

City State Zip Code
Stilwell KS 66085-9433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Overland Park Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A2726F3A167484C9FB25

Amount of Each Receipt this Period

750.00

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

1300.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Shannon McClure Kelly MD

Mailing Address 111 Michigan Ave NW

City
Washington

State Zip Code
DC 20010-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's National Medical Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A033ADC1759814DDC8D0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas C Kennedy MD

Mailing Address 1211 N 16th Ave

City
Yakima

State Zip Code
WA 98902-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedics Northwest

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A3C31C26E72254CD0999

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Norman B Livermore III, MD

Mailing Address 120 La Casa Via Ste 206

City
Walnut Creek

State Zip Code
CA 94598-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A349382CE6E2745729ED

Amount of Each Receipt this Period

500.00

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

2500.00

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark P Madden MD

Mailing Address Commonwealth Orthopaedics
1850 Town Center Pkwy Ste 400

City Reston State VA Zip Code 20190-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

Transaction ID : AC276B5997EFD40D8B6C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Douglas J McDonald MD

Mailing Address Ste 11300 West Pavillion
One Barnes-Jewish Hosp Plaza

City Saint Louis State MO Zip Code 63110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Univ St Louis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

Transaction ID : AFC7FA0AC4C9F428E9BC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark R McGinnis MD

Mailing Address 214 18th St SE

City Hickory State NC Zip Code 28602-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hickory Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A22DFAD91ED6344F5BBF

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Murali Moorthy MD

Mailing Address 2405 Shadelands Dr Ste 210

City State Zip Code
 Walnut Creek CA 94598-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muir Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A32FD5F82384A4455871

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John J Regan MD

Mailing Address 8750 Wilshire Blvd #350

City State Zip Code
 Beverly Hills CA 90211-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

Transaction ID : ACE77BF14D96244E7BFE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel A Worrel MD

Mailing Address 9301 N Central Expy Ste 400

City State Zip Code
 Dallas TX 75231-0805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carrell Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : A05A23B91B7034F73831

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James K Baker MD

Mailing Address 727 Belvin St

City

San Marcos

State

TX

Zip Code

78666-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lone Star Orthopedics, P.A.

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 23 / 2012

Transaction ID : A5063F5A7A7EB4BD7A3F

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Arthur F Lee MD

Mailing Address 5270 Drake Rd

City

Cincinnati

State

OH

Zip Code

45243-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellington Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 25 / 2012

Transaction ID : A33114EC645BA45A7B72

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew H Schmidt MD

Mailing Address 701 Park Ave

Mailcode G2

City

Minneapolis

State

MN

Zip Code

55415-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hennepin Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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 (optional)..... ►

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

1050.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William E Wessels Jr, MD

Mailing Address 5200 Hummingbird Rd Ste 100

City State Zip Code
Wausau WI 54401-6316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 25 / 2012

Transaction ID : A5AF692815E7C423598F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark A Wolgin MD

Mailing Address Orthopaedic Associates
619 Pointe North Blvd

City State Zip Code
Albany GA 31721-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 25 / 2012

Transaction ID : A731CFEE9FA3243C5A37

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles D Hummer III, MD

Mailing Address 1 Med Ctr Blvd Suite 324

City State Zip Code
Chester PA 19013-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 28 / 2012

Transaction ID : A94AF1854EF814BE5BA8

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Allen F Anderson MD

Mailing Address 4230 Harding Rd Ste 1000
 St Thomas Medical Bldg

City Nashville State TN Zip Code 37205-2098

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : AF4B3549E2374457D9D0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith M Baumgarten MD

Mailing Address 810 E 23rd St Ste 5000

City Sioux Falls State SD Zip Code 57105-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Institute of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 29 / 2012

Transaction ID : A595EE147737B409B808

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Allen A Deutsch MD

Mailing Address 4516 Oleander St

City Bellaire State TX Zip Code 77401-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelsey Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2012

Transaction ID : A3CA01426053A45BB817

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gavan Patrick Duffy MD

Mailing Address Heekin Orthopaedics
2627 Riverside Ave

City State Zip Code
Jacksonville FL 32204-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heekin Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : A624DA476A89943DCB29

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William C MacCarty III, MD

Mailing Address 422 Hamilton Blvd

City State Zip Code
South Boston VA 24592-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Virginia Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : AF42AA3AAFE4244928F3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Anthony J Adrignolo III, MD

Mailing Address 24965 Rivermere Dr

City State Zip Code
Eden MD 21822-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penninsula Orthopaedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A271F3092D66F493198A

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Joseph Assenmacher MD

Mailing Address 7024 White Tail Ct

City

Toledo

State

OH

Zip Code

43617-1391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promedica Physician Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A72AF629AFF574001928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dirk A Bakker MD

Mailing Address 1445 Sheldon Rd Ste G1

City

Grand Haven

State

MI

Zip Code

49417-2479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A54541E8CA57E4945BFF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frank L Barnes MD

Mailing Address 3117 Avalon Pl

City

Houston

State

TX

Zip Code

77019-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 30 / 2012

Transaction ID : AD8E0611343F24E98900

Amount of Each Receipt this Period

200.00

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

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

950.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard J Barry MD

Mailing Address 3906 Solar Hills Dr

City

Vacaville

State

CA

Zip Code

95688-9754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Solano County

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : ACAD5ED3B869C4E3E93C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carl E Becker MD

Mailing Address Westphal Group

2150 Harrisburg Pike #200

City

Lancaster

State

PA

Zip Code

17601-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westphal Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : AB49507CD88F441C9BF0

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Michael J Bercik MD

Mailing Address 711 Westminster Ave

City

Elizabeth

State

NJ

Zip Code

07208-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A269B3125692D42C98AB

Amount of Each Receipt this Period

500.00

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

2750.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Scott Berkenblit MD, PhD

Mailing Address 4313 Roland Springs Dr

City

Baltimore

State

MD

Zip Code

21210-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A4B819839DA1E42C28F3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jacob M Buchowski MD, MS

Mailing Address Dept of Orthopaedic Surgery

660 S Euclid Ave Campus Box 8233

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Univ St Louis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A02F6897A174444FEAA5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kathryn A Caulfield MD

Mailing Address 2391 Court Dr Ste 120

City

Gastonia

State

NC

Zip Code

28054-2197

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 30 / 2012

Transaction ID : AC2EA2B3BE46C4664B4D

Amount of Each Receipt this Period

300.00

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

800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Cary B Chapman MD

Mailing Address 1534 Victory Blvd

City

Staten Island

State

NY

Zip Code

10314-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

Transaction ID : A3D1E157EA7464C91825

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Christian P Christensen MD

Mailing Address 700 Bob-O-Link Dr

City

Lexington

State

KY

Zip Code

40504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

Transaction ID : AAE8EF21EE4374B6485B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kenneth J Edwards MD

Mailing Address 183 Peace Blvd

City

Saint Joseph

State

MI

Zip Code

49085-9146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Michigan Ctr for Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

Transaction ID : A37D10E4D1E4B4B9BB09

Amount of Each Receipt this Period

100.00

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

1250.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas L Erickson MD

Mailing Address 1780 E Florence Blvd Ste 106

City State Zip Code
Casa Grande AZ 85222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sierra Orthopaedics PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A86C2985F1A724BB2A3F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Devon D Goetz MD

Mailing Address 6001 Westown Pky

City State Zip Code
West Des Moines IA 50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Des Moines Ortho Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : AA59ECABA49E04B6DB28

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel William Green MD

Mailing Address 535 E 70th St

City State Zip Code
New York NY 10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A5FA668F2F61E4360ACF

Amount of Each Receipt this Period

167.00

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

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

1417.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas J Grogan MD

Mailing Address 2001 Santa Monica Blvd Ste 1160W

City State Zip Code
 Santa Monica CA 90404-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : A1FC987787522466AB59

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carlos Guanche MD

Mailing Address 24959 John Fremont Road

City State Zip Code
 Hidden Hills CA 91302-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : A10B8B8A0D52548C08E2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew P Gutow MD

Mailing Address 741 Westminster Ln

City State Zip Code
 Los Altos CA 94022-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Palo Alto Medical Foundation Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : A4D3C8CD817B74F1A8E9

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David A Halsey MD

Mailing Address 192 Tilley Drive

City

South Burlington

State

VT

Zip Code

05403-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Vermont Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 30 / 2012

Transaction ID : AF0BA23363D8B49F18AC

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert N Hensinger MD

Mailing Address Spc 5201

1500 E Medical Center Dr

City

Ann Arbor

State

MI

Zip Code

48109-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Michigan Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A051ABA1E344B4A09A3F

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Gregory Lane Hummel MD

Mailing Address 15900 Ess Rd

City

Kansas City

State

MO

Zip Code

64136-1259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A6DCFEDA9D0C841FC881

Amount of Each Receipt this Period

1000.00

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

1250.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Leonard J Kibiloski MD

Mailing Address 2310 California Rd

City
Elkhart

State
IN

Zip Code
46514-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A82624AC52ED24984ADF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen L Knecht MD

Mailing Address 1485 N Turquoise Dr Ste 200

City
Flagstaff

State
AZ

Zip Code
86001-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Arizona Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 30 / 2012

Transaction ID : ACEFF11FA5B864238B1A

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

c. Warren Jay Krompinger MD

Mailing Address 85 Seymour St

City
Hartford

State
CT

Zip Code
06106-5501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates, LLC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A5291DBE22BCF416D8F3

Amount of Each Receipt this Period

1000.00

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

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

3500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory Price Lee MD

Mailing Address 226 Albermarle Pl

City	State	Zip Code
Macon	GA	31204-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Georgia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

Transaction ID : A68D95DB76CE7452086F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Isador H Lieberman MD, MBA

Mailing Address 6020 W Parker Rd Ste 200

City	State	Zip Code
Plano	TX	75093-8172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Back Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

Transaction ID : AD348958193A9490D8BC

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Peter J Mandell MD

Mailing Address 1663 Rollins Rd

City	State	Zip Code
Burlingame	CA	94010-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

Transaction ID : AD41C6C99754947B88FC

Amount of Each Receipt this Period

5000.00

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

5875.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ryan C Meis MD

Mailing Address c/o CNOS

575 Sioux Point Rd

City

North Sioux City

State

SD

Zip Code

57049-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A4CE9F1B73DE9441789E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael David Miller MD

Mailing Address 1555 E. River Rd

City

Tucson

State

AZ

Zip Code

85718-5831

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2012

Transaction ID : ABF0B8FCBC84942D0924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David R Morawski MD

Mailing Address 2525 Kaneville Rd

City

Geneva

State

IL

Zip Code

60134-2578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fox Valley Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A1A8DBE2489E54C3B8DD

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Murray Allan Morrison MD

Mailing Address 110 Stillson Rd

City State Zip Code
Fairfield CT 06825-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Surgery Group, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A201BF938E2A2467F8B4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard A Morvant Jr, MD

Mailing Address 806 Bayou Ln

City State Zip Code
Thibodaux LA 70301-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : AF741BD959B7749748F2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lynn M Nelson MD

Mailing Address Des Moines Ortho Surgeons
6001 Westtown Pkway

City State Zip Code
West Des Moines IA 50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Des Moines Ortho Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A871F2894F4DA402D854

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gerald J Ortiz MD

Mailing Address 5010 State Hwy 30 Ste 205

City State Zip Code
 Amsterdam NY 12010-7532

FEC ID number of contributing federal political committee.

C

Name of Employer

Mohawk Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : A8BEAB29420784B6CA37

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott Edward Porter MDMailing Address Dept of Ortho, Acad Serv
701 Grove Rd 2nd Fl Suprt Twr

City State Zip Code
 Greenville SC 29605-5601

FEC ID number of contributing federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : A699DD11385A94FF8A97

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. William J Robb III, MDMailing Address Walgreen Bldg, Dept of Ortho
2650 Ridge Ave Ste 2505

City State Zip Code
 Evanston IL 60201-1718

FEC ID number of contributing federal political committee.

