FEC FORM 3X	AN	PORT OF D DISBUF Other Than An A	RSEME	NTS	e		Office Use Only	
1. NAME OF COMMITTEE (in fu		EC MAILING LABE		ple:If typing, ne lines	type			
	nmittee of the Am	erican Association o	f Orthopaedic S	Surgeons				
ADDRESS (number and	street)	7 Massachusetts Ave	nue, NE					
Check if differ than previousl reported. (AC	ent L⊥ ∕ ⊾Wa	ashington					20002	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCOL	DE 🔺
C00343137		3.	IS THIS REPORT	X N	EW J) OR	AMI (A)	ENDED	
X July 15 Quarterly October Quarterly January 2 Quarterly July 31 M Report(N Year Only	Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(c) 12-Day PRE-Election Report for the Election Report for the Post -Election Report for the	: C	J	2C)	Sep 2	2S) in the State o	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer		illiam J. Robb, III, MI	-	through d belief it is t		3 0 and complete.	2010	2010
NOTE : Submission of f	alse, erroneous, o	or incomplete informa	ation may subje	ect the perso	on signing this	Report to the p	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/200	

Image# 10930892638

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 201

FEC Form 3X (Rev. 02/2003)

\	Vrite or Type Committee Name Political Action Committee of the American As	sociation of Orthopaedic Surgeo	ons
F	Report Covering the Period: From:	D D Y Y Y Y Y 0 1 2 0 1 0	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 ^{Y Y Y}		1244924.20
	(b) Cash on Hand at Begining of Reporting Period	1532474.07	
	(c) Total Receipts (from Line 19)	313740.02	940980.01
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1846214.09	2185904.21
7.	Total Disbursements (from Line 31)	275665.51	615355.63
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	1570548.58	1570548.58
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	

X 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

FE6AN026

Image# 10930892639

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

0^D1 м м 04 м м 06 30 D 2010 D 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 285946.00 865548.00 (i) Itemized (use Schedule A) 14696.00 55119.00 (ii) Unitemized (iii) TOTAL (add 300642.00 920667.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees (C) 0.00 0.00 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 300642.00 920667.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 8053.56 15232.68 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 5000.00 5000.00 Political Committees 17. Other Federal Receipts 44.46 80.33 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 313740.02 940980.01 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 940980.01 313740.02 (subtract Line 18(c) from Line 19)

Image# 10930892640

DETAILED SUMMARY PAGE

of Disbursements

4 / 201

of Disbursements	4 / 201			
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
0.00	0.00			
0.00	0.00			
8061.51	15251.63			
8061.51	15251.63			
0.00	0.00			
267604.00	600104.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
0.00	0.00			
275665 51	615355.63			
27000.01	010300.03			
275665.51	615355.63			
	COLUMN A 0.00 0.00 0.00 8061.51 0.00 267604.00 0.00			

DETAILED SUMMARY PAGE

of Disbursements

5 / 201

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	300642.00	920667.00
Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	300642.00	920667.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8061.51	15251.63
Offsets to Operating Expenditures (from Line 15, page 3)	8053.56	15232.68
Net Operating Expenditures (subtract Line 37 from Line 36)	7.95	18.95
	Total Contributions (other than loans) from Line 11(d), page 3) Total Contribution Refunds (from Line 28(d)) Net Contributions (other than loans) (subtract Line 34 from Line 33) Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) Offsets to Operating Expenditures (from Line 15, page 3) Net Operating Expenditures	Total Contributions (other than loans) from Line 11(d), page 3) Total Contribution Refunds (from Line 28(d)) Net Contributions (other than loans) (subtract Line 34 from Line 33) Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) Offsets to Operating Expenditures (from Line 15, page 3) Net Operating Expenditures 7.95

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 201 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. J. Winslow Alford, MD Mailing Address 120 Centerville Rd			Date of Receipt
				04 06 2010
	City Warwick	State RI	Zip Code 02886-4336	Transaction ID: ABD25723FBC5A4DCDA43 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer West Bay Ortho Med Group	Occupatio		
	Receipt For:	· · · · ·	edic Surgeon	
	Primary General Other (specify) ▼		250.00]
в.	Full Name (Last, First, Middle Initial) Dr. James William Barber, MD Mailing Address 100 Doctors Dr Suite 1	03		Date of Receipt
		00		04 06 2010
	City	State	Zip Code	Transaction ID: A1DFCCD091FC94227A88
	Douglas	GA	31533-2211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
с.	Full Name (Last, First, Middle Initial) Dr. Samuel S. Blick, MD			Date of Receipt
	Mailing Address 8707 Southern Breeze	Dr		04 06 YYYYY 02010
	City	State	Zip Code	Transaction ID: AFB6A927A128C455793C
	Orlando	FL	32836-5010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orlando Orthopaedic Center	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)		······	1750.00
	TOTAL This Period (last page this line number	only)		

ľ	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 201 (check only one) 11c X 11a 13 14 15 16
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surger	o solicit contributions from such committee.
2 A.	Full Name (Last, First, Middle Initial) Dr. Stephen L. Brenneke, MD		Date of Receipt
	Mailing Address 3510 NE 122nd Su	ite 103	04 06 2010
	City	State Zip Code	Transaction ID: AFF6BF249558E408F9B0
	Portland	OR 97230-1500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00]
— В.	Full Name (Last, First, Middle Initial) Dr. Peter J. Buecker, MD		Date of Receipt
	Mailing Address 3141 Sunfield Circl	e	M M / D D / Y Y Y Y 04 06 2010
	City	State Zip Code	Transaction ID: A9C1C1D8EC9D84040A4
	Louisville	KY 40241-6527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Norton Healthcare	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00]
– c.	Full Name (Last, First, Middle Initial) Dr. Barbara Jean Campbell, MD		Date of Receipt
•	Mailing Address 223 S. Pleasant Av	e Suite 301	M M / D D / Y Y Y Y 04 06 2010
	City	State Zip Code	Transaction ID: AE01EEFA6B5064B868F
	Somerset	PA 15501-2188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Somerset Central Medical	Occupation Orthopaedic Surgeon	
	Assoc Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	250.00]
Γ	SUBTOTAL of Receipts This Page (optiona	l al)	1250.00
F		ber only)	

