

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 455
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Charles D Hummer, III, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 1 Med Ctr Blvd Ste 324		Transaction ID: 25398186	
City State Zip Code Chester PA 19013	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. David E Nonweiler, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address William Medical Bldg 6585 S Yale Ste 200		Transaction ID: 25398187	
City State Zip Code Tulsa OK 74136-8315	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central States Orthopaedic Specialists	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Raymond L Horwood, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 24723 Detroit Rd		Transaction ID: 25398188	
City State Zip Code Westlake OH 44145-2526	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	