C

Name of Employer

Illinois Bone & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : AD0873AB1A6C54FEB867

Amount of Each Receipt this Period

1000.00

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

1335.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Marc J Rosen MD

Mailing Address 5605 W Eugie Ste 111

City State Zip Code
 Glendale AZ 85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Surgeons Network of North

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : A807FE4621FAC4FFDAF2

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Garth S Russell MD

Mailing Address 5344 Woodland Lakes Dr Apt 325

City State Zip Code
 Palm Beach Gardens FL 33418-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : AED1BC46EC6F14A2F9B8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Babak Sheikh MD

Mailing Address 2532 Hunters Run Way

City State Zip Code
 Weston FL 33327-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : A0816D67689E14DCDA3C

Amount of Each Receipt this Period

750.00

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

1350.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Harris N Silver MD

Mailing Address 79 Superior Rd

City
Rochester

State
NY

Zip Code
14625-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeside Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A4A7B03E3EA6744AAB7E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark A Sprague MD

Mailing Address 24 Park St

City
Pittsfield

State
MA

Zip Code
01201-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : AD4CAE275F0164141942

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott P Steinmann MD

Mailing Address 200 First St SW

City
Rochester

State
MN

Zip Code
55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A3ACCCD827A11407CBF1

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nathaniel J Stewart MD

Mailing Address 2480 Fieldstone

City

Eau Claire

State

WI

Zip Code

54701-7869

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chippewa Valley Orthopedic and Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : A30CB26BB11B5423A904

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Edward F W Swan MD

Mailing Address 257 Harmony Ln

City

Titusville

State

FL

Zip Code

32780-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : AC5EFFD1F9FBE45A9AED

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David B Thordarson MD

Mailing Address 1520 San Pablo St Ste 2000

City

Los Angeles

State

CA

Zip Code

90033-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer

USC Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : AB3FF3580401D497CAAC

Amount of Each Receipt this Period

250.00

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

850.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John R Tongue MD

Mailing Address 6485 SW Borland Rd
Ste A

City Tualatin State OR Zip Code 97062-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 30 / 2012

Transaction ID : ABD16D0F36D764594A76

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Gordon Veith MD

Mailing Address 4011 Talbot Rd S Ste 300

City Renton State WA Zip Code 98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Proliance Surgeons

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : A69037C6F23274558BC9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James John Verner MD

Mailing Address 23075 Nottingham

City Beverly Hills State MI Zip Code 48025-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : AFD86C27A53144572B11

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael B Vessely MD

Mailing Address 522 Second St

City

Lake Oswego

State

OR

Zip Code

97034-3129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willamette Valley Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : ADD5280FA06F141C3892

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Edward Akelman MD

Mailing Address 2 Dudley St Suite 200

City

Providence

State

RI

Zip Code

02905-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : AF88F510B5B73408BBA1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Miguel Pablo Prietto MD

Mailing Address 280 S Main Ste 200

City

Orange

State

CA

Zip Code

92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : A660C0D4824344EBFA3A

Amount of Each Receipt this Period

500.00

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

2000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Todd J Albert MD

Mailing Address 925 Chestnut St 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : ABBD8E9F395804184A8A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David E Attarian MD

Mailing Address Duke Medical Plaza- Page Rd

4709 Creekstone Drive, Suite 200

City

Durham

State

NC

Zip Code

27703-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A6EF683B5DCF0439BAAD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher B Bookout MD

Mailing Address 522 Fairpoint Dr

City

Gulf Breeze

State

FL

Zip Code

32561-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Rosa Orthopaedic Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A9F3EA12B934544BAAEB

Amount of Each Receipt this Period

250.00

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

1500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bruce R Buhr MD

Mailing Address 1947 Founders Circle

City

Wichita

State

KS

Zip Code

67206-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Via Christi Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A803FD40065204B198F6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven E Casey MD

Mailing Address 711 Lawn Ave
Prof Ctr Bldg 3

City

Sellersville

State

PA

Zip Code

18960-1575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upper Buck Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AAB3A0B2578B9432FA20

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank A Cordasco MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A069C825C5A6E4B71BEB

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen W Dailey MD

Mailing Address 2740 Allen Glen Dr

City

Mechanicsburg

State

PA

Zip Code

17055-5995

FEC ID number of contributing
federal political committee.

C

Name of Employer

OIP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A386B8819486C4103A82

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas C Degenhardt MD

Mailing Address 1405 Montgomery Dr Suite A

City

Santa Rosa

State

CA

Zip Code

95405-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Rosa Orthopedic Medical

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A0E62672BADD6439B886

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Timothy Burt Dixon MD

Mailing Address 6567 E Carondelet Dr Ste 415

City

Tucson

State

AZ

Zip Code

85710-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Community Surgeons

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AB28C78589FCB4410BA0

Amount of Each Receipt this Period

500.00

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

2500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Harry Anderson Dollahite MD

Mailing Address 1401 Eighth Ave

City

Fort Worth

State

TX

Zip Code

76104-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A6C250A42FDD14C4892C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Craig A Dopf MD

Mailing Address 1 S. Park St 1st Fl

City

Madison

State

WI

Zip Code

53715-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A92064FA1C3A94027A9C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Vernon Sims Esplin MD

Mailing Address 560 Memorial Dr

City

Pocatello

State

ID

Zip Code

83201-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A57659415D96D4F969FC

Amount of Each Receipt this Period

500.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Chris P Ethridge MD

Mailing Address 709 Welford Ct

City

Madison

State

MS

Zip Code

39110-7583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Sports Med & Ortho Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : A5D372D805F244E8E87B

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Abdul Foad MD

Mailing Address 19152 247th Ave

City

Bettendorf

State

IA

Zip Code

52722-5790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : ADB8A6A0FC0514FFBDB5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Douglas Bentley Freedberg MD

Mailing Address 6818 E Valley Vista Ln

City

Paradise Valley

State

AZ

Zip Code

85253-5349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona State Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : AA730B7C8443140DBB1B

Amount of Each Receipt this Period

375.00

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

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

2875.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Howard I Freedberg MD

Mailing Address 1110 W Schick Rd

City

Bartlett

State

IL

Zip Code

60103-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suburban Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A132D19EB9AA04780B50

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. William D Fritz MD

Mailing Address 207 Foote Ave

City

Jamestown

State

NY

Zip Code

14701-7077

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCA Hospital Jamestown

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A8A324735BD6147609E3

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Stuart Alexander Gardner MD

Mailing Address 686 Deercroft Dr

City

Blacksburg

State

VA

Zip Code

24060-0267

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AC142A1BACAA94414A1C

Amount of Each Receipt this Period

500.00

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

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

1475.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jonathan P Garino MD

Mailing Address 835 Stoke Rd

City

Villanova

State

PA

Zip Code

19085-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Ortho Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A483B6F9C88164EE5A32

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Benjamin James Hackett MD

Mailing Address 5200 Hummingbird Rd Suite 100

City

Wausau

State

WI

Zip Code

54401-6316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bone & Joint Clinic S.C.

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AA1E68F952F2A41E3B95

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas John Haverbush MD

Mailing Address 315 E Warwick Rd Ste A

City

Alma

State

MI

Zip Code

48801-1083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

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)..... ►

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

2188.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. R Bruce Heppenstall MD

Mailing Address St James Place Apt 4003

200 West Washington Square

City

Philadelphia

State

PA

Zip Code

19106-3576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of PA School of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A2E6384C65159442E92B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dolf R Ichtertz MD

Mailing Address 1803 W Charles St

City

Grand Island

State

NE

Zip Code

68803-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Hand & Shoulder Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A1CA7DF957F9448258EF

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kenneth K Ishizue MD

Mailing Address 12705 Corte Cordillera

City

Salinas

State

CA

Zip Code

93908-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

438.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A8389001F5616489BAC7

Amount of Each Receipt this Period

188.00

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

3688.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kyle James Jeray MD

Mailing Address Department of Orthopaedic Surgery
701 Grove Road, 2nd Floor Support

City State Zip Code
Greenville SC 29605-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : A267850E7E06148BFB03

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James A Keeney MD

Mailing Address 660 S Euclid Ave
Campus Box 8233

City State Zip Code
Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : A6C55A755E6974401890

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Drew E Kiernan MD

Mailing Address 2405 Atherholt Rd

City State Zip Code
Lynchburg VA 24501-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Virginia Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : AC09B63E2A5424A11AD5

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ronald M Kristensen MD

Mailing Address 1735 N Claremont Dr

City

Boise

State

ID

Zip Code

83702-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Lukes Regional Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AF5F947A7684C4AAABC5

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. George E Lewinnek MD

Mailing Address 6 Trillium Ct

City

Lunenburg

State

MA

Zip Code

01462-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A5930155544544570A48

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David A Lewis MD

Mailing Address 12462 Putnam St Ste 402

City

Whittier

State

CA

Zip Code

90602-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bright Health Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A916A75D5083C4272905

Amount of Each Receipt this Period

188.00

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

588.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Adolph V Lombardi Jr, MD

Mailing Address 7277 Smith's Mill Rd Suite 200
Ste 200

City State Zip Code
New Albany OH 43054-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Joint Implant Surgeons, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A93FEC5D0952949F8A27

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Craig Robert Mahoney MD

Mailing Address 2004 S 40th Ct

City State Zip Code
West Des Moines IA 50265-5764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Ortho Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

06 / 04 / 2012

Transaction ID : ACCEC498A3A9E45C9950

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Christopher Mahr MD

Mailing Address 7447 W Talcott Ave Ste 500

City State Zip Code
Chicago IL 60631-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A8786CE7B62F84D9F968

Amount of Each Receipt this Period

250.00

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

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

1625.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ellen C Maitin MD

Mailing Address 7500 Central Ave Ste 108

City

Philadelphia

State

PA

Zip Code

19111-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSRA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : AAE5FA74718D642118DC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John W McClellan III, MD

Mailing Address 13616 California St
Ste 100

City

Omaha

State

NE

Zip Code

68154-5336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : A12C9872590174F4DA87

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. John J McGraw MD

Mailing Address The Knoxville Ortho Clinic
120 Hospital Dr Ste 120

City

Jefferson City

State

TN

Zip Code

37760-5285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Knoxville Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : A21C66111FC2A4E94A39

Amount of Each Receipt this Period

1000.00

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

3250.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey Meisles MD

Mailing Address 360 W Butterfield Rd Ste 160

City

Elmhurst

State

IL

Zip Code

60126-5099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A2042844C19BF4BFDA67

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gregory A Mencia MD

Mailing Address 2200 Children's Way
Ste 4202 DOT

City

Nashville

State

TN

Zip Code

37232-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AAE8DD3E1F7E74329AA5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Shana N Miskovsky MD

Mailing Address 18300 Shaker Blvd

City

Cleveland

State

OH

Zip Code

44120-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A330A299E498F4F8699D

Amount of Each Receipt this Period

250.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ralph W Morales DO

Mailing Address 189 Merion

City

Saint Simons Island

State

GA

Zip Code

31522-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AD337843D2AD341D58EF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick M Morse MD

Mailing Address 1300 Lands End

City

West Branch

State

MI

Zip Code

48661-8764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A698535907BD24E5F9F4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Claiborne Lake Moseley MD

Mailing Address 1007 E Matthews

City

Jonesboro

State

AR

Zip Code

72401-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A030868D28B61445C961

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey B Neustadt MD

Mailing Address 625 6th Ave South
Suite 450

City State Zip Code
Saint Petersburg FL 33701-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Ortho & Scoliosis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A67FE5F0D54BC401DB54

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David E Nonweiler MD

Mailing Address William Medical Bldg
6585 S Yale Ste 200

City State Zip Code
Tulsa OK 74136-8315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central States Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A75372A74DB06482DB64

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Albert Nunley II, MD

Mailing Address Box 2923
Orthopaedic Department

City State Zip Code
Durham NC 27715-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AB6937B9149494FD59A8

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kenneth M Oates MD

Mailing Address 3516 W 3rd St

City

Anacortes

State

WA

Zip Code

98221-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A5B3BEFA2644D4622B76

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mary I O'Connor MD

Mailing Address 4500 San Pablo Rd

City

Jacksonville

State

FL

Zip Code

32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Jacksonville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A033DB2075ADB4E74B52

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard Fairfax Pell IV, MD

Mailing Address 13510 SW 73rd Ct

City

Miami

State

FL

Zip Code

33156-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Florida Int'l Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AEA47FFF8C6BE4F47BB5

Amount of Each Receipt this Period

188.00

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

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

1438.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard N. Peterson JD

Mailing Address 6300 N. River Rd

City

Rosemont

State

IL

Zip Code

60018-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Orthopaedic Surg

Occupation

General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : AD98D1C8804B840698FA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher S Proctor MD

Mailing Address 511 Bath St

City

Santa Barbara

State

CA

Zip Code

93101-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alta Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : AD9161556ABE84D56986

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Peter C Rink DO

Mailing Address 2300 53rd Ave Ste 100

City

Bettendorf

State

IA

Zip Code

52722-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Surgery Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : A22D938BFF6CF495F87F

Amount of Each Receipt this Period

250.00

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

875.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard Mills Roberts MD

Mailing Address 2120 N MacArthur Blvd Ste 100

City Irving State TX Zip Code 75061-2260

FEC ID number of contributing federal political committee.

C

Name of Employer

IOSM

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AF258930252FC446B8EC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Craig S Roberts MD, MBA

Mailing Address 550 S. Jackson St
1st Floor

City Louisville State KY Zip Code 40202-1622

FEC ID number of contributing federal political committee.

C

Name of Employer

Univ of Louisville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A3E449595291B4AFDA35

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael W Roberts MD

Mailing Address 1367 NC 108 Hwy

City Rutherfordton State NC Zip Code 28139-7325

FEC ID number of contributing federal political committee.

C

Name of Employer

Rutherford Regional Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AC8C4BF42C3224DB986A

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Craig William Roodbeen MD

Mailing Address 1350 Kirts Blvd Ste 160

City State Zip Code
Troy MI 48084-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : A4113822F29BD43EE9C9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Aron D Rovner MD

Mailing Address 60 Riverside Blvd
Apt. 701

City State Zip Code
New York NY 10069-0209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : A35017F064AE04CE8803

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

c. Alan Joseph Sarokhan MD

Mailing Address 10 Mountain Blvd

City State Zip Code
Warren NJ 07059-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopaedic Surgical Associate

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : A37DD7A7F9CBF4764AAC

Amount of Each Receipt this Period

500.00

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

975.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Scott P Schemmel MD

Mailing Address 1160 Pamela Ct

City

Dubuque

State

IA

Zip Code

52003-8728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Associates Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A8862BBC298C948EDB54

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kevin G Shea MD

Mailing Address 600 N Robbins Rd Ste 401

City

Boise

State

ID

Zip Code

83702-4566

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Lukes Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A5F61164658D34FF996E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Garth Robert Smith MD

Mailing Address 875 Mallard Circle

City

Arnold

State

MD

Zip Code

21012-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anne Arundel Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AFC84541AAAB34CB48CC

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Peter J Stern MD

Mailing Address 231 Albert Sabin Way
Msb-5508

City State Zip Code
Cincinnati OH 45267-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Cincinnati College of Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AED24790B19034282827

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sean David Toomey MD

Mailing Address 601 Broadway Ste 600

City State Zip Code
Seattle WA 98122-5330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AAD95D8514B274460A8E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven Tradonsky MD

Mailing Address 7485 Mission Valley Rd #104

City State Zip Code
San Diego CA 92108-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A1EB9753C78C74BAF8C3

Amount of Each Receipt this Period

188.00

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

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

688.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Arthur L Valadie III, MD

Mailing Address 526 56th St

City

Holmes Beach

State

FL

Zip Code

34217-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	2

Transaction ID : A9FC70C2AA0C248AF938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert N Walker MD

Mailing Address 1873 E Parkhurst Ct

City

Eagle

State

ID

Zip Code

83616-6803

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Lukes Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	2