	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports an	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	nerican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Cary B. Chapman, MD		Date of Receipt
Mailing Address 2929 Paddock Ln		M M / D D / Y Y Y Y 04 06 2010
City	State Zip Code	Transaction ID: A38E52389505741769E
Weston	FL 33331-3601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation	
Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date	-1
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Dr. Rolando Colon-Nebot, MD		Date of Receipt
Mailing Address PO Box 668		M M / D D / Y Y Y Y 04 06 2010
City	State Zip Code	Transaction ID: AB74FBED5BA274490
Arecibo	PR 00613-0668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	-
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce Douthit, MD		Date of Receipt
Mailing Address 918 Parkwood Ct		0 4 0 6 2 0 1 0
City	State Zip Code	Transaction ID: A6976155B5EF442AF9
McKinney	TX 75070-5391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line numb	·	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 201 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		erican Association of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Gerald F. Dreher, MD		Date of Receipt
	Mailing Address 2006 Elk Trail		04 / D D / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: A31E8C11707BF4C1987D
	Harker Heights	TX 76548-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Dept of Veterans Affairs	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00]
- B.	Full Name (Last, First, Middle Initial) Dr. Bradley C. Edgerton, MD		Date of Receipt
	Mailing Address 4888 Adrian Ln		0 4 / 0 6 / Y Y Y Y 0 1 0
	City	State Zip Code	Transaction ID: AB6CFA815BA7B480398
	Hermantown	MN 55811-3904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer St. Marys Duluth Clinic	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) ▼	500.00]
- C.	Full Name (Last, First, Middle Initial) Robert Henry Fain, Jr, MD		Date of Receipt
	Mailing Address 8319 Greenbush		04 / 06 / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: AB243ACBCA63E4C4482
	Houston	TX 77025-3230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00]
ſ	SUBTOTAL of Receipts This Page (optional) .	l	1750.00
ŀ	TOTAL This Period (last page this line number		

				FOR LINE NUMBER: PAGE 10 / 201						
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)						
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
[Any information copied from such Reports and or for commercial purposes, other than using th	Statements may	y not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.						
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons						
Α.	Full Name (Last, First, Middle Initial) Dr. Kevin S. Finnesey, MD			Date of Receipt						
	Mailing Address 100 S. Ellsworth Ave	Suite 504		0 4 0 6 Y Y Y Y 0 4 0 6 2 0 1 0						
	City	State	Zip Code	Transaction ID: ADA585762CF7D4BF0A						
	San Mateo	CA	94401-3929	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupatio								
	Receipt For:		edic Surgeon							
	Primary General	Aggregate	e Year-to-Date 🔻	-						
	Other (specify)	0 0	500.00							
3.	Full Name (Last, First, Middle Initial) David Louis Flood, MD			Date of Receipt						
	Mailing Address Ortho Dept Mc213 1 Hospital Dr			M M / D D / Y						
	City	State	Zip Code	Transaction ID: A988026C7FB1E4D498E						
	Columbia	MO	65212-0001	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		1000.00						
	Name of Employer Univ of Missouri	Occupatio	n edic Surgeon							
	Receipt For:	· · ·	e Year-to-Date V							
	Primary General Other (specify) ▼		1000.00							
- C.	Full Name (Last, First, Middle Initial) Dr. Mark William Galland, MD			Date of Receipt						
	Mailing Address 2805 Charleston Oak	s Ct		M M / D D / Y Y Y Y 04 06 2010						
	City	State	Zip Code	Transaction ID: A58663E22DE354BCD9/						
	Raleigh	NC	27614-8872	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Orthopaedic Specialist Inc	Occupatio Orthopae	n edic Surgeon							
	Receipt For:	Aggregate	e Year-to-Date V							
	Other (specify) ▼		250.00]						
ſ	SUBTOTAL of Receipts This Page (optional).	1		1750.00						
	TOTAL This Period (last page this line number									
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Any ii or for P A. D M C U	r commercial purposes, other than using IAME OF COMMITTEE (In Full)	for each category of the Detailed Summary Page	Image: Check only only Image: X 11a 11b 11c 12 Image: X 13 14 15 16 17 rerson for the purpose of soliciting contributions are to solicit contributions from such committee. 10 10 17
Any i or for P A. D M C	information copied from such Reports an r commercial purposes, other than using IAME OF COMMITTEE (In Full) Political Action Committee of the Ar ull Name (Last, First, Middle Initial) pr. Scott Goldman, MD	for each category of the Detailed Summary Page d Statements may not be sold or used by any p the name and address of any political committee	Image: Check only only Image: X 11a 11b 11c 12 Image: X 13 14 15 16 17 rerson for the purpose of soliciting contributions are to solicit contributions from such committee. 10 10 17
Any i or for P A. D M C	information copied from such Reports an r commercial purposes, other than using IAME OF COMMITTEE (In Full) Political Action Committee of the Ar ull Name (Last, First, Middle Initial) pr. Scott Goldman, MD	d Statements may not be sold or used by any p the name and address of any political committe	erson for the purpose of soliciting contributions be to solicit contributions from such committee.
	r commercial purposes, other than using IAME OF COMMITTEE (In Full) Political Action Committee of the Ar ull Name (Last, First, Middle Initial) br. Scott Goldman, MD	the name and address of any political committe	erson for the purpose of soliciting contributions be to solicit contributions from such committee.
	r commercial purposes, other than using IAME OF COMMITTEE (In Full) Political Action Committee of the Ar ull Name (Last, First, Middle Initial) br. Scott Goldman, MD	the name and address of any political committe	ee to solicit contributions from such committee.
	IAME OF COMMITTEE (In Full) Political Action Committee of the Ar ull Name (Last, First, Middle Initial) br. Scott Goldman, MD		
	Political Action Committee of the Ar ull Name (Last, First, Middle Initial) pr. Scott Goldman, MD	nerican Association of Orthopaedic Sur	aeons
A. <u>P</u> M C	ull Name (Last, First, Middle Initial) Dr. Scott Goldman, MD		
A. <u>D</u> M C	Pr. Scott Goldman, MD		
M C U			
	lailing Address 400 N. Mtn Ave Suit		Date of Receipt
<u>U</u>		e 310	
<u>U</u>	<u></u>		
	-	State Zip Code	Transaction ID: A4ECCDF7F723C4B1ABI
Fi	Jpland	CA 91786-5182	Amount of Each Receipt this Period
	EC ID number of contributing	С	1000.00
te	ederal political committee.		
N	lame of Employer Self Employed	Occupation	—
S	Self Employed	Orthopaedic Surgeon	
R	Receipt For:	Aggregate Year-to-Date ▼	
[Primary General		
	Other (specify)	1000.00	
	ull Name (Last, First, Middle Initial)		
	Dr. Stephen R. Goll, MD		Date of Receipt
Μ	lailing Address 711 Pinetree Rd		0 4 0 6 Y Y Y Y Y 0 4 0 6 2 0 1 0
	lity	State Zip Code	
			Transaction ID: A2BD0C4FA9F934AC1A6
	Vinter Park	FL 32789-1508	Amount of Each Receipt this Period
	EC ID number of contributing	C	500.00
Ie	ederal political committee.		
N	lame of Employer Drlando Orthopaedic Center	Occupation	
0	Orlando Orthopaedic Center	Orthopaedic Surgeon	
R	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	500.00	
	Other (specify)	500.00	
	ull Name (Last, First, Middle Initial)		
)r. Robert P. Good, MD		Date of Receipt
IVI	lailing Address 8 Greythorne Wood	s Ulr	04 06 2010
C	Sity	State Zip Code	Transaction ID: A100739FD7A51448A8C
	Vayne	PA 19087-4758	Amount of Each Receipt this Period
	EC ID number of contributing		
	ederal political committee.	C	1000.00
_			
N	lame of Employer Drthopaedic Specialist Inc	Occupation	
_		Orthopaedic Surgeon	
R	Receipt For:	Aggregate Year-to-Date ▼]
	Primary General	1000.00	
	Other (specify)		
—			
			2500.00
SUE	BTOTAL of Receipts This Page (optional)	▶ 2500.00

9	SCHEDULE A (FEC Form 3X)			F	OR LI	NE NI	JMBE	R: P/	٩GE	12/2	201			
			Use separate schedule(s) for each category of the			(check only one)								
	TEMIZED RECEIPTS		Detailed Summary Page		X 11	a] 11b	110	› [12				
_			, ,		13		14	15		16		17		
	Any information copied from such Reports and S	Statements ma	ay not be sold or used by any pe	erson fo	or the p	urpos	e of so	oliciting c	ontrik	oution	S			
	or for commercial purposes, other than using the	e name and ad	idress of any political committee	e to soil	cit con	tributi	ons tro	om such	comr	nittee.				
	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the Ame	erican Assoc	ciation of Orthopaedic Surg	jeons										
Z	Full Name (Last, First, Middle Initial)													
	Dr. Lawrence S. Halperin, MD				Date	of Re	eceipt							
	Mailing Address 408 Spring Valley Ln					M /		D / `		Y				
					0 4			06	_	201				
	City	State	Zip Code					A2643			B42	748		
	Altamonte Springs	FL	32714-5828		Amo	unt of	Each	Receipt	this F	Period		_		
	FEC ID number of contributing	С							5	500.0	0			
	federal political committee.							1	_	1 1				
	Name of Employer	Occupatio	on											
	Orlando Orthopaedic Center	· · ·	edic Surgeon											
	Receipt For:	· · ·	e Year-to-Date 🔻											
	Primary General	33 - 34												
	Other (specify)		500.00											
_														
_	Full Name (Last, First, Middle Initial)				_									
	Dr. John A. Iceton, MD				Date	of Re	eceipt							
	Mailing Address 4840 Littlewood							^D / `		201				
	City	State	Zip Code		-		-				-	001		
	Beaumont	TX	77706-8700		-		-	A1C82				09		
			77700-0700		Amo	unt of	Each	Receipt	this F	erioa		-		
	FEC ID number of contributing federal political committee.	C							5	500.0	0			
	rederal political committee.								<u> </u>	<u> </u>				
	Name of Employer	Occupatio	on											
	Self Employed	Orthopa	edic Surgeon											
	Receipt For:	Aggregate	e Year-to-Date 🔻											
	Primary General	1 1	500.00											
	Other (specify)		500.00											
_														
	Full Name (Last, First, Middle Initial) Dr. Jamil Jacobs-El, MD				Date	of Re	eceint							
•	Mailing Address 157 S. Commonwealth	η Διγρ				M /		D / `	y y	Y	Y			
	197 8. Commonwealth	I AVE			0			6		201				
	City	State	Zip Code		Tran	sactio	on ID:	A6033	F384	41387	7429	FAC		
	Aurora	IL	60506-4815		Amo	unt of	Each	Receipt	this F	Period				
	FEC ID number of contributing								40		_			
	federal political committee.	С							10	0.00	0			
	News of Freelower													
	Name of Employer Dryer Medical Clinic	Occupatio	on edic Surgeon											
	Receipt For:	- · · · · ·	v											
	Primary General	Aggregate	e Year-to-Date 🔻											
	Other (specify)		1000.00											
			0 0 0 0 0 0 0											
Г		1				-								
	SUBTOTAL of Receipts This Page (optional)			•		~			20	00.00	0			
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	TOTAL This Period (last page this line number	only)		►										
L		,,		-										

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 201 (check only one)
or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to American Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert G. Jones, MD		Date of Receipt
Mailing Address 5942 Ponderosa F	Rd	04 / D D / Y Y Y Y 06 / 2010
City	State Zip Code	Transaction ID: A1B1CF4E2546D421B9
Raleigh	NC 27612-2236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Impact Orthopaedics	Occupation	7
Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Craig P. Jones, MD		Date of Receipt
Mailing Address 1345 Spring Lake	Dr	04 / D D / Y Y Y Y 06 / 2010
City	State Zip Code	Transaction ID: A3DE6D30B0F6F41258
Orlando	FL 32804-7114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orlando Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date V	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Christopher C. Kain, MD		Date of Receipt
Mailing Address 6495 Tracyton Blv	rd NW	04 06 Y Y Y Y Y 04 06
City	State Zip Code	Transaction ID: A6C88F03B37B7471BE
Bremerton	WA 98311-8978	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer West Sound Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00
TOTAL This Period (last page this line nu	mber only)	