Transaction ID : A0EB9B58EB5D841E2835

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William F Webb MD

Mailing Address 7925 Youree Dr. Ste 220

City

Shreveport

State

LA

Zip Code

71105-5134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	2

Transaction ID : A3B0CD8A5724749F5B81

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard B Welch MD

Mailing Address PO Box 2190

City State Zip Code
 Napa CA 94558-0508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2012

Transaction ID : ADDF6A3564B504DF0A9E

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. S Dale Yakish MD

Mailing Address 1030 Beaner Hollow Rd

City State Zip Code
 Beaver PA 15009-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Association of Specialty Physicians

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 04 / 2012

Transaction ID : AF13A535BF5D04D25961

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Stephen John Augustine DO

Mailing Address 4498 Coquina Dr

City State Zip Code
 Jacksonville Beach FL 32250-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Jacksonville Ortho Institute

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A6F8510A1DA4C465A9E4

Amount of Each Receipt this Period

250.00

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

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

1400.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Traci G Barthel MD

Mailing Address 3130 110th Ave SE

City State Zip Code
Bellevue WA 98004-7504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : ACC4FC221FE2E47A8819

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffery P Beckenbaugh DO

Mailing Address 4121 8th St SW

City State Zip Code
Rochester MN 55902-8751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olmsted Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AD69231E51E3D4EBAA74

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kevin P Black MD

Mailing Address 30 Hope Dr
PO Box 859, EC-089

City State Zip Code
Hershey PA 17033-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Hershey Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A5891A99FE99F4351A80

Amount of Each Receipt this Period

1000.00

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

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

1600.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Craig D Brigham MD

Mailing Address 2001 Randolph Rd

City

Charlotte

State

NC

Zip Code

28207-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AE7677A01B3824F088AA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Bugbee MD

Mailing Address 10666 North Torrey Pines Rd

City

La Jolla

State

CA

Zip Code

92037-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scripps Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : ADD50FBB9C3DB427388C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Gerard Cimino MD

Mailing Address 1830 Merwins Ln

City

Fairfield

State

CT

Zip Code

06824-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beach Road Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A3201BD8482A443C79C3

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Patrick E Clare MD

Mailing Address 575 S 70th St Ste 200

City

Lincoln

State

NE

Zip Code

68510-2471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Orthopaedic & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A578CCFC08BFE4805BBC

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Wayne Anthony Colizza MD

Mailing Address 160 Hanover Ave
PO Box 1446

City

Morristown

State

NJ

Zip Code

07962-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AD73C6D5CBCC7495792B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles Cannon Edwards II, MD

Mailing Address 308 N Wind Rd

City

Towson

State

MD

Zip Code

21204-6728

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Maryland Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : ABF1EC41887134DBE9BC

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John P K Featheringill MD

Mailing Address 801 Princeton Ave Ste 710

City

Birmingham

State

AL

Zip Code

35211-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Specialists of Alabama

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A2DF54632E862468FA6C

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Robert Thomas Fisher MD

Mailing Address 52 Thomas Johnson Dr

City

Frederick

State

MD

Zip Code

21702-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Specialists of Frederick

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A9B946C2FD18D4C96B2F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John C Gordon MD

Mailing Address 1232 Race Rd. #102

City

Rosedale

State

MD

Zip Code

21237-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A60D754F2F09A4F4BB2D

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William L Green MD

Mailing Address 3838 California St Ste 715

City State Zip Code
 San Francisco CA 94118-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CPOSM

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
 06 / 05 / 2012

Transaction ID : A3311E1CE55D84EEDA42

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Elliot L Gross MD

Mailing Address 3831 Hughes Ave Ste 509

City State Zip Code
 Culver City CA 90232-6861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 06 / 05 / 2012

Transaction ID : AEB33B0450F1047E4A3C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Warren Grossman MD

Mailing Address 10662 Zurich St

City State Zip Code
 Hollywood FL 33026-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ortho Assoc of South Broward

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
 06 / 05 / 2012

Transaction ID : A88E60BE83BF54C86A98

Amount of Each Receipt this Period

200.00

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

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

825.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nicholas P Grosso MD

Mailing Address 10113 Lakeside Ct

City State Zip Code
 Ellicott City MD 21042-6340

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Orthopaedic Associates of Central MD

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A8B9DFD01425C453A9AA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ronald G Hayter MD

Mailing Address 1660 Gulf to Bay Blvd

City State Zip Code
 Clearwater FL 33755-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Florida Knee & Ortho Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A5BB2250FD25348E0BFF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Cameron B Huckell MD

Mailing Address 700 Michigan Ave

City State Zip Code
 Buffalo NY 14203-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pinnacle Orthopedics

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AAB3AFA694E49429B828

Amount of Each Receipt this Period

750.00

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

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

1750.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. D Marshall Jemison MD

Mailing Address 979 E 3rd St Ste 920

City

Chattanooga

State

TN

Zip Code

37403-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plastic Surgery Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AE39B2824B02C40428C8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William J Krywicki MD

Mailing Address 1000 E Mountain Dr

City

Wilkes Barre

State

PA

Zip Code

18711-0027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A641367F078A8439CA46

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Neal J Labana MD

Mailing Address 19801 Governors Hwy, Ste 160

City

Flossmoor

State

IL

Zip Code

60422-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Ortho & Hand Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A6BF576B57D694159AB4

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Elly Susannah LaRoque MD

Mailing Address 154 Stanyan St

City

San Francisco

State

CA

Zip Code

94118-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Post St Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AF3C3D03493DC482A8F7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kent Jason Lowry MD

Mailing Address 444 E Timber Dr

City

Rhineland

State

WI

Zip Code

54501-2852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northland Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AABDA1740D4324EA59F5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas D Magill MD

Mailing Address 3082 W Shorewood Dr

City

La Porte

State

IN

Zip Code

46350-7517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University La Porte Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AEFF34AC3F55B4A50A50

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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(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 the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Anthony R Marino MD

Mailing Address 12 Misty Ln

City

Londonderry

State

NH

Zip Code

03053-2675

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A87664B8D7CC14087BD7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William C McMaster MD

Mailing Address 1310 W Stewart Dr
Ste 508

City

Orange

State

CA

Zip Code

92868-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A78721D730DE14C2799E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott A McPherson MD

Mailing Address 7044 Cahill Rd

City

Minneapolis

State

MN

Zip Code

55439-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Nicollet Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A984C98663E4D4F62A40

Amount of Each Receipt this Period

300.00

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

1050.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William L Mills MD

Mailing Address 2376 Cypress Circle Ste 300

City State Zip Code
 Conway SC 29526-8995

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AFB94583532C7462B9E2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey K Moore MD

Mailing Address 4251-B Arendell Street

City State Zip Code
 Morehead City NC 28557-2871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AB5D2E8FECB8145EA8CF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roland Y Nakata MD

Mailing Address 815 S Fairmont Ave

City State Zip Code
 Lodi CA 95240-5116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A1807BE387A6841C38C9

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 169 OF 298
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☒ 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 Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Terrence M O'Donovan MD

Mailing Address 615 Maid Marion Hill

City

Annapolis

State

MD

Zip Code

21405-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A6C844417E31F44E2A13

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark K Perezous MD

Mailing Address 231 Granite Run Dr Ste 100

City

Lancaster

State

PA

Zip Code

17601-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A303CE0B7FA4A428D979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy P Schweitzer MD

Mailing Address 10287 SW Taylor St

City

Portland

State

OR

Zip Code

97225-7058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Permanente, PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

538.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AC54C510AB59B4FE7BEF

Amount of Each Receipt this Period

188.00

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

938.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Enzo J Sella MD

Mailing Address 2408 Whitney Ave

City State Zip Code
Hamden CT 06518-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2012

Transaction ID : ADC1859C659024ACC9FD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul L Tesar MD

Mailing Address PO Box 929

City State Zip Code
Saint Helens OR 97051-0929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A300C6D993BB940A592E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew J Vicar MD

Mailing Address 1801 N Senate Blvd

City State Zip Code
Indianapolis IN 46202-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Indy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : AB7166EDB26FD4DFCB4A

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Norman Eugene Walter MD

Mailing Address 4466 W Bristol Rd

City

State

Zip Code

Flint

MI

48507-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Family Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A2F052F7E609D4635AAC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric Wroten MD

Mailing Address 801 W Terrell

City

State

Zip Code

Fort Worth

TX

76104-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Texas Health Care

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

Transaction ID : A291341075DCB4FF4954

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Felipe Fontanez Sullivan MD

Mailing Address Bayamon Medical Plz
1845 Can #2 Ste 701

City

State

Zip Code

Bayamon

PR

00959-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AF400BCC9F44141BBB2A

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas Atkins MD

Mailing Address 5N105 Burr Rd

City
Saint Charles

State Zip Code
IL 60175-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fox Valley Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AD35B510A8A9C473AB1C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lawrence Berson MD

Mailing Address 410 Saybrook Rd Ste 100

City
Middletown

State Zip Code
CT 06457-4780

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOS,PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : A1BBA1EBEEEEBF44FF911

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas J Errico MD

Mailing Address 530 1st Ave Ste 8U

City
New York

State Zip Code
NY 10016-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Medical School

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AF429B7E9796845C183D

Amount of Each Receipt this Period

1000.00

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

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 173 OF 298
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James Mastin Farmer MD

Mailing Address 1450 Longview Rd

City	State	Zip Code
Roanoke	VA	24018-7690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale PhysiciansOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2012

Transaction ID : A71A7C3C25B8F491AA52

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeryl G Fullen MDMailing Address 1201 Michigan Ave
Ste 70

City	State	Zip Code
Logansport	IN	46947-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logansport Memorial HospitalOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2012

Transaction ID : ACADF6F5B918F4ABF84C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric Duniway Hoffman MDMailing Address 33 Sewall St
PO Box 1260

City	State	Zip Code
Portland	ME	04102-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic AssociatesOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2012

Transaction ID : ADA118184000A463F9C3

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark W Hollmann MD

Mailing Address 740 W Plymouth Ave

City

Deland

State

FL

Zip Code

32720-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : A1FF56AF42DE14F1B94F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J Kevin Horn MD

Mailing Address 9062 N Point Dr

City

Beach City

State

TX

Zip Code

77523-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fondren Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2012

Transaction ID : A96A1150D4AF94339BD9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. F Thomas Davies Kaplan MD

Mailing Address 8501 Harcourt Rd

City

Indianapolis

State

IN

Zip Code

46260-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hand Surgery Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : A4C4E582036084DCB901

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Paul G Melaragno MD

Mailing Address 3288 Scioto Run Blvd

City State Zip Code
 Hilliard OH 43026-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Orthopedic Center of Excellence

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AFCAEBCA791494045A14

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph E Mumford MD

Mailing Address 3110 SW Briarwood Circle

City State Zip Code
 Topeka KS 66611-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Stormont Vail Healthcare

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : A92D7049B59754E96AA9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter O Newton MD

Mailing Address 3030 Children's Way Ste 410

City State Zip Code
 San Diego CA 92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Children's Specialists

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AE73D3FA0C59A4BF097D

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. J Lockwood Ochsner Jr, MD

Mailing Address 1514 Jefferson Hwy

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : A58F2FC3F4EEEE419ABD7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Harris Perlman MD

Mailing Address 5995 S Paris Place

City

Englewood

State

CO

Zip Code

80111-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AA4ACA81ED6AD4F6CA9E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bruce J Sangeorzan MD

Mailing Address Dept of Ortho

325 Ninth Ave Box 359798

City

Seattle

State

WA

Zip Code

98104-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AFD026C351C2440F398A

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James Samuel Shafer MD

Mailing Address 203 W Badillo St

City State Zip Code
Covina CA 91723-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AF7BA2B487AE845D8B3B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Raymond M P Sherman MD

Mailing Address 575 Sioux Point Road

City State Zip Code
North Sioux City SD 57049-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CNOS

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : A64397A1ADA0A4D1EAC1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William M Smith MD

Mailing Address 6602 DeLynn Dr

City State Zip Code
Tifton GA 31794-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Georgia Sports Med & Ortho Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AC43527DA030B48E59CF

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bruce D Stamos MD

Mailing Address 457 Jack Martin Blvd Suite 7

City State Zip Code
Brick NJ 08724-7776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brielle Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AF8C4CDB5B1074F0E8F7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert A Wainer MD

Mailing Address 1130 N Church St Ste 100

City State Zip Code
Greensboro NC 27401-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : ACD5E8BA606274B94B52

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark D Weber MD

Mailing Address 2333 Progress Rd Ste C

City State Zip Code
West Branch MI 48661-9384

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Mich Family Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 07 / 2012

Transaction ID : A31AEAE44A8404CAD939

Amount of Each Receipt this Period

200.00

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

1200.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Peter White Whitfield MD

Mailing Address 201 E Wendover Ave

City

Greensboro

State

NC

Zip Code

27401-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer

SMOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 07 / 2012

Transaction ID : AB7B52436A0154D22A26

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. William D Allen MD

Mailing Address 2854 Bell St

City

Zanesville

State

OH

Zip Code

43701-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Zanesville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A512710E3166844A28EA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Matthew R Bong MD

Mailing Address N61W30697 Beaver View Rd

City

Hartland

State

WI

Zip Code

53029-9222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

Transaction ID : AC2185035CEAF4E6B824

Amount of Each Receipt this Period

250.00

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

700.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert A Caveney MD

Mailing Address 2115 Chapline St - VPC Suite 107

City State Zip Code
 Wheeling WV 26003-3859

FEC ID number of contributing
federal political committee.