ľ	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any per- dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surge	eons
. Z	Full Name (Last, First, Middle Initial) Jerome Kolavo, MD			Date of Receipt
	Mailing Address 100 Sunset Ave			M M / D D / Y Y Y Y 04 06 2010
	City	State	Zip Code	Transaction ID: AB1E0C90FA373480FB
	Glen Ellyn	IL	60137-5605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OAD Orthopaedics	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) William N. Levine, MD			Date of Receipt
	Mailing Address Columbia University 622 W. 168th St Ph			04 / D D / Y Y Y Y 06 / 2010
	City	State	Zip Code	Transaction ID: A58D71689697F4A229
	New York	NY	10032-3720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1845.00
	Name of Employer Columbia University	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		1845.00	
_	Full Name (Last, First, Middle Initial) Dr. Larry Levin, MD			Date of Receipt
	Mailing Address 673 Lakewoode Circ	cle West		M M / D D / Y Y Y Y 0 4 0 6 2 0 1 0
	City Dolray Boach	State	Zip Code	Transaction ID: A679C8CA4EDC04523
	Delray Beach	<u> </u>	33445-4315	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)		3345.00
	TOTAL This Period (last page this line numb			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15 / 201 (check only one)			
Π	EMIZED RECEIPTS						
			Detailed Summary Page	X 11a 11b 11c 12			
_			ugu	13 14 15 16 17			
A	ny information copied from such Reports and for commercial purposes, other than using the time of the second se	Statements ma	y not be sold or used by any per-	son for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	Political Action Committee of the Arr	orioan Assoc	iation of Orthonaodia Surac	2020			
		IEIICAII ASSUC	alloir of Orthopaedic Surge	50115			
\. \.	Full Name (Last, First, Middle Initial) Dr. A. Louis Mariorenzi, MD			Date of Receipt			
	Mailing Address 216 E. Shore Rd			0 4 0 6 2 0 1 0			
	City	State	Zip Code	Transaction ID: A343EE555E06D4D108E			
	Jamestown	RI	02835-1633	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Orthopaedic Associates	Occupatio		_			
	·		edic Surgeon				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	500.00				
 3.	Full Name (Last, First, Middle Initial) Keith L. Markey, MD			Date of Receipt			
•	Mailing Address 5685 Arroyo Luis						
				04 06 2010			
	City	State	Zip Code	Transaction ID: AB5233837E48B49288E			
	Bulverde	TX	78163-3173	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupatio					
			edic Surgeon				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0.0	500.00				
. —	Full Name (Last, First, Middle Initial) Dr. James W. Maxey, MD			Date of Receipt			
•	Mailing Address 13004 N. Georgetow	n Rd		0 4 0 6 2 0 1 0			
	City	State	Zip Code	Transaction ID: A1695BE7C3BCB4FA3B			
	Dunlap	IL	61525-9470	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Great Plains Orthopaedics	Occupatio Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date V	_			
	Primary General		250.00				
	Other (specify)		200.00	_			
Γ				1250.00			
1				1250.00			

SCHEDULE A (FEC For	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 16 / 201 (check only one)			
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12			
Any information copied from such Rep or for commercial purposes, other thar	orts and Statements may not be sold or used by any pers or using the name and address of any political committee t	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Political Action Committee of	the American Association of Orthopaedic Surge	ions			
Full Name (Last, First, Middle Initia Dr. G. Grady McBride, MD	1)	Date of Receipt			
Mailing Address 475 Lakewood	d Dr	0 4 / D D / Y Y Y Y 0 4 0 6 2 0 1 0			
City	State Zip Code	Transaction ID: AEFD7ECFCFA344FDC			
Winter Park	FL 32789-3939	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Orlando Orthopaedic Center	Occupation Orthopaedic Surgeon	-			
Receipt For:	Aggregate Year-to-Date ▼	\neg			
Primary General	500.00				
Other (specify)					
Full Name (Last, First, Middle Initia Dr. Patrick V. McMahon, MD	l)	Date of Receipt			
Mailing Address 266 White Pla	ains Rd Suite C-1	0 4 0 6 Y Y Y Y Y 0 4 0 6 2 0 1 0			
City	State Zip Code	Transaction ID: AD110DD0482654AC7			
Eastchester	NY 10709-4423	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initia Dr. Hooman Meir Melamed, MD	l)	Date of Receipt			
Mailing Address 3209 Hutton [Dr				
City Deveeler Hille	State Zip Code	Transaction ID: A8286106228C44D94A			
Beverly Hills	CA 90210-1109	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		500.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (pptional)	1500.00			
	· /				
TOTAL This Period (last page this lin	e number only)				

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/201 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surge	o solicit contributions from such committee.
4.	Full Name (Last, First, Middle Initial) Dr. John Timothy Moor, MD		Date of Receipt
	Mailing Address 3920 Torrey Pines E	Blvd	0 4 / D D / Y Y Y Y 0 4 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: A171A8ABECA574C45A
	Sarasota	FL 34238-2833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Brian A. Murphy, MD		Date of Receipt
	Mailing Address 3803 Highknob Circ	le	0 4 0 6 Y Y Y Y Y 0 4 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: A350EC09640D04962A4
	Naperville	IL 60564-4425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer M&M Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00]
. –	Full Name (Last, First, Middle Initial) Dr. Peter J. Nowotarski, MD		Date of Receipt
	Mailing Address 9316 Mtn Shade Dr		0 4 / D D / Y Y Y Y 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: AF30FDAC7AEB548338
	<u>Chattanooga</u>	TN 37421-7419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Erlanger Health System	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere e name and address of any political committee erican Association of Orthopaedic Surg	
A.	Full Name (Last, First, Middle Initial) Dr. John S. O'Malley, MD Mailing Address 2819 Shandy Ave	Date of Receipt	
			04 06 2010
	City Wilmington	State Zip Code NC 28409-2024	Transaction ID: A17724BA248644BE4AE Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Wilmington Orthopaedic Gr- oup	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Carlos V. Perez-Cardona, MD Mailing Address PO Box 1508		Date of Receipt
	City	State Zip Code	
	Mayaguez	PR 00681-1508	Transaction ID: AF8DD932A614047B594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		750.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
;.	Full Name (Last, First, Middle Initial) Dr. Cyrus Pezeshki, MD	<u> </u>	Date of Receipt
	Mailing Address 13303 Falls Rd		M M / D D / Y Y Y Y Y 04 06 2010
		State Zip Code	Transaction ID: A8D8D4C6E8E3845E389
	Hunt Valley FEC ID number of contributing federal political committee.	MD 21030-1421	Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)		2050.00
–	TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	merican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Kenneth R. Pitz, MD		Date of Receipt
Mailing Address 676 N. 164th St		04 06 2010
City	State Zip Code	Transaction ID: A3F537410F5644C1597
Omaha	NE 68118-2504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Heartland Orthopaedic Cli-	Occupation Orthopaedic Surgeon	
nic Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Bryan Lee Reuss, MD		Date of Receipt
Mailing Address 150 East Robinson	St #1601	04 / 06 / Y Y Y Y 04 06 2010
City	State Zip Code	Transaction ID: A2763504375E44A42B2
Orlando	FL 32801-1990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orlando Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Dr. George H. Rubin, MD		Date of Receipt
Mailing Address 245 Alvord Park Ro	1	0 4 0 6 2 0 1 0
City	State Zip Code	Transaction ID: A091E25AD4DBF4F5CA
Torrington	CT 06790-3493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optiona	1 N)	1750.00
	.,	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS				
			13 14 15 16 17	
A or	ny information copied from such Reports and for commercial purposes, other than using the	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Orthopaedic S	Surgeons	
∠_ A.	Full Name (Last, First, Middle Initial) Dr. Leonard M. Rudolf, MD	Date of Receipt		
	Mailing Address 129-C Mascoma St		0 4 / D D / Y Y Y Y 0 6 2 0 1 0	
	City	State Zip Code	Transaction ID: AF5ACDF9363694F8793	
	Lebanon	NH 03766-2667	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer Self Employed	Occupation		
	Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date		
	Primary General Other (specify) ▼	250.0	00	
— В.	Full Name (Last, First, Middle Initial) Dr. Paul A. Sauer, MD		Date of Receipt	
	Mailing Address 2414 River Hills Ln		0 4 0 6 Y Y Y Y Y 0 4 0 6 2 0 1 0	
	City	State Zip Code	Transaction ID: A43237A9B13564DD2A4	
	Bolingbrook	IL 60490-5044	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer Rezin Ortho & Sports Med	Occupation Orthopaedic Surgeon		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify)	250.0	00	
— C.	Full Name (Last, First, Middle Initial) Dr. Frank H. Schmidt, MD		Date of Receipt	
	Mailing Address 117 Sunset Rim		04 06 2010	
	City	State Zip Code	Transaction ID: A2E9D3E51FC4F486B89	
	Cody	WY 82414-9635	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	500.0	00	
s	UBTOTAL of Receipts This Page (optional)	1	1000.00	
	OTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 201 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	o solicit contributions from such committee.		
A .	Full Name (Last, First, Middle Initial) Dr. Philip Schrank, MD Mailing Address 5 Schooners Cove			Date of Receipt
	<u></u>		7.0.1	04 06 2010
	City Setauket	State NY	Zip Code	Transaction ID: A9E6A73DC4E324869A1C
	FEC ID number of contributing federal political committee.	C	11733-3951	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation		-
	Receipt For:		edic Surgeon	
	Primary General Other (specify) ▼		500.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Randy Steven Schwartzberg, MD			Date of Receipt
	Mailing Address 2212 Fairglenn Way			04 / 06 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: A6CB6C82E7B3D491087E
	Winter Park	<u> </u>	32792-6351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orlando Orthopaedic Center		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 500.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Rolf C. Sohlberg, MD			Date of Receipt
0.	Mailing Address 13310 Atwater Ln			0 4 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: A9405FAD9212042BEB66
	Lake Oswego	OR	97034-2129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number	er only)		

	LE A (FEC Form 3X) RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 201 (check only one) X X 11a 11b 11c 12 13 14 15 16
or for commerce	cial purposes, other than using	the name and add	v not be sold or used by any per- dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Dr. Lyle Sore	Last, First, Middle Initial)		Zip Code	Date of Receipt 0 4 0 6 2 0 1 0 Transaction ID: A1723A3B6A3864544932
	nber of contributing ical committee.	WA C	98103-8308	Amount of Each Receipt this Period 1000.00
Receipt For Prima		· _ · _ · _	n edic Surgeon e Year-to-Date ▼ 1000.00	
B. William R. S	Last, First, Middle Initial) terba, MD Iress 137 Stuarton Dr			Date of Receipt
	nber of contributing	State IL	Zip Code 60189-7399	Transaction ID: AD986C75F64F94A5282 Amount of Each Receipt this Period 500.00
Name of Er OAD Ortho Receipt For Prima	paedics	Occupatio Orthopae	n edic Surgeon Year-to-Date 500.00	
Full Name (Dr. Willie Str Mailing Add	,			Date of Receipt
	nber of contributing ical committee.	State AL	Zip Code 36203-2015	0 4 0 6 2 0 1 0 Transaction ID: A9A91BB64FD2442E5AE Amount of Each Receipt this Period 1000.00
Name of En Self Employ Receipt For	nployer yed :		n edic Surgeon Year-to-Date ▼ 1000.00	
	of Receipts This Page (optional	0 0	0 0 0 0 0 0 0 0	2500.00