C

Name of Employer

OVMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A3DDA021FD1F049878D2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert H Clayburgh MD

Mailing Address 3035 Demers Ave Ste 3

City State Zip Code
 Grand Forks ND 58201-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A6E39EAD394644AB0846

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Fred G Corley MD

Mailing Address Dept of Orthopaedics
 7703 Floyd Curl Dr MC 7774

City State Zip Code
 San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Texas Health Science Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 08 / 2012

Transaction ID : AE8BB42B1CD7D4D9EA06

Amount of Each Receipt this Period

750.00

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

1300.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert A Gurtler MD

Mailing Address 2192 Wagon Trail Rd

City

White Heath

State

IL

Zip Code

61884-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carle Clinic Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 08 / 2012

Transaction ID : AF57D571D9A1E4CC8B6A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter T Hurley MD

Mailing Address 2048 2nd St NW

City

Hickory

State

NC

Zip Code

28601-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

Transaction ID : AEEACF0A3BAF84C58999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bryan Scott Kamps MD

Mailing Address 1900 Redrock Dr

City

Gallup

State

NM

Zip Code

87301-5682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rehoboth McKinley Christian Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A8E58795161AF420EB5B

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas D Kramer MD

Mailing Address 719 Parkview Dr

City

Gibsonia

State

PA

Zip Code

15044-6124

FEC ID number of contributing
federal political committee.

C

Name of Employer

GPOA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A42B45988EB66430C927

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew J Landfried MD

Mailing Address 33 Chandler Ave

City

Batavia

State

NY

Zip Code

14020-1684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesee Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A6E2E2B50F24A4CEA851

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Thomas A Lombardo Jr, MD

Mailing Address 8750 Transit Rd Suite 105

City

East Amherst

State

NY

Zip Code

14051-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A5735BA6C720748499AB

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Peter A Looby MD

Mailing Address 810 E. 23rd St Suite 5000

City State Zip Code
Sioux Falls SD 57105-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 08 / 2012

Transaction ID : AA380E7B84D004BD8920

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gary W Misamore MD

Mailing Address 201 Pennsylvania Pkwy
Ste 100

City State Zip Code
Indianapolis IN 46280-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Sports Medicine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A2CEBF5C3DEED4E9EA9F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. J Wills Oglesby MD

Mailing Address 301 21st Ave N

City State Zip Code
Nashville TN 37203-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Orthopaedic Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : ACC563D8D51EC4737B6C

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Todd Michael Oliver MD

Mailing Address 8295 W Hwy UU

City
Columbia

State
MO

Zip Code
65203-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A25AA3D4FBE924E8F94E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Samuel S Park MD

Mailing Address 2720 S Highland
#571

City
Lombard

State
IL

Zip Code
60148-7152

FEC ID number of contributing
federal political committee.

C

Name of Employer

DuPage Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A0AE512593C05482DB8F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher C Schmidt MD

Mailing Address 1307 Federal St

City
Pittsburgh

State
PA

Zip Code
15212-4769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alleghany Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 08 / 2012

Transaction ID : A151A7DAA188C46EC9DC

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard D Schmidt MD

Mailing Address 4010 Sunnyside Rd

City

Minneapolis

State

MN

Zip Code

55424-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : A7D2C18CC66B143C8BE5

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

B. David F Bindelglass MD

Mailing Address 75 Kings Hwy Cutoff Ste 100

City

Fairfield

State

CT

Zip Code

06824-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Specialty Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : A452E94CA91AD4FA7A33

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel Patrick Bouvier MD

Mailing Address 17 Riverside St Suite 101

City

Nashua

State

NH

Zip Code

03062-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : AB66C62E658B64024BC8

Amount of Each Receipt this Period

500.00

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

1688.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matthew R Brand MD

Mailing Address Finger Lakes Ortho Surgery
300 Hoffman St

City Elmira State NY Zip Code 14905-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Finger Lakes Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A044EA4FDA84941CFB7C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nicholas Benjamin Bruggeman MD

Mailing Address 22626 Atwood Ave

City Elkhorn State NE Zip Code 68022-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A680DFE6048B749EB9C9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Harold S Cline MD

Mailing Address 140 Sunset Shores Rd

City Iron River State MI Zip Code 49935-8324

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Star Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2012

Transaction ID : AA366E66F91A140BC8EF

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John F Dalton MD

Mailing Address 1819 Peachtree Rd NW Ste 425

City State Zip Code
 Atlanta GA 30309

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Georgia Hand, Shoulder & Elbow

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A2C03BE1F7AA841C4BBF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Terrence J Endres MD

Mailing Address 1655 Flowers Mill Dr

City State Zip Code
 Grand Rapids MI 49525-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Orthopaedic Associates

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A8752ED549CB64352956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Craig R Foster MD

Mailing Address 348 Boston Post Rd

City State Zip Code
 Madison CT 06443-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Danbury Orthopedics

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A4740DEC211374A84ACD

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven D Glassman MD

Mailing Address 210 E Gray St Ste 900

City State Zip Code
Louisville KY 40202-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norton Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A71E837271FDB4FE9930

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy G Havenhill MD

Mailing Address 420 N Rte 31

City State Zip Code
Crystal Lake IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer

McHenry County Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A285AB0C07074400EA6D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Reese Hicks MD

Mailing Address 6585 S Yale Ste 200

City State Zip Code
Tulsa OK 74136-8315

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSOS, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A7AB721975B2443AEAAB

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James R Kasser MD

Mailing Address Hunnewell Bldg 221
300 Longwood Ave

City State Zip Code
Boston MA 02115-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer

COSF

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A55AA871D480A4D7F881

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Beau S Konigsberg MD

Mailing Address 981080 Nebraska Med Ctr

City State Zip Code
Omaha NE 68198-1080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Nebraska

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : ABC955870998C4BEC9FF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David M Lintner MD

Mailing Address 6348 Mercer

City State Zip Code
Houston TX 77005-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : AA710C8C8FB884433BAC

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jerry J Lorio MD

Mailing Address 6516 Caribbean West Dr

City State Zip Code
Benton AR 72019-6596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : AB0C2D747DA1F40A69AE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Saul Y Magitsky MD

Mailing Address 7 Deborah Rd

City State Zip Code
Newton Center MA 02459-2837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sturdy Memorial Sports Med Assoc

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : AB1BAFF799C94DB7992

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Evan Margolis MD

Mailing Address 2862 Shoshone Trail

City State Zip Code
Lafayette CO 80026-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Colorado Permanente Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A7591FC8A692A4A0795A

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Patricia C McKeever MD

Mailing Address 139 S Plymouth Blvd

City

Los Angeles

State

CA

Zip Code

90004-3835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : AFB443C94055D4858915

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Andrew D Pearle MD

Mailing Address 15 Ridgewood Dr.

City

Rye

State

NY

Zip Code

10580-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : ABD373439EE6546B1B03

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Blair Andrew Rhode MD

Mailing Address 16450 S 104h Ave

City

Orland Park

State

IL

Zip Code

60467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : A64ED997702634C498AE

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen W Ripple MD

Mailing Address 5605 W. Eugie Suite 111

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSNA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A9146C0FAA3994B61A35

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald W Roberts MD

Mailing Address 503 Rhododendron Drive

City

Vancouver

State

WA

Zip Code

98661-5936

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Surgical Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A5CB7DF5C2641455385C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Renny Uppal MD

Mailing Address 555 N Arlington Ave

City

Reno

State

NV

Zip Code

89503-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reno Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A52A61FFB3681464AA62

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nicholas T Valos MD

Mailing Address 10903 Princeville Ct

City

Bakersfield

State

CA

Zip Code

93311-2956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A07B857302297411FB2E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph H Wombwell MD

Mailing Address 2405 Atherholt Rd

City

Lynchburg

State

VA

Zip Code

24501-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCCV

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : A58721642111D416D91B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark W Woolf MD

Mailing Address 800 Orthopedic Way

City

Arlington

State

TX

Zip Code

76015-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arlington Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 11 / 2012

Transaction ID : ADD33393770784A0BB6F

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. LeRoy Scott Atkins Jr, MD

Mailing Address PO Box 2447

City

Tuscaloosa

State

AL

Zip Code

35403-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A0E423227E23D4F0D8E4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. J Mark Blue MD

Mailing Address 844 Washington Rd
Suite102

City

Westminster

State

MD

Zip Code

21157-6664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carroll Health Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AD061084EF0374AC1AD9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth M Caldwell MD

Mailing Address 80 Grand Ave 3rd Fl

City

Oakland

State

CA

Zip Code

94612-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A72C55A6FB7CF477F8B6

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bert C Callahan MD

Mailing Address 705 S. University Ave.
Suite 150

City State Zip Code
Beaver Dam WI 53916-3071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excel Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : A0C6369648A63480FA8A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William P Carney MD

Mailing Address 127 Union St Suite 107

City State Zip Code
Ridgewood NJ 07450-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : ABBF7CB33A8494FDBA8B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul H Castello MD

Mailing Address 377 Broken Arrow Rd

City State Zip Code
Nipomo CA 93444-9472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : AE855E9702AFA47E3A6E

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kenneth A Davenport MD

Mailing Address 1414 W Fair Ave Ste 149

City

Marquette

State

MI

Zip Code

49855-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Center for Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AB4288762B7ED465C899

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Terrance C Devlin MD

Mailing Address 8611 Patience Lane

City

Lafayette

State

IN

Zip Code

47905-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Witham Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A5D4FF8EA58B64368B27

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank P Giammattei MD

Mailing Address Professional Office Bldg 2 Ste 324

1 Medical Center Blvd

City

Chester

State

PA

Zip Code

19013-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A9ECD023364AA444BBD2

Amount of Each Receipt this Period

100.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven Scott Goldberg MD

Mailing Address 5867 Whisperwood Ct

City
Naples

State
FL

Zip Code
34110-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A261267552ED44568ACD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael R Heilig MD

Mailing Address 200 Kelburn Ct

City
Lexington

State
KY

Zip Code
40515-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AFB9CE786A71D455EA3C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Paul Houde MD

Mailing Address 241 Elm St

City
Claremont

State
NH

Zip Code
03743-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Valley Regional Hospital

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A78D6AB955735481AAD9

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Greg T Jones MD

Mailing Address 3501 W. E. Knight Dr

City

Fort Smith

State

AR

Zip Code

72903-6248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A31DA3AB71376472496E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald S Lederman MD

Mailing Address 3227 Woodview Lake Rd

City

West Bloomfield

State

MI

Zip Code

48323-3572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AA784FBB2CB204889AF

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Andrew Philip Manista MD

Mailing Address 1909 Golden Maple Ct NW

City

Olympia

State

WA

Zip Code

98502-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olympia Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A337785F8950E4161974

Amount of Each Receipt this Period

542.00

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

892.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Christopher S Mow MD

Mailing Address 1660 San Pablo Ave Ste A

City

Pinole

State

CA

Zip Code

94564-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A90D06B46955B4D52AE4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven M Mulawka MD

Mailing Address 3113 Joyce St

City

Saint Cloud

State

MN

Zip Code

56303-0430

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Cloud Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AC05C57439DB842BA924

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Douglas S Musgrave MD

Mailing Address 15800 NW Fair Acres Dr

City

Vancouver

State

WA

Zip Code

98685-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Surgical Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A773CEE19E1AD465B947

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Frank Kenneth Noojin III, MD

Mailing Address 417 Alexander Circle

City State Zip Code
Columbia SC 29206-4974

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A5ED1DA2EFC9243B4B69

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter G Noordsij MD

Mailing Address Concord Orthopaedics PA
264 Pleasant St

City State Zip Code
Concord NH 03301-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Concord Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AD00986B9E3384941BC5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rodney L Plaster MD

Mailing Address Eastern Oklahoma Ortho Ctr
6475 S Yale Ave Ste 301

City State Zip Code
Tulsa OK 74136-7815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Oklahoma Ortho Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A162809D582B44DDEBE9

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James J Purtill MD

Mailing Address 925 Chestnut St 5th Fl

City State Zip Code
Philadelphia PA 19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A3EA55AD337ED43328A4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Karl E Rathjen MD

Mailing Address Dept of Orthopaedics
2222 Welborn St

City State Zip Code
Dallas TX 75219-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Scottish Rite Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AF8B504861F894436B39

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jose Miguel Santiago-Figueroa MD

Mailing Address El Mirador 8th St G-15

City State Zip Code
San Juan PR 00926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Condado Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A3630AD87351D43A39B5

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Miguel Antonio Schmitz MD

Mailing Address 212 East Central, Suite 365

City

Spokane

State

WA

Zip Code

99208-6597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AA535B8FE553F4EACA59

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William E Schreiber MD

Mailing Address 3414 Golden Rd

City

Tyler

State

TX

Zip Code

75701-8336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Azalea Orthopedic & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AF38AA8F05A234083B91

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard W Smith MD

Mailing Address 235 Hanover St Suite M2

City

Fall River

State

MA

Zip Code

02720-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A0E2575F3D10540B98DB

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Julio Taleisnik MD

Mailing Address 1140 W La Veta Ave Ste 860

City State Zip Code
Orange CA 92868-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

Transaction ID : AD62E3B2DF8534A1A8E1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kurt V Voellmicke MD

Mailing Address 20 Belvedere Ct

City State Zip Code
Ridgefield CT 06877-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mt Kisco Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2012

Transaction ID : ADF75F4FB09E24E98BD0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jon D Zoltan MD

Mailing Address 2222 E Highland Ave Ste 300

City State Zip Code
Phoenix AZ 85016-4879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Orthopedic Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 13 / 2012

Transaction ID : A747DF5D59B0548A3B3C

Amount of Each Receipt this Period

200.00

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

700.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Douglas J Fauser MD

Mailing Address 664 Stoneleigh Ave Ste 300

City State Zip Code
Carmel NY 10512-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Somers Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2012

Transaction ID : A5D05FD91C3C54402BE2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J Mitchell Frix MD

Mailing Address AOSM
1104 Professional Blvd

City State Zip Code
Dalton GA 30720-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer

AOSM

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2012

Transaction ID : AEC94A258D85A43C3AAF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert T Jackson MD

Mailing Address Timp Med Office Ste 100
700 W 800 North

City State Zip Code
Orem UT 84057-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Utah Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 14 / 2012