9	SCHEDULE A (FEC Form 3X)			F	FOR LINE NUMBER: PAGE 23 / 201							
			Use separate schedule(s) for each category of the	(0	(check only one)							
	I EMIZED RECEIPIS	Detailed Summary Page		X 11a		11b	11c		12	_		
Г		a		Ļ	13		14	15		16	· · ·	
	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s						e of so ons fro	liciting co m such c	ntrib	utions nittee	5	
	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the Am	orican Assoc	viation of Orthonaedic Sura	oone								
		encan Assoc	station of Onthopaedic Ourg	50113								
×	Full Name (Last, First, Middle Initial)											
	Dr. Joel Anthony Wallskog, MD				Date	of Re	ceipt					
	Mailing Address 12907 N. Highgate C	t			м 04	M /		D / Y 6		01		
	City	State	Zip Code				P.	A6865F	-	_		
	Meguon	WI	53097-1816	-				Receipt t			0404	
	· · ·		33037-1010		Amou		Each	neceipi i		enou	-	
	FEC ID number of contributing federal political committee.	С							5	00.00)	
	Name of Employer Aurora Advanced Healthcare	Occupatio										
		·	edic Surgeon									
	Receipt For: Primary General	Aggregate	e Year-to-Date									
	Other (specify) ▼		500.00									
		0 0	0 0 0 0 0 0 0	_								
-	Full Name (Last, First, Middle Initial)											
	William J. Walsh, Jr, MD				Date	of Re	ceipt					
	Mailing Address 19 Bradhurst Ave Suite 1300 N					M /		D / Y		Y		
				04		0	6	2	01	0		
	City	Zip Code		Trans	actio	n ID:	A34BBI	-054	14EF	9423		
	Hawthorne	NY	10532-2141		Amou	nt of	Each	Receipt t	his P	Period		
	FEC ID number of contributing	С							2	50.00)	
	federal political committee.							<u> </u>				
	Name of Employer New York Medical College	Occupatio	วท									
	New York Medical College	Orthopa	edic Surgeon									
	Receipt For:	Aggregate	e Year-to-Date 🔻									
	Primary General		250.00									
	Other (specify)			_								
_	Full Name (Loot, First, Middle Initial)											
	Full Name (Last, First, Middle Initial) Dr. Troy B. Watkins, Jr, MD				Date	of Re	ceipt					
	Mailing Address 125 E. Idaho Suite 10			M		· · ·	D / Y	Y	Y	Y		
					04			6	-	01		
	City	State	Zip Code					A189AE			9488	
	Boise	ID	83712-6254		Amou	nt of	Each	Receipt t	his P	Period		
	FEC ID number of contributing	С							10	00.00)	
	federal political committee.						-	I I				
	Name of Employer Mtn States Hand Clinic	Occupatio	วท	\neg								
	Mtn States Hand Clinic	edic Surgeon										
	Receipt For:	Aggregate	e Year-to-Date 🔻									
	Primary General	-	1000.00									
	Other (specify)											
г												
									17	50.00	۰ ۱	
	SUBTOTAL of Receipts This Page (optional)				-				1/3	50.00		
	TOTAL This Period (last page this line number	er only)		•					-			
L		a oniy)										

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 201
			for each category of the	(check only one)
I	I EIVIIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma	ay not be sold or used by any per Idress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ame	rican Assoc	ciation of Orthopaedic Surge	eons
× ۱.	Full Name (Last, First, Middle Initial) J. Michael Wattenbarger, MD			Date of Receipt
	Mailing Address 1624 Sterling Rd			M M / D D / Y Y Y Y 04 06 2010
	City	State	Zip Code	Transaction ID: A02FCCB4F2E87424CE
	Charlotte	NC	28209-1548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer OrthoCarolina	Occupatio Orthopa	on edic Surgeon	_
	Receipt For:	1	e Year-to-Date V	
	Primary General	, yyrcyal		-
	Other (specify)	0 0	1000.00	
- 3.	Full Name (Last, First, Middle Initial) Steven Weber, DO			Date of Receipt
/ -			2	'
	Mailing Address 25 West Crystal Lake			0 4 / 0 6 / Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: A2EE671D26E2845D1A
	Orlando	FL	32806-4475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orlando Orthopaedic Center	Occupatio	วท	-
	Orlando Orthopaedic Center	Orthopa	edic Surgeon	
	Receipt For:	1 · · · · ·	e Year-to-Date 🔻	
	Primary General	riggrogu		
	Other (specify)	0 0	500.00	
-	Full Name (Last, First, Middle Initial) William E. Wessels, Jr, MD			Date of Receipt
•	Mailing Address 5200 Hummingbird Ro	d Suite 100		0 4 0 6 Y Y Y Y Y 0 2 0 1 0
	City	State	Zip Code	Transaction ID: AC31398F761844C85A
	Wausau	WI	54401-6312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopa	on edic Surgeon	7
	Receipt For:	· · · · ·	e Year-to-Date V	
	Primary General	Aggregat		-
	Other (specify)		1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		2500.00
┢				
	TOTAL This Period (last page this line number	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 201 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	I not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	Political Action Committee of the Ame	rican Associ	ation of Orthopaedic Surgeo	ns		
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel W. White, MD Mailing Address 5925 Daltry Ln	Date of Receipt				
				0 4 / D 6 / Y Y Y Y 0 4 0 6		
	City	State	Zip Code	Transaction ID: ACE09CC7C4FAB4226B05		
	Colorado Springs	CO	80906-7803	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer US Army	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify)		500.00			
- В.	Full Name (Last, First, Middle Initial) Rick Wilkerson, DO			Date of Receipt		
	Mailing Address Walnut Ln Farm 2470 Hwy 18			0 4 / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0		
	City	State IA	Zip Code	Transaction ID: A2C705F7BC29E4803B70		
	Spencer FEC ID number of contributing federal political committee.	C	51301-7467	Amount of Each Receipt this Period		
	Name of Employer NW Iowa Bone,Joint & Spor- ts Surgeons	Occupation Orthopae	n edic Surgeon	_		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼		1000.00			
– C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Zacharias, MD			Date of Receipt		
	Mailing Address 654 Peach Tree	Mailing Address 654 Peach Tree				
	City	State	Zip Code	Transaction ID: A6AB32FEC9A7D44408E6		
	Grosse Pointe Wood	MI	48236-2719	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼		250.00			
ſ	SUBTOTAL of Receipts This Page (optional)			1750.00		
ŀ	TOTAL This Period (last page this line number		· · ·			

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		Detailed Summary Fage	
	Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Political Action Committee of the Ar	nerican Association of Orthopaedic Surg	eons
∠ A.	Full Name (Last, First, Middle Initial) Dr. Michael Jacob Battaglia, MD		Date of Receipt
	Mailing Address 104 Market St		04 14 2010
	City	State Zip Code	Transaction ID: A44CE376A15EC43E2B3
	<u>Annapolis</u>	MD 21401-2633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Bellevue Bone & Joint Phy-	Occupation	
	Bellevue Bone & Joint Phy- sicia	Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Jerome A. Behrens, MD		Date of Receipt
	Mailing Address 4140 Centennial Hil	ls Blvd Suite A	0 4 1 4 2 0 1 0
	City	State Zip Code	Transaction ID: A454B4CC5B53D4B90AD
	Casper	WY 82609-3265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Casper Orthopaedic Associ-	Occupation	
	ates	Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Robert J. Berkowitz, MD		Date of Receipt
•	Mailing Address 32091 Ventanas Cir	cle	
	City	State Zip Code	Transaction ID: A18F40044F06D4E4DA4
	Avon Lake	OH 44012-1978	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1000.00
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 201 (check only one)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kevin P. Black, MD Mailing Address 30 Hope Dr City Hershey FEC ID number of contributing federal political committee. Name of Employer Penn State Hershey Medical Ctr Receipt For: Primary General Other (specify)	State Zip Code PA 17033-2036 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Date of Receipt 0 4 1 4 2 0 1 0 Transaction ID: ABBAEF7F2E7ED4DCB812 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Brian C. Brenner, MD Mailing Address 1921 18th St City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Kern Bone & Joint Specialists Receipt For: Primary General Other (specify) ▼	State Zip Code C 93301-4205 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 0 4 1 4 2 0 1 0 Transaction ID: AAF3D099AA63D4B50866 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. J. Dan Carter, MD Mailing Address 320 Quail Creek City Lufkin FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 75904-0338 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt 0 4 / 1 4 / 2 0 1 0 Transaction ID: AD04CBBB29FA745E4A14 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optiona	,	1500.00