Transaction ID : A4C1BC77A8CDA4EB0B11

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jay E Jolley II, MD

Mailing Address Chattanooga Orthopaedic Group
2415 McCallie Ave

City Chattanooga State TN Zip Code 37404-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSMOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 14 / 2012

Transaction ID : AD20DC694678B4484A12

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas A Malvitz MD

Mailing Address 1111 Leffingwell NE Ste 100

City Grand Rapids State MI Zip Code 49525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates of Michigan

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 14 / 2012

Transaction ID : A42DDAF9350BD48D7AA5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory H Portland MD

Mailing Address 2401 Ravine Way

City Glenview State IL Zip Code 60025-7645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Bone & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 14 / 2012

Transaction ID : A6F766064FCEC457EB2B

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John G Thometz MD

Mailing Address 9000 W. Wisconsin
Ste C360

City Milwaukee State WI Zip Code 53226-4874

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2012

Transaction ID : AECB194FA5794427EB07

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew John Weresh MD

Mailing Address 6001 Westown Pkwy
Attn: Mike Tebo

City West Des Moines State IA Zip Code 50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Des Moines Orthopedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 14 / 2012

Transaction ID : A52FE59DAFC944D52A4E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert S Adelaar MD

Mailing Address Dept of Ortho Surgery
Box 980153, MCV Station

City Richmond State VA Zip Code 23298-0153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Commonwealth University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

06 / 15 / 2012

Transaction ID : A2B1C640C1C4E4415B44

Amount of Each Receipt this Period

375.00

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

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

1625.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert J Berkowitz MD

Mailing Address 32091 Ventanas Circle

City

Avon Lake

State

OH

Zip Code

44012-1978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 15 / 2012

Transaction ID : AB50E0BD96F4B4349945

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David F Bindelglass MD

Mailing Address 75 Kings Hwy Cutoff Ste 100

City

Fairfield

State

CT

Zip Code

06824-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Specialty Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / 15 / 2012

Transaction ID : A38AC2F91F909409EBF4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Joseph A Buckwalter MD

Mailing Address Dept of Ortho 01008 JPP
200 Hawkins Dr

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2012

Transaction ID : A869B1D149B8540CC95D

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Marc Romaine Davidson MD

Mailing Address 2088 Alpine Dr

City

West Linn

State

OR

Zip Code

97068-8618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advantage Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : AD65014479BCA48DCB91

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas J Ditkoff MD

Mailing Address 33200 W. 14 Mile Rd Suite 220

City

West Bloomfield

State

MI

Zip Code

48322-3586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : A9BAD932E2EE54D65887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Harry E Rubash MD

Mailing Address Harvard Affl Hospitals
55 Fruit St Yaw 3700

City

Boston

State

MA

Zip Code

02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : A17330228774F4EA3B29

Amount of Each Receipt this Period

750.00

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

2000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven M Sanders MD

Mailing Address 2020 Palomino Ln Ste 220

City State Zip Code
 Las Vegas NV 89106-4891

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2012

Transaction ID : ACE79B737443A43E581C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Clark P Searle MD

Mailing Address N5390 Rancho Viejo Rd

City State Zip Code
 Fond Du Lac WI 54937-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Fond Du Lac Regional Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 15 / 2012

Transaction ID : A1C4270C0864749BD936

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Matthew S Shapiro MD

Mailing Address 55 Coburg Rd

City State Zip Code
 Eugene OR 97401-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Slocum Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 15 / 2012

Transaction ID : A1EED339100C140168B2

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven Douglas Sides MD

Mailing Address 5321 West B St

City State Zip Code
 Greeley CO 80634-4269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : AF273379BDB714B4492D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter J Spohn MD

Mailing Address Ambulatory Care Center, Suite 202
 400 Fairview Heights Road

City State Zip Code
 Summersville WV 26651-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summersville Regional Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : A5FF371A65A854DC8BE2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Junichi Tamai MD

Mailing Address 356 Warren Ave

City State Zip Code
 Cincinnati OH 45220-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cincinnati Childrens Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : A9B1229D028A74B9B96F

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Charles H Alexander MD

Mailing Address 5549 Green Oak Dr

City

Los Angeles

State

CA

Zip Code

90068-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A24944333F5D14D2EB17

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Jeffrey Bear MD

Mailing Address 324 Roxbury Rd

City

Rockford

State

IL

Zip Code

61107-5090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2012

Transaction ID : ADBC5853B50474F9E9C7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael G Brand MD

Mailing Address 73 Sandpit Road Suite 204

City

Danbury

State

CT

Zip Code

06810-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Danbury Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : AA22EFC232F3541B58DD

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey H Charen MD

Mailing Address 205 May St Suite 202

City
Edison

State
NJ

Zip Code
08837-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Central Jerse

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A285DEDCCCC264AE9AD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William G DeLong Jr, MD

Mailing Address 801 Ostrum St PPHP2

City
Bethlehem

State
PA

Zip Code
18015-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Lukes University Health Network

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A34A6CCF2BB014125A28

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John D Frost MD

Mailing Address 4100 Lake Otis Pkwy
Ste 302

City
Anchorage

State
AK

Zip Code
99508-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A81A05AFFBCE54141B9E

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Albert Ooguen Gee MD

Mailing Address 106 East 81st St
Apt 3c

City State Zip Code
New York NY 10028-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 18 / 2012

Transaction ID : ACE203D6B4D2D47418F0

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. James Ragan Gosey Jr, MD

Mailing Address Elite Orthopaedic Specialists
1850 Gause Blvd Ste 300

City State Zip Code
Slidell LA 70461-5434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elite Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2012

Transaction ID : AEAE7665F9D8442B3882

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Kyle R Hegg MD

Mailing Address 2828 1st Ave Ste 400

City State Zip Code
Huntington WV 25702-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A87DC6818371E467DA69

Amount of Each Receipt this Period

250.00

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

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

1450.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William John Hopkinson MD

Mailing Address Maguire Ctr

2160 S 1st Ave Ste 1700

City

Maywood

State

IL

Zip Code

60153-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loyola University Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : A46BC0AC564846F3902

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Q Lewis MD

Mailing Address 6118 Parkway Dr

City

Corpus Christi

State

TX

Zip Code

78414-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : A1477AB9DB26D4D9796B

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Daniel J Linehan MD

Mailing Address 2223 Lime Kiln Rd

City

Green Bay

State

WI

Zip Code

54311-6213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic & Sports Med Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : A341DF045534E4E52A44

Amount of Each Receipt this Period

500.00

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

1300.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Marc I Malberg MD

Mailing Address 1527 State Hwy 27 Ste 1300

City State Zip Code
Somerset NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2012

Transaction ID : AD3549A39D85D4DFAB1C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John D Miles MD

Mailing Address PO Box 0
1 S Keene St

City State Zip Code
Columbia MO 65201-7199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A29CB4B417EE744E3AEA

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Daniel R Orcutt MD

Mailing Address 2008 Ballymeade Ln

City State Zip Code
Hampton GA 30228-3654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Orthopaedic Specialists

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : AC81B646AF27B4F74843

Amount of Each Receipt this Period

500.00

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

2250.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory G Orson MD

Mailing Address 2049 Rose Creek Blvd

City

Fargo

State

ND

Zip Code

58104-6878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2012

Transaction ID : ADD4D455139C041C2B20

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jerome Gregory Piontek MD

Mailing Address 222 S Woods Mill Ste 460 N

City

Chesterfield

State

MO

Zip Code

63017-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A5475711ADD9D4FFB8A4

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. John Marvin Purvis MD

Mailing Address 1954 Petit Bois

City

Jackson

State

MS

Zip Code

39211-6707

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A1C563621970347E0BD9

Amount of Each Receipt this Period

500.00

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Clinton Michael Ray MD

Mailing Address 1419 Hamric Dr Ste 201

City State Zip Code
Oxford AL 36203-2181

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 18 / 2012

Transaction ID : AAD5654027E5C48FE9F9

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Thomas A Russell MD

Mailing Address 240 Lagrange Creek Dr

City State Zip Code
Eads TN 38028-8014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2012

Transaction ID : AA6F42E45D3874D6082C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gary Michael Sherman MD

Mailing Address 9705 Redamar Dr

City State Zip Code
Hagerstown MD 21740-8943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Robinwood Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : AAA77F76482664BEC805

Amount of Each Receipt this Period

250.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andrew Warren Simpson MD

Mailing Address 5410 Pond Drive

City

Wilmington

State

NC

Zip Code

28409-4140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vidant Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2012

Transaction ID : A4E96EF330B294B6B82F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert A Bartosh MD

Mailing Address 3 Magnolia Ct

City

Moultrie

State

GA

Zip Code

31768-6764

FEC ID number of contributing
federal political committee.

C

Name of Employer

DW Adcock Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 19 / 2012

Transaction ID : ABB417E498D83440CBD1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James M Beckley MD

Mailing Address 1918 Britt Ln

City

Rochester

State

MN

Zip Code

55902-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 19 / 2012

Transaction ID : A9F0536C30398469EA50

Amount of Each Receipt this Period

200.00

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

700.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Joseph J. Calandra MD

Mailing Address 2514 Harriet's Island Ct

City

Mount Pleasant

State

SC

Zip Code

29466-8048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Performance Consultants

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 19 / 2012

Transaction ID : A84B8BD58DB2944D39B1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Craig C Callewart MD

Mailing Address 9101 N Central Expy Ste 360

City

Dallas

State

TX

Zip Code

75231-5949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / 19 / 2012

Transaction ID : A9930B9D8AF06467DADA

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Roy J Guse MD

Mailing Address Texas Specialist Cntr
208 Gaslight Blvd

City

Lufkin

State

TX

Zip Code

75904-3166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Specialist Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2012

Transaction ID : A279F152108F044BE9C5

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Vincent Iacono MD

Mailing Address PO Box 30

City

Stoughton

State

MA

Zip Code

02072-0030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Care Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2012

Transaction ID : A05E073ED418644CE8F0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cassim M Igram MD

Mailing Address Iowa Orthopaedic Ctr
450 Laurel St Ste A

City

Des Moines

State

IA

Zip Code

50314-3045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 19 / 2012

Transaction ID : A709587286D374DB3AC6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Carter D. Kiesau MD

Mailing Address 3015 Squalicum Parkway
Suite 200

City

Bellingham

State

WA

Zip Code

98225-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peace Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.00

Date of Receipt

06 / 19 / 2012

Transaction ID : AF52632D51498467181B

Amount of Each Receipt this Period

200.00

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

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ray Payne MD

Mailing Address 230 Clearfield Ave Ste 124

City

Virginia Beach

State

VA

Zip Code

23462-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : A306F6D07731C4B0B936

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Vincent E Vena MD

Mailing Address 2 Celeste Dr

City

Johnstown

State

PA

Zip Code

15905-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western PA Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : A44A682C103DB497983C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian Keith Vickaryous MD

Mailing Address 3330 Lakeview Oaks Dr

City

Longwood

State

FL

Zip Code

32779-3155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : ACE0158A575104277AE0

Amount of Each Receipt this Period

100.00

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

1350.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Leigh Brezenoff MD

Mailing Address 245 Alvord Park Rd Ste A2

City

Torrington

State

CT

Zip Code

06790-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Litchfield Hills Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2012

Transaction ID : AA0F64E2F0EC5439AA07

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Colleen M Fay MD

Mailing Address 2 Overlook Rd Apt 2A4

City

White Plains

State

NY

Zip Code

10605-2427

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 ▼

400.00

Date of Receipt

06 / 20 / 2012

Transaction ID : AD442F04706C44199804

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Jeffrey R Gagliano MD

Mailing Address 2435 Briarwood Dr

City

Boulder

State

CO

Zip Code

80305-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2012

Transaction ID : AB2AAD433EE62437BA60

Amount of Each Receipt this Period

250.00

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

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

900.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark P Madden MD

Mailing Address Commonwealth Orthopaedics
1850 Town Center Pkwy Ste 400

City Reston State VA Zip Code 20190-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 20 / 2012

Transaction ID : A20A4CC9C41F64C6E9CB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian A Murphy MD

Mailing Address 3803 Highknob Circle

City Naperville State IL Zip Code 60564-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

M&M Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 20 / 2012

Transaction ID : AF6AC55FA67C44343B5A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Samuel J Snyder MD

Mailing Address 57 Leach Ave

City Park Ridge State NJ Zip Code 07656-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garden State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2012

Transaction ID : A7BEB0C22BB79469E96C

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David C Templeman MD

Mailing Address Dept of Orthopaedic Surgery, G2
701 Park Ave South

City State Zip Code
Minneapolis MN 55415-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hennepin County Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : A175F56DE139648B6B9D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian A Borden MD

Mailing Address 5315 Elliott Dr Ste 301

City State Zip Code
Ypsilanti MI 48197-8634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Surgery Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : AA409471C9DDA422AA4A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William R Boulden MD

Mailing Address 12499 University Ave # 210

City State Zip Code
Clive IA 50325-8288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Ortho Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : AAF177419F5AA4FBBAFB

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Brad R Brun MD

Mailing Address 5620 E Bell Rd

City State Zip Code
 Scottsdale AZ 85254-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Arizona Bone & Joint Specialists

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A7B7D55F2DB75406B81C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph B Chalal MD

Mailing Address 7593 Boynton Beach Blvd Ste 280

City State Zip Code
 Boynton Beach FL 33437-6163

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A528495BC449A49AB9AF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua Dines MD

Mailing Address 935 Northern Blvd
 Suite 303

City State Zip Code
 Great Neck NY 11021-5328

FEC ID number of contributing
federal political committee.

C

Name of Employer
 David Dines, MD, PC

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A49BD24C6AF4C4E05908

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gerald Q Greenfield Jr, MD

Mailing Address 5282 Medical Dr, Suite 200

City

San Antonio

State

TX

Zip Code

78229-4986

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2012

Transaction ID : ADDE767EAF17489AB3D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory K Johnson MD

Mailing Address 288 Groveland St

City

Haverhill

State

MA

Zip Code

01830-6674

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates in Ortho PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A9ED98FAEF7894DB09E4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard C Johnston MD

Mailing Address 605 Larch Ln

City

Iowa City

State

IA

Zip Code

52245-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A8FE4451ECEFC4F0D93D

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hans C Kioschos MD

Mailing Address Powder River Ortho
508 Stocktrail Ste A

City State Zip Code
Gillette WY 82716-3582

FEC ID number of contributing
federal political committee.

C

Name of Employer

Powder River Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A7916D8E5CC1A41A8B82

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Roger A Klein MD

Mailing Address 1111 Sonoma Ave
Ste 106

City State Zip Code
Santa Rosa CA 95405-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A7A4624801A074485961

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kenneth J Kress MD

Mailing Address 655 Blakenham Ct

City State Zip Code
Alpharetta GA 30022-7952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A4FA0794D7D674749B32

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Joseph M Lane MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2012

Transaction ID : AC76B1ACE16544756A2E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. R William Petty MD

Mailing Address 2320 NW 66th Ct

City

Gainesville

State

FL

Zip Code

32653-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Exactech, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 22 / 2012

Transaction ID : ABE5604DD922A4BBCA51

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. T Clark Robinson MD

Mailing Address PO Box 1942

City

Nampa

State

ID

Zip Code

83653-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saltzer Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A1035AF7927F64FB085B

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matthew P Steffes MD

Mailing Address 23550 Park St Ste 100

City State Zip Code
Dearborn MI 48124-2592

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dearborn Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 22 / 2012

Transaction ID : A0C74388FFF10431EAFB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Evander F Fogle MD

Mailing Address 4162 N Stratford Rd NE

City State Zip Code
Atlanta GA 30342-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 24 / 2012

Transaction ID : A8CA3617D968F4868A43

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kevin F Bonner MD

Mailing Address 1424 Watersedge Drive

City State Zip Code
Virginia Beach VA 23452-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jordan Young Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A15DEB3D8795E4B66BD6

Amount of Each Receipt this Period

750.00

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

1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David D Bullek MD

Mailing Address 769 Kimball Ave

City

Westfield

State

NJ

Zip Code

07090-1955

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2012

Transaction ID : A2070854B4A9B45A0840

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sanford E Emery MD, MBA

Mailing Address 3400 Health Sciences Center South

City

Morgantown

State

WV

Zip Code

26506

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2012

Transaction ID : AA9EEA4C62EFE4E91B00

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. David D Gallagher MD

Mailing Address 6105 Horizon Dr

City

Columbus

State

IN

Zip Code

47201-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Indiana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2012

Transaction ID : AECF0AE5CBE44A288AF

Amount of Each Receipt this Period

1000.00

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

2200.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas Vaill King MD

Mailing Address 333 Borthwick Ave Ste 301

City State Zip Code
 Portsmouth NH 03801-7128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : AA2092E1889F74533B43

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mininder S Kocher MD, MPH

Mailing Address Department Of Orthopaedic Surgery
 300 Longwood Avenue, Hunnewell li

City State Zip Code
 Boston MA 02115-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Boston Children's Hospital

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : A2E7E8C3E9A3D430EB9F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Leathers MD

Mailing Address 2801 K St Ste 330

City State Zip Code
 Sacramento CA 95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : A5207FFEA616F469EB8E

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. L Scott Levin MD

Mailing Address 3400 Spruce St 5th Floor

City

Philadelphia

State

PA

Zip Code

19104-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A49A9B3911CDE4A74906

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Neil J Maki MD

Mailing Address 525 St Mary St

City

Thibodaux

State

LA

Zip Code

70301-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thibodaux Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A5A50E55F72D34CE8A85

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brian M Mehling MD

Mailing Address 800 Montauk Hwy

City

West Islip

State

NY

Zip Code

11795-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2012

Transaction ID : AD0BA8D93E34B491A845

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. E Michael Okin MD

Mailing Address 1234 Fairacres Rd

City

Jenkintown

State

PA

Zip Code

19046-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaware Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A71942AA3C8704416AC1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael T O'Neil MD

Mailing Address 4239 Farnam St Ste 409

City

Omaha

State

NE

Zip Code

68131-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A97B985841E264F75AB9

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

C. David M Oster MD

Mailing Address 5290 S Geneva Way

City

Englewood

State

CO

Zip Code

80111-6203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver-Vail Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A357CE0FC0C6644FABC6

Amount of Each Receipt this Period

250.00

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

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

538.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kevin M Supple MD

Mailing Address Greensboro Orthopaedic Center
3200 Northline Dr Ste 200

City Greensboro State NC Zip Code 27408-7602

FEC ID number of contributing federal political committee.

C

Name of Employer
Greensboro Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A2943129CF35C4A7A9AA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen G Taylor MD

Mailing Address 6001 Westown Pkwy

City West Des Moines State IA Zip Code 50266-7702

FEC ID number of contributing federal political committee.

C

Name of Employer
Des Moines Ortho Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 26 / 2012

Transaction ID : AB0E4D59D2B514625825

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Joseph K Weistroffer MD

Mailing Address 109 Holt Rd

City Andover State MA Zip Code 01810-4123

FEC ID number of contributing federal political committee.

C

Name of Employer
New England Neurological Assoc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A9BCEEACDD38D4167BAE

Amount of Each Receipt this Period

250.00

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

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

950.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. J Michael Wiater MD

Mailing Address Beverly Hills Orthopaedic Surgery
17877 W Fourteen Mile Rd

City State Zip Code
Beverly Hills MI 48025-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 26 / 2012

Transaction ID : A155EC5B1F65D48EA90E

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James C Wittig MD

Mailing Address 130 East 18th Street
Apt 12C

City State Zip Code
New York NY 10003-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mount Sinai Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2012

Transaction ID : AFEDA2C69BB27456DAC4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas Y L Wu MD

Mailing Address 2340 Fairway Ct

City State Zip Code
Oxnard CA 93036-7774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ortho Medicine

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2012

Transaction ID : AB1FC248ADD5C45B3912

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Sean R Dingle MD

Mailing Address STE 201

6050 Cattleridge Blvd

City

Sarasota

State

FL

Zip Code

34232-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennedy White Orthopaedic Cent

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : AE396DAFC4F984949A7A

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. John S Kirkpatrick MD

Mailing Address Dept of Orthopaedics 2nd FL

655 W Eighth St C-126

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : A05E6C793021A4235832

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dennis P Rivero MD

Mailing Address 8177 S Harvard St No 533

City

Tulsa

State

OK

Zip Code

74137-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muskogee Surgical Associate Orthopedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : AE359BBD807034B42B8D

Amount of Each Receipt this Period

250.00

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

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

1650.00

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Lessing MD

Mailing Address 2509 Park Ave Suite 2A

City State Zip Code
 South Plainfield NJ 07080-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2012

Transaction ID : A4E64B33F5DC646E2956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen Sandoval MD

Mailing Address 321 N Highland Ave Ste 120

City State Zip Code
 Sherman TX 75092-7371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2012

Transaction ID : AA31545F923204CBA95E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven D Steinlauf MD

Mailing Address 1514 Victoria Isle Way

City State Zip Code
 Weston FL 33327-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ortho Assoc of South Broward

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2012

Transaction ID : A457DDB031F364613A69

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. M Gordon Whitbeck MD

Mailing Address 2619 Culver Rd Ste 2A

City
Rochester

State
NY

Zip Code
14609-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2012

Transaction ID : AEE97158BE0954906BB8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

250.00

376899.99

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10501.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : AF4CC3CB4156246B8953

Amount of Each Receipt this Period

3460.45

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

B. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12965.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : AF83F7C26C5954B6F9D9

Amount of Each Receipt this Period

2464.23

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

C. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13679.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : ADDCEFC3FA0074235812

Amount of Each Receipt this Period

714.40

Refund of bank fees from affiliated organization

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

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

6639.08

6639.08

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

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Citizens for Altmire

Mailing Address P.O. Box 1776

City State Zip Code
Freedom PA 15042

FEC ID number of contributing
federal political committee.

C C00413310

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

B. Vern Buchanan for Congress

Mailing Address P. O. Box 48928

City State Zip Code
Sarasota FL 34230

FEC ID number of contributing
federal political committee.

C C00412759

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

7000.00

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2012

Transaction ID : BB6A7405C1FB941C9A9A

Amount of Each Disbursement this Period

1713.50

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2012

Transaction ID : BA0CA930E649F4098A3B

Amount of Each Disbursement this Period

1433.67

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2012

Transaction ID : BE4C96D21325B4449BD2

Amount of Each Disbursement this Period

233.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3380.45

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Transaction ID : B14285490A34F488FB0E

Amount of Each Disbursement this Period

1.09

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2012

Transaction ID : BE41D7840890E476C900

Amount of Each Disbursement this Period

73.40

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : B6CFBE272E5A14586BA9

Amount of Each Disbursement this Period

1023.09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1097.58

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2012

Transaction ID : BA33F8B9C6C5F4185AA1

Amount of Each Disbursement this Period

1146.97

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Transaction ID : BA4751ACDB77D476D8F5

Amount of Each Disbursement this Period

24.80

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

Transaction ID : B0B3C62F365C94764BC5

Amount of Each Disbursement this Period

194.88

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1366.65

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2012

Transaction ID : BFA1A7F93BE3C46C4BA4

Amount of Each Disbursement this Period

2.00

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2012

Transaction ID : BB03703632E3A459F939

Amount of Each Disbursement this Period

34.00

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

Transaction ID : B25D7B094873F45CF8CB

Amount of Each Disbursement this Period

229.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.28

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2012

Transaction ID : B091D35CFA6DA48C3873

Amount of Each Disbursement this Period

449.12

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : B18B94712971C447EB1D

Amount of Each Disbursement this Period

62.17

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : B03538EB0C6D84674B5A

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

551.29

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2012

Transaction ID : B6588E30AF66344F3A5A

Amount of Each Disbursement this Period

92.40

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

92.40

6753.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Allen West for Congress

Mailing Address P.O. Box 1028

City	State	Zip Code
Deerfield Beach	FL	33443

Purpose of Disbursement

Candidate Name

Rep. Allen B. West

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 22

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : BC94DC87BD01B43A1A64

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Benishek for Congress

Mailing Address P.O. Box 2012

City	State	Zip Code
Kingsford	MI	49802

Purpose of Disbursement

Candidate Name

Rep. Daniel Benishek

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : B1F6644B7338243F091F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Blackburn for Congress Inc.Mailing Address 4916 Thoroughbred Lane
Suite 4916

City	State	Zip Code
Brentwood	TN	37027

Purpose of Disbursement

Candidate Name

Rep. Marsha Blackburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 07

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : BF0F7FDE5A56047F39EC

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Blumenauer for Congress

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement

Candidate Name

Rep. Earl Blumenauer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 03

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : B1371BC336797494F95E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bruning for Senate Incorporated

Mailing Address P.O.Box 83950

City	State	Zip Code
Lincoln	NE	68501

Purpose of Disbursement

Candidate Name

Jon C Bruning

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : B4C8110B6047F40A58BF

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Democrats United to Change And Hope (dutMailing Address 499 S. Capitol Street, SW
Suite 404

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Ruppersberger's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : BE43F631224C749A9A9E

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Every Republican is Crucial (ERIC) Pac

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address 25 East Main Street
Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Cantor's LPAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Transaction ID : B4BD653A355FE4DF5AE6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Thune's LPAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Transaction ID : BE82CA3D2D51A486E95C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JOE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address c/o Carole Goeas & Associates
1707 Prince St #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Pitt's LPAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Transaction ID : BB522BDC448F44818BAE

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Lance for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address P.O. Box 225

City	State	Zip Code
Colonia	NJ	07067

Transaction ID : BBAEAD1F1ADD94EA9827

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Leonard LanceCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 07

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address P.O. Box 1496

City	State	Zip Code
Louisville	KY	40201

Transaction ID : BB4529E2FBD9F4263953

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Sen. Mitch McConnellCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: KY District: Other2012

Full Name (Last, First, Middle Initial)

C. McKinley for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address P.O. Box 642

City	State	Zip Code
Morgantown	WV	26507

Transaction ID : BC59E267FD8744D6CB36

Purpose of Disbursement

Amount of Each Disbursement this Period

1500.00

Candidate Name

Rep. David McKinleyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WV District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Perlmutter for CongressMailing Address 3440 Youngfield St
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

Candidate Name

Rep. Ed PerlmutterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : B98AC210804C84FD5919

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Prosperity PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Paul Ryan's LPAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : BC75E5B6C760D4904A67

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Rand Paul for U.S. Senate 2016Mailing Address 1020 North Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Sen. Rand PaulOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : B83D7A072CC514197B8B

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 252 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Renee Ellmers for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address P.O. Box 904

City	State	Zip Code
Dunn	NC	28335

Transaction ID : B772364F2C0284FE5937

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Renee L. EllmersCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 02

Full Name (Last, First, Middle Initial)

B. Steve Rothman for New Jersey Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address P.O. Box 714

City	State	Zip Code
Hackensack	NJ	07602

Transaction ID : BFF1846DE0BAA4FEDBAE

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Steve R. RothmanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 09

Full Name (Last, First, Middle Initial)

C. Victory in November Election Pac (VINE P)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address 607 14th Street NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Transaction ID : B51B8BC268A28424A975Purpose of Disbursement
Thompson's LPAC

Amount of Each Disbursement this Period

5000.00

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Westmoreland for Congress

Mailing Address P.O. Box 458

City	State	Zip Code
Sharpsburg	GA	30277

Purpose of Disbursement

Candidate Name

Rep. Lynn A. Westmoreland

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : B01EF81D57D1847F8A9B

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress Committee

Mailing Address P.O. box 391

City	State	Zip Code
Hopkinsville	KY	42241

Purpose of Disbursement

Candidate Name

Rep. Ed Whitfield

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : B9BBF82ED6F0342DBBC1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Al Green for Congress

Mailing Address P.O. Box 56761

City	State	Zip Code
Houston	TX	77256

Purpose of Disbursement

Candidate Name

Rep. Al Green

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Transaction ID : B318B9D2C603648508CE

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Blumenthal for SenateMailing Address 10 G Street
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Sen. Richard BlumenthalOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Transaction ID : B5CABD36CD3E245C0B1C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brady for Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

Rep. Kevin BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Transaction ID : BFF7F52A941EC49EEBAE

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Continuing A Majority Party PAMailing Address 20 F St NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Camp's LPAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Transaction ID : B20D4B78BEB634B1394D

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Duncan D. Hunter for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Mailing Address 9340 Fuerte Drive Suite 302

City	State	Zip Code
La Mesa	CA	91941

Purpose of Disbursement

Candidate Name

Rep. Duncan D. Hunter

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 52

Category/
Type**Transaction ID : B05E705F8D079448FB89**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Fitzpatrick for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Mailing Address 115 N Broad Street

City	State	Zip Code
Doylestown	PA	18901

Purpose of Disbursement

Candidate Name

Rep. Michael G. Fitzpatrick

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 08

Category/
Type**Transaction ID : B2F9FD7CDB105475E8AA**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Mailing Address P.O. Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement

Candidate Name

Rep. Gene Green

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 29

Category/
Type**Transaction ID : BEEAAC1759ADC48F1B92**

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matsui for Congress

Mailing Address P.O. Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement

Candidate Name

Rep. Doris O. Matsui

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 05

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Transaction ID : B8D41DF3C5E0A4E0E901

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peace Through Strength PACMailing Address 499 S. Capitol St. SW
Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Hunter's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Transaction ID : BB99D38C2AC9C4303992

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Sheila Jackson Lee for Congress

Mailing Address 4412 Alameda

City	State	Zip Code
Houston	TX	77004

Purpose of Disbursement

Candidate Name

Rep. Sheila Jackson Lee

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 18

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Transaction ID : BE286662E858D493594C

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Wicker for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2012

Mailing Address P.O. Box 64

Transaction ID : B2429D70BED7A4B3FBF2

City	State	Zip Code
Jackson	MS	39205

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Sen. Roger F. WickerCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MS District:

Full Name (Last, First, Middle Initial)

B. Adam Smith for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

Mailing Address P.O. Box 23626

Transaction ID : B30A628BF6BB54E9AAFC

City	State	Zip Code
Federal Way	WA	98093

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Rep. Adam SmithCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 09

Full Name (Last, First, Middle Initial)

C. Common Values PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Mailing Address 406 Virginia Ave

Transaction ID : BF97AF4D5AC3B4793BB7

City	State	Zip Code
Alexandria	VA	22302

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Barrasso's Leadership PAC

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Congressman Bill Young Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Mailing Address P. O. Box 47025

City	State	Zip Code
St. Petersburg	FL	33743

Transaction ID : B68FB0F046DF041E89F3

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Rep. Bill YoungCategory/
Type

4000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 10

Full Name (Last, First, Middle Initial)

B. Friends of Bill Posey

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Mailing Address P. O. Box 360877

City	State	Zip Code
Melbourne	FL	32936

Transaction ID : B7C003D66371147CE92B

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Rep. Bill PoseyCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 15

Full Name (Last, First, Middle Initial)

C. Manchin for West Virginia

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Mailing Address P.O. Box 5202

City	State	Zip Code
Charlestown	WV	25361

Transaction ID : BF077A296062B4632BEA

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Sen. Joe Manchin IIICategory/
Type

4000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WV District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 259 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Whitfield for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Mailing Address P.O. box 391

City	State	Zip Code
Hopkinsville	KY	42241

Transaction ID : B2E1421B4A70C497CBAD

Purpose of Disbursement

Amount of Each Disbursement this Period

3000.00

Candidate Name

Rep. Ed WhitfieldCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 01

Full Name (Last, First, Middle Initial)

B. Blackburn for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Mailing Address 4916 Thoroughbred Lane
Suite 4916

City	State	Zip Code
Brentwood	TN	37027

Transaction ID : B73C5DE039824410981E

Purpose of Disbursement

Amount of Each Disbursement this Period

1500.00

Candidate Name

Rep. Marsha BlackburnCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. MD for Congress, In

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Mailing Address P.O. Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : B74C521EF15A849ABAD9

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Charles W. Boustany Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 07

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Chris Gibson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Mailing Address P.O. Box 247

City	State	Zip Code
Kinderhook	NY	12106

Transaction ID : B69804237A3C0444F94C

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Christopher P. GibsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 20	

Full Name (Last, First, Middle Initial)

B. Congressman Bill Young Campaign Committe

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Mailing Address P. O. Box 47025

City	State	Zip Code
St. Petersburg	FL	33743

Transaction ID : B1C7850A1E685486081C

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Bill YoungCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL	District: 10	

Full Name (Last, First, Middle Initial)

C. Fitzpatrick for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Mailing Address 115 N Broad Street

City	State	Zip Code
Doylestown	PA	18901

Transaction ID : BED2D51D0A84B4015933

Purpose of Disbursement

Amount of Each Disbursement this Period

1500.00

Candidate Name

Rep. Michael G. FitzpatrickCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA	District: 08	

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Friends of Frank Guinta

Rep. Frank C. Guinta

Category/
Type

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State: NH	District: 01	

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Transaction ID : BCE5F2C981A344CCB981

Amount of Each Disbursement this Period

2500.00

B. Guthrie for Congress

05 / 03 / 2012

Rep. Brett Guthrie

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
 State: KY District: 02

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Transaction ID : B16DD29F766A64E5FA9C

Amount of Each Disbursement this Period

3000.00

C. Jobs, Economy and Budget Fund (JEB FUND)

Purpose of Disbursement Hensarling's LPAC

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

Other2012

Transaction ID : B55240CA6B7FE40C1946

Amount of Each Disbursement this Period

5000.00

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

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

10500.00

The diagram shows a rectangular frame structure. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical columns. The top beam has a central rectangular cutout. The columns are connected to the beams by girders. The diagram is labeled with 'a' and 'b' dimensions. The 'a' dimension is the width of the frame, and the 'b' dimension is the height of the frame.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 262 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. JOE PACMailing Address c/o Carole Goeas & Associates
1707 Prince St #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Pitt's LPAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : B5EEE34477A6E421A922

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jon Runyan for Congress, Inc

Mailing Address P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name

Rep. Jon RunyanOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼

State: NJ District: 03 Debt2010

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : B15EC94F387ED433FABE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KEEPING REPUBLICAN IDEAS STRONG TIMELY AND INVENTIVE (KRISTI PAC)

Mailing Address P.O. Box 312

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Noem's LPAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : B3E1590A640484A18A18

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 263 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Mailing Address P.O. Box 37

Transaction ID : B644C96D02A64418C856

City	State	Zip Code
Roseville	MI	48066

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Sen. Carl LevinCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District:

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--MC PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Mailing Address P.O. Box 10134

Transaction ID : B3D2148CFD3B34364AA9

City	State	Zip Code
Bakersfield	CA	93389

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
McCarthy's LPAC

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other2012

Full Name (Last, First, Middle Initial)

C. Majority Initiative to Keep Electing Republicans Fund A.K.A Mike R Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Mailing Address P.O. Box 2485

Transaction ID : B7EB294B3CAB94C1C96F

City	State	Zip Code
Springfield	VA	22152

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Mike Roger's LPAC

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michigan First PAC

Mailing Address 901 N Washington St Suite 102

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Benishek's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : B770AB536E7E946BEB6F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rodney Alexander for Congress

Mailing Address 319 Nancy's Road

City	State	Zip Code
Quitman	LA	71268

Purpose of Disbursement

Candidate Name

Rep. Rodney Alexander

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: LA District: 05

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : BDCC54403ABA64707BBD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement

Candidate Name

Rep. Steve Stivers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 15

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : B0FAB7184DFED44EC915

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Adam Hasner for U.S. House

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Mailing Address P.O. Box 276093

City	State	Zip Code
Boca Raton	FL	33427

Transaction ID : B45A19263BDAB41D58D9

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Adam HasnerCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Bera 2012 Victory Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Mailing Address 5429 Madison Ave

City	State	Zip Code
Sacramento	CA	95841

Transaction ID : BEE12BDD33298466E807

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Amerish BeraCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 07

Full Name (Last, First, Middle Initial)

C. Dutch Ruppersberger for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Mailing Address 22 Padonia Road, Suite C-141

City	State	Zip Code
Timonium	MD	21093

Transaction ID : BDB9950EFC89146D4BD3

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Dutch RuppersbergerCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 02

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 266 OF 298

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

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NAME OF COMMITTEE (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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Mailing Address P.O. Box 12512

City	State	Zip Code
Tempe	AZ	85284

Purpose of Disbursement

Candidate Name

Rep. Jeff Flake

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AZ District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type**Transaction ID : BC87EEA7A7C0B4265B85**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Mailing Address 430 S Capitol St SE
2nd Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Rep. Nancy Pelosi

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type**Transaction ID : BE3996A447CB94E32A19**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tim Scott for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Mailing Address 1405 Ashley River Rd

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement

Candidate Name

Rep. Timothy E. Scott

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type**Transaction ID : B6F1D780BCB9A4582AE9**

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. 261060Becerra for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Mailing Address P.O. Box

City	State	Zip Code
Los Angeles	CA	90026

Purpose of Disbursement

Transaction ID : BA165473A0B2142379AE

Amount of Each Disbursement this Period

1500.00

Candidate Name

Rep. Xavier BecerraCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 31

Full Name (Last, First, Middle Initial)

B. Ann Wagner for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Mailing Address P.O. Box 50

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement

Transaction ID : B7847468B95B14966837

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Ann L WagnerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 02

Full Name (Last, First, Middle Initial)

C. Carnahan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Mailing Address P.O. Box 190033

City	State	Zip Code
St. Louis	MO	63119

Purpose of Disbursement

Transaction ID : BC2AE5109BBC348A8937

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Russ CarnahanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Carper for Senate

Mailing Address 303 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

Candidate Name

Sen. Tom Carper

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: DE District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : BFFA617311CFD46BE83F

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Crowley for Congress

Mailing Address 84-56 Grand Ave

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement

Candidate Name

Rep. Joseph Crowley

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 07

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : B883A6DFE39204F81BB8

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Mailing Address P.O. Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement

Candidate Name

Rep. David A. Scott

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 13

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : B86C511CAC790484B90D

Amount of Each Disbursement this Period

5000.00

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

8000.00

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Blaine Luettkemeyer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Mailing Address 228 S Washington St Suite 115

Transaction ID : B72BC4F1617EE4EC38E6

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Rep. Blaine LuettkemeyerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 09

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Mailing Address P.O. Box 44369

Transaction ID : BBFF2C46CB1CF42B8B12

City	State	Zip Code
Eden Prairie	MN	55344

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Rep. Erik PaulsenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 03

Full Name (Last, First, Middle Initial)

C. Graves for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Mailing Address P.O. Box 701

Transaction ID : B779021C03E904A82AF1

City	State	Zip Code
Gainesville	GA	30503

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

Candidate Name

Rep. Tom GravesCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 09

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hal Rogers for CongressMailing Address P.O. Box 1214
East Mt Vernon St

City Somersset State KY Zip Code 42502

Purpose of Disbursement

Candidate Name

Rep. Hal RogersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : B80C6F603D4404B91A15

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. John D. Dingell for CongressMailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Rep. John D. DingellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : B07D63C4280E64047B9C

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Kenny Marchant for Congress

Mailing Address P.O. Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

Candidate Name

Rep. Kenny E. MarchantOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : B5617BE7DE8E245CDBFD

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Latourette for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Mailing Address 320 Kenarden Dr

City	State	Zip Code
Highland Heights	OH	44143

Transaction ID : B09C93AA00C734B58BAD

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Steven C. LaTouretteCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 14

Full Name (Last, First, Middle Initial)

B. Nita Lowey for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Mailing Address P.O. Box 271

City	State	Zip Code
White Plains	NY	10605

Transaction ID : B8D4BE31021C042CEBDE

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Nita M. LoweyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 18

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-election Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Mailing Address P.O. Box 8331

City	State	Zip Code
Fremont	CA	94537

Transaction ID : B52901B60AB7F4F8DBAD

Purpose of Disbursement

Amount of Each Disbursement this Period

1500.00

Candidate Name

Rep. Pete StarkCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 13

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Political Action Committee of the American Association of Orthopaedic Surgeons

Category/
Type

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

Other2012

5000.00

MM / DD / YYYY

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

5000.00

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 274 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. The Eye of the Tiger PAC

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
Scalise's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : B0B05C30899444802AF5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address P. O. Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement

Candidate Name

Rep. Vern Buchanan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 13

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : B20A8BF50E3614DCFB20

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. We the People PAC

Mailing Address P.O. Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
Schwartz's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Transaction ID : B3C60B9A03CCE4E598F0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Carnahan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address P.O. Box 190033

City	State	Zip Code
St. Louis	MO	63119

Purpose of Disbursement

Transaction ID : B8819E019A2B14E46BDB

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Russ CarnahanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 03

Full Name (Last, First, Middle Initial)

B. Carnahan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address P.O. Box 190033

City	State	Zip Code
St. Louis	MO	63119

Purpose of Disbursement
VOID -**Transaction ID : B9DA5F54DD8FB4E83B68**

Amount of Each Disbursement this Period

-2500.00

Candidate Name

Rep. Russ CarnahanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 03

Full Name (Last, First, Middle Initial)

C. Allen West for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address P.O. Box 1028

City	State	Zip Code
Deerfield Beach	FL	33443

Purpose of Disbursement

Transaction ID : B5F967C27A8F244EE9D4

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Allen B. WestCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 22

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ameripac: The Fund for a Greater America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address 499 South Capitol Street, SW
#414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Hoyer's LPAC

Candidate Name

Category/
Type**Transaction ID : BB397320BDBD5429B9C4**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Full Name (Last, First, Middle Initial)

B. Austin Scott for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address P.O. Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

Candidate Name

Rep. Austin ScottCategory/
Type**Transaction ID : BAE7F3C99BD904A1FB83**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 08

Full Name (Last, First, Middle Initial)

C. Ben Chandler for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address P.O. Box 12678

City Lexington State KY Zip Code 40583

Purpose of Disbursement

Candidate Name

Rep. Ben ChandlerCategory/
Type**Transaction ID : BF49781D7537F4B63AEA**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 277 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Berg for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address P.O. Box 9394

Transaction ID : BFA3882AD4A304B88936

City	State	Zip Code
Fargo	ND	58106

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Rep. Richard A BergCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ND District:

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address P.O. Box 6545

Transaction ID : B27B9ED5AE4D84DED9C8

City	State	Zip Code
Visalia	CA	93290

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Rep. Devin NunesCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 21

Full Name (Last, First, Middle Initial)

C. Friends of Cliff Stearns

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address P.O. Box 308

Transaction ID : B8B4D6BB3125648488B9

City	State	Zip Code
Silver Springs	FL	34489

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Rep. Cliff B. StearnsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Erik Paulsen

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement

Candidate Name

Rep. Erik Paulsen

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 03

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : B53240F10BB2F4F51874

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gardner for Congress

Mailing Address P.O. Box 2408

City	State	Zip Code
Loveland	CO	80539

Purpose of Disbursement

Candidate Name

Rep. Cory Scott Gardner

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CO District: 04

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : BB331DD63429F4103BFC

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Ken Calvert for Congress

Mailing Address P.O. Box 20123

City	State	Zip Code
Riverside	CA	92516

Purpose of Disbursement

Candidate Name

Rep. Kenneth S Calvert

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 44

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : BAF204428B8B94513996

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 279 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address P.O. Box 37

Transaction ID : B8058C647F9DC4C9382B

City	State	Zip Code
Roseville	MI	48066

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Sen. Carl LevinCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District:

Full Name (Last, First, Middle Initial)

B. Mike Thompson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address 5429 Madison Ave.

Transaction ID : B294902B00B074DA0A36

City	State	Zip Code
Sacramento	CA	95841

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Candidate Name

Rep. Mike ThompsonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 01

Full Name (Last, First, Middle Initial)

C. Mike Thompson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Mailing Address 5429 Madison Ave.

Transaction ID : B8F5146D336034885992

City	State	Zip Code
Sacramento	CA	95841

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Candidate Name

Rep. Mike ThompsonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Montana Democratic Party

Mailing Address P.O. Box 802

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : B0E4EACB002F24D69B25

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Peace Through Strength PACMailing Address 499 S. Capitol St. SW
Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
VOID - Hunter's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : B7CD29D0A001F475587F

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Mailing Address P.O. Box 904

City	State	Zip Code
Dunn	NC	28335

Purpose of Disbursement

Candidate Name

Rep. Renee L. Ellmers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : BEDF5D787C235450AA64

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement

Candidate Name

Rep. Steve Stivers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 15

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : BB93FBBCE85D0466D9A5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Vargas for Congress 2012

Mailing Address 5429 Madison Ave

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement

Candidate Name

Sen. Juan Vargas

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : BEA8CFB1867184C5A85C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. WEDGE PAC

Mailing Address P.O. Box 680063

City	State	Zip Code
Franklin	TN	37068

Purpose of Disbursement
Blackburn's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : B7639C236DF51489FBFB

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement

Candidate Name

Rep. James E. Clyburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District: 06

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2012

Transaction ID : B7F311623533341F3B61

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement

Candidate Name

Rep. James E. Clyburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2012

Transaction ID : B11A2857694F44881BCC

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Buck McKeon for Congress

Mailing Address 23942 Lyons Ave #105

City	State	Zip Code
Santa Clarita	CA	91321

Purpose of Disbursement

Candidate Name

Rep. Buck McKeon

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 25

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2012

Transaction ID : BD086DA47BA7F42ECB21

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. MD for Congress, In

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Mailing Address P.O. Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : B502C120571E44658914

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Rep. Charles W. Boustany Jr.Category/
Type

1500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: LA	District: 07	

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Comm.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Mailing Address 6380 Wilshire Blvd
Suite 1612

City	State	Zip Code
Los Angeles	CA	90048

Transaction ID : B0EF9E9CFF09940A795E

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Rep. Henry A. WaxmanCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 30	

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Mailing Address P.O. Box 1437

City	State	Zip Code
Gallatin	TN	37066

Transaction ID : B6F948C7AFE8547C4B83

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Rep. Diane Lynn BlackCategory/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TN	District: 06	

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Bill Posey

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2012

Mailing Address P. O. Box 360877

City	State	Zip Code
Melbourne	FL	32936

Transaction ID : B02F2EF0BF395428CB96

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Bill PoseyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 15

Full Name (Last, First, Middle Initial)

B. Friends of Cliff Stearns

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2012

Mailing Address P.O. Box 308

City	State	Zip Code
Silver Springs	FL	34489

Transaction ID : BE7C635B1AEC242D2849

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Cliff B. StearnsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 06

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2012

Mailing Address P.O. Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Transaction ID : B7C938EB1111545C9BD4

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Lois CappsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 23

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kinzinger for Congress

Mailing Address P.O. Box 1050

City	State	Zip Code
Bourbonnais	IL	60914

Purpose of Disbursement

Candidate Name

Rep. Adam Kinzinger

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 11

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : B8817CF47BB404A10856

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Linda Lingle Senate Committee

Mailing Address 46-001 Kamehameha Hwy Suite 301

City	State	Zip Code
Kaneohe	HI	96744

Purpose of Disbursement

Candidate Name

Linda Lingle

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: HI District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : BD977DB91526845178DD

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement

Candidate Name

Rep. Lynn Jenkins

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KS District: 02

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : B600ED104430E4923B8D

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address P.O. Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

Purpose of Disbursement

Candidate Name

Rep. Jim Matheson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : BBCCE21CE68CE4674B8C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Olson for Congress Committee

Mailing Address P.O. Box 16381

City	State	Zip Code
Sugar Land	TX	77496

Purpose of Disbursement

Candidate Name

Rep. Pete Olson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : B70C5F858C6D64408AFB

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAC to the FutureMailing Address 430 South Capitol Street, SE
First Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Pelosi's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : B9A86EA7078704A1696A

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Trust PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Upton's LPAC

Candidate Name

Category/
Type**Transaction ID : B6A172AF924CF4B07932**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Other2012

State:

District:

Full Name (Last, First, Middle Initial)

B. Kelly PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

Mailing Address 499 S. Capitol St. SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Ayotte's LPAC

Candidate Name

Category/
Type**Transaction ID : B196B8C07782B4055A1A**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Other2012

State:

District:

Full Name (Last, First, Middle Initial)

C. Linda Lingle Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

Mailing Address 46-001 Kamehameha Hwy Suite 301

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement

Candidate Name

Linda LingleCategory/
Type**Transaction ID : B372078B4F9FA45E986E**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pat Meehan for Congress

Mailing Address 323 W. Front Street

City	State	Zip Code
Media	PA	19063

Purpose of Disbursement

Candidate Name

Rep. Patrick Meehan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

Transaction ID : BD82AFEC3DCCF48EAB65

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Randy Altschuler for Congress

Mailing Address 1236 Middle Country Rd.

City	State	Zip Code
Middle Island	NY	11953

Purpose of Disbursement

Candidate Name

Rep. Randolph Altschuler

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

Transaction ID : B2F3D5A0232E148039BD

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Vote to Elect Republicans Now PAC (VERN PAC)

Mailing Address P.O. Box 48928

City	State	Zip Code
Sarasota	FL	34236

Purpose of Disbursement
Buchanan's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

Transaction ID : BA0FFF6D5C1384F27BDD

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. 21st Century PACMailing Address 2052 Lake Audubon Court
Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
McKeon's LPAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : B410B44AA31544A2EB24

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Collins for Senator

Mailing Address P.O. Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

Candidate Name

Sen. Susan M. CollinsOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : BDEE97E86DEB24927953

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Dave Reichert

Mailing Address P. O. Box 2032

City Bellevue State WA Zip Code 98015

Purpose of Disbursement

Candidate Name

Rep. Dave G. ReichertOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : B02A6D9B5809947F0B5E

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jon Runyan for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Mailing Address P.O. Box 225

City	State	Zip Code
Colonia	NJ	07067

Transaction ID : B852099B5E1C9430BBC1

Purpose of Disbursement

Amount of Each Disbursement this Period

2000.00

Candidate Name

Rep. Jon RunyanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 03

Full Name (Last, First, Middle Initial)

B. Mark Critz for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Mailing Address 647 Main Street
Suite 110

City	State	Zip Code
Johnstown	PA	15901

Transaction ID : B31A82312A45F42569BD

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Mark S. CritzCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 12

Full Name (Last, First, Middle Initial)

C. SHEPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Mailing Address P.O. Box 7439

City	State	Zip Code
Arlington	VA	22207

Transaction ID : B91238B8E7E544D07B9APurpose of Disbursement
Conservative Women PAC

Amount of Each Disbursement this Period

5000.00

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Texas 150 Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2012

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Transaction ID : B2F6665F17B01452F849Purpose of Disbursement
Brady's LPAC

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Full Name (Last, First, Middle Initial)

B. Voice for Freedom

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2012

Mailing Address 3502 Halcyon Drive

City	State	Zip Code
Alexandria	VA	22305

Transaction ID : B4C99768F0DC340E4A80Purpose of Disbursement
Price's LPAC

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Full Name (Last, First, Middle Initial)

C. Womack for Congress Finance Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2012

Mailing Address P.O. Box 508

City	State	Zip Code
Rogers	AR	72757

Transaction ID : B6D99CE45DE47413AB54

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Rep. Steve Womack

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AR District: 03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address P.O. Box 1527

City	State	Zip Code
Annapolis	MD	21404

Purpose of Disbursement

Candidate Name

Rep. Andrew P. Harris

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MD District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Transaction ID : BEEA7D2F635514446AF9

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Hudson Valley Future Fund

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Hayworth's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Transaction ID : BC2CAC517C6254D6787A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John S FundMailing Address 499 S. Capitol St. SW
Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Shimkus' LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Transaction ID : B05286322E0434AB08D9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 293 OF 298

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

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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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Mailing Address 104 Hume Ave

Transaction ID : BA23E780A54F3494D954

City	State	Zip Code
Alexandria	VA	22301

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Rep. Mary Bono-MackCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 45

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Mailing Address 228 S Washington St Suite 115

Transaction ID : B6984F6CB4F204742975

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Walden's LPAC

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other2012

Full Name (Last, First, Middle Initial)

C. Pompeo for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Mailing Address P.O. Box 780146

Transaction ID : B0E86975C82EE4FF298A

City	State	Zip Code
Wichita	KS	67212

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Rep. Michael Richard PompeoCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 294 OF 298

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Carper for Senate

Mailing Address 303 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

Candidate Name

Sen. Tom Carper

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: DE District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Transaction ID : B45EC2D9930A848CFAD3

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Carper for Senate

Mailing Address 303 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
VOID - ck sent to wrong address-reissue

Candidate Name

Sen. Tom Carper

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: DE District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Transaction ID : B8D8EC642596F43BCAF5

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

C. Volunteers for Shimkus

Mailing Address P.O. Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement

Candidate Name

Rep. John Shimkus

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 19

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Transaction ID : BB2EC80B6D3794F19AF1

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Rand Paul for U.S. Senate 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2012

Mailing Address 1020 North Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
VOID - payment stopped 6/28/12

Candidate Name

Sen. Rand PaulOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Category/
Type**Transaction ID : B7865306D3DCB4FE5AF9**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. Rand Paul for U.S. Senate 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2012

Mailing Address 1020 North Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Sen. Rand PaulOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Category/
Type**Transaction ID : B135B57C644D840BFA65**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

434000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daryl Sheldon Larke MD

Mailing Address 60 Laurel Ridge Rd

City	State	Zip Code
Prestonsburg	KY	41653

Purpose of Disbursement
Refund of erroneous contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Transaction ID : B48A9E5456CBF454DB09

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Daryl Sheldon Larke MD

Mailing Address 60 Laurel Ridge Rd

City	State	Zip Code
Prestonsburg	KY	41653

Purpose of Disbursement
Refund of erroneous contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Transaction ID : B09EC904908824CECB07

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Joseph W Clark MDMailing Address The Orthopaedic Center
927 Franklin St Se Ste 3

City	State	Zip Code
Huntsville	AL	35801-4305

Purpose of Disbursement
Refund duplicate contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Transaction ID : B639B17F4EE024385809

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William J Robb III, MD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

Mailing Address Walgreen Bldg, Dept of Ortho
2650 Ridge Ave Ste 2505

City Evanston State IL Zip Code 60201-1718

Purpose of Disbursement
Refund 5/30/12 Contribution

Candidate Name

Category/
Type**Transaction ID : B26FAEF262B8F46B9A1E**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. William J Robb III, MD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

Mailing Address Walgreen Bldg, Dept of Ortho
2650 Ridge Ave Ste 2505

City Evanston State IL Zip Code 60201-1718

Purpose of Disbursement
Refund 3/30/12 contribution

Candidate Name

Category/
Type**Transaction ID : B8A2AAA0209A64672994**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. William J Robb III, MD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

Mailing Address Walgreen Bldg, Dept of Ortho
2650 Ridge Ave Ste 2505

City Evanston State IL Zip Code 60201-1718

Purpose of Disbursement
Refund 4/29/12 contribution

Candidate Name

Category/
Type**Transaction ID : B3973D467FB124F78992**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

Political Action Committee of the American Association of Orthopaedic Surgeons

9000.00