Tucson AZ 85750-6084 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C 250.00 Name of Employeer Occupation Orthopaedic Surgeon 250.00 Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ 250.00 Date of Receipt B. Full Name (Last, First, Middle Initial) Date of Receipt Dr. Wayne Anthony Colizza, MD Date of Receipt Mailing Address 3 Hillside Ct East Morris Plains NJ City State Zip Code Transaction ID: AB9A0E191802B4637/ Morris Plains NJ 07950-2007 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Transaction ID: AB9A0E191802B4637/ Med Date of Receipt This Period S00.00 Transaction ID: AB9A0E191802B4637/ Med Orthopaedic Surgeon Aggregate Year-to-Date ▼ S00.00 Primary General Occupation Transaction ID: AB9A0E191802B4637/ Other (specify) ▼ Occupation Orthopaedic Surgeon S00.00 Receipt For: S00.00 S00.00	SCHEDULE A (FEC ITEMIZED RECEIPT	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 201 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17
A. Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt 0 4 1 4 2 0 1 0 City State Zip Code Tucscen AZ 85750-6084 FEC ID number of contributing rederal political committee. Occupation Amount of Each Receipt this Period Name (Last, First, Middle Initial) Occupation Aggregate Year-to-Date ▼ Amount of Each Receipt this Period B. Dr. Wayne Antheny Coitza, MD Aggregate Year-to-Date ▼ Transaction D: ABS/0E191802B4637. Maring Address 3 Hillside Ct East C 250.00 Date of Receipt Maring Address 3 Sports Onthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction D: ABS/0E191802B4637. Mount of Each Receipt this Period Transaction D: ABS/0E191802B4637. Amount of Each Receipt this Period Tech Name (Last, First, Middle Initial) Date of Receipt Transaction D: ABS/0E191802B4637. Maring Address 10001 S. Western Suite 101 C Transaction D: ABS/0E191802B4637. Mailing Address 10001 S. Western Suite 101 C Transaction D: ABS/2E169EB46458. Orthopaedic Surgeon Transaction D: ABS/2E169EB46458. Amount of Each Receipt this Period Mailing A	or for commercial purposes, oth	her than using the name and ad n Full)	dress of any political committee t	o solicit contributions from such committee.
A. D: Daming Cheleautie, M0 Date of Receipt Mailing Address 5270 N. Gate Ridge Rd 0.4 ' 0.	Political Action Commit	tee of the American Assoc	iation of Orthopaedic Surge	ons
City State Zip Code Tucson AZ 85750-6084 FEC ID number of contributing C referal political committee C Name of Employer Occupation Other (specify) ▼ 250.00 3. Full Name (Last, First, Middle Initial) Dr. Wayne Antony Colizza, MD Aggregate Year-to-Date Maiing Address 3 Hillside Ct East City State City State Date of Receipt This Period Other (specify) ▼ State Zip Code Transaction ID: AB9ADE 191802B4637. Maiing Address 3 Hillside Ct East City State City State Date of Receipt Transaction ID: AB9ADE 191802B4637. Marris Plains NJ Orthopaedic Surgeon Aggregate Year-to-Date ▼ Pict ID number of contributing C Other (specify) ▼ State City State Name (Last, First, Middle Initial) D Dr., Jimmy H. Conway, MD Maiing Address Maling Address 1000 15. Western Suite 101 City State Zip Code Oklahoma City Ok Pict ID number		le Initial)		Date of Receipt
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tederal political committee.	Tucson	AZ	85750-6084	Amount of Each Receipt this Period
Receipt Fo: Othorpatelic Surgeon Primary General Other (specify) ◆ 250.00 B. Dr. Wayne Anthony Colizza, MD Mailing Address 3 Hillside Ct East Date of Receipt City State Zip Code Morris Plains NJ 07950-2007 FEC ID number of contributing federal political committee. C Agregate Year-to-Date ▼ Name of Employer Occupation Agregate Year-to-Date ▼ Amount of Each Receipt this Period Mading Address 1001 S. Western Suite 101 Date of Receipt Date of Receipt Num of Employer Occupation Agregate Year-to-Date ▼ Date of Receipt Primary General Other (specify) ◆ Date of Receipt City State Zip Code Date of Receipt Mailing Address 10001 S. Western Suite 101 Transaction ID: A092169CE8BB04685. City State Zip Code Transaction ID: A092169CE8BB04685. City State C Transaction ID: A092169CE8BB04685. City State Zip Code Transaction ID: A092169CE8BB04685. Oktaron C T		ing		250.00
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b. Dr. Wayne Anthony Colizza, MD Date of Receipt Mailing Address 3 Hillside Ct East Date of Receipt City State Zip Code Morris Plains NJ 07950-2007 FEC 1D number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employee Occupation Orthopaedic Surgeon Mailing Address 10011 S. Western Suite 101 Mailing Address City State Zip Code Primary General Orthopaedic Surgeon Period State Zip Code Mailing Address 10001 S. Western Suite 101 Mailing Address City State Zip Code Oklahoma City OK 73139-2997 FEC ID number of contributing federal political committee. Occupation Name of Employeer Occupation Transaction ID: A092169CE88B04685: Oklahoma City OK 73139-2997 Transaction ID: A092169CE88B04685: Aggregate Year-to-Date 1000.00 1000.00 1000.00				
Mailing Address 3 Hillside Ct East City State Zip Code Morris Plains NJ 07950-2007 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Tri-County Ortho & Sports Med Occupation Orthopaedic Surgeon Amount of Each Receipt this Period Primary General Other (specify) ▼ Occupation Date of Receipt Full Name (Last, First, Middle Initial) Dr. Jimmy H. Conway, MD Date of Receipt Mailing Address 10001 S. Western Suite 101 Transaction ID: A092169CE38B046851 City State Zip Code Oklahoma City OK 73139-2997 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Amount of Each Receipt this Period Receipt For: Aggregate Year-to-Date ▼ 1000.00 Amount of Each Receipt this Period Mailing Address Occupation Orthopaedic Surgeon Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Amount of Each Receipt this Period Receipt For: </td <td></td> <td></td> <td></td> <td>Date of Receipt</td>				Date of Receipt
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FEC ID number of contributing federal political committee. C 500.00 Name of Employer Tr-County Ortho & Sports Med Occupation Orthopaedic Surgeon 500.00 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Image: Committee	City	State	Zip Code	Transaction ID: AB9A0E191802B4637A1
federal political committee. 0 Name of Employer Tr-County Ottho & Sports Med Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Jimmy H. Conway, MD Date of Receipt Mailing Address 10001 S. Western Suite 101 Mail 0 1 4 2 0 1 0 City State Zip Code Oklahoma City OK 73139-2997 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Transaction ID: A092169CE8BB046855 Name of Employer Self Employed Occupation Orthopaedic Surgeon 1000.00 Receipt For: Primary General Other (specify) ▼ 1000.00	Morris Plains	NJ	07950-2007	Amount of Each Receipt this Period
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Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Jimmy H. Conway, MD Mailing Address 10001 S. Western Suite 101 City State Zip Code Oklahoma City OK 73139-2997 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ 1000.00 Primary General 1000.00	Med	· · · ·		_
Full Name (Last, First, Middle Initial) Dr. Jimmy H. Conway, MD Mailing Address 10001 S. Western Suite 101 City State Zip Code Oklahoma City OK 73139-2997 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Self Employed Occupation Orthopaedic Surgeon 1000.00 Receipt For: Aggregate Year-to-Date ▼ 1000.00 Primary General Other (specify) ▼ 1000.00				
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Other (specify) ▼ 1000.00			e Year-to-Date 🔻	
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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 201
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	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma	ay not be sold or used by any pers	on for the purpose of soliciting contributions
k				
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the An	nerican Assoc	iation of Orthopaedic Surge	ons
A.	, Full Name (Last, First, Middle Initial) Dr. Jeffrey V. Dermksian, MD			Date of Receipt
	Mailing Address 36 W. 60th St			0 4 / D D / Y Y Y Y 0 4 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A41D3F171E91A44C4AF
	New York	NY	10023-7903	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupatio	n	_
	Riverside Orthopaedics &	·	edic Surgeon	
	<u>Sport</u> Receipt For:	·	e Year-to-Date 🔻	-
	Primary General	Aggregat		-
	Other (specify)		500.00	
_				-
	Full Name (Last, First, Middle Initial)			Data of Data data
В.	Dr. Gary Drillings, MD	0.1.005		Date of Receipt
	Mailing Address 1777 Hamburg Tpke	Suite 305		0 4 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: AF3D55539E6164F45AD
	Wayne	NJ	07470-5243	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupatio	ท	_
	Name of Employer Self Employed	·	edic Surgeon	
	Receipt For:	· · ·	e Year-to-Date 🔻	
	Primary General	7.99.094		1
	Other (specify)		1000.00	
-	Full Nome (Loot First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Dr. Howard I. Freedberg, MD			Date of Receipt
•	Mailing Address 2354 Tennyson			M M / D D / Y Y Y Y
				04 14 2010
	City	State	Zip Code	Transaction ID: A16E88B5B04744F43950
	Highland Park	IL	60035-1649	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Suburban Orthopaedics	Occupatio		_
	·		edic Surgeon	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General		550.00	
	Other (specify)	0 0		1
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	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 30 / 201 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports an	d Statements ma	uy not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the A	merican Assoc	iation of Orthopaedic Surge	ons
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Timothy Allen Gibbons, MD			Date of Receipt
	Mailing Address 250 S. Crescent Dr			M M / D D / Y Y Y Y 04 14 2010
	City	State	Zip Code	Transaction ID: AA4CEEB3BC133436D
	Mason City	IA	50401-2926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mason City Clinic	Occupatio	on edic Surgeon	
	Receipt For:		e Year-to-Date V	—
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Robert E. Gieringer, MD			Date of Receipt
	Mailing Address 2751 Debarr Rd Su	ite B320		0 4 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A0E456B4783FD4654B
	Anchorage	AK	99508-6805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) The second seco		2000.00	
	Full Name (Last, First, Middle Initial) Dr. Pamela E. Glennon, MD			Date of Receipt
	Mailing Address 4050 Ashland Ave			M M / D D / Y Y Y Y 04 14 2010
	City	State	Zip Code	Transaction ID: ACA3ABD21BC204761
	Wausau	WI	54403-8129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bone & Joint Clinic	Occupatio Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date V 500.00	
				2500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Am	e name and ad	dress of any political committee	to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Gregory V. Hahn, MD Mailing Address 1740 Brightwaters Blv	/d NE		Date of Receipt
	City	Stata	Zip Codo	
	City <u>Saint Petersburg</u>	State FI	Zip Code 33704-3816	Transaction ID: A0A8591DDCD72420C948 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Childrens Ortho And Scoli- osis	Occupatio Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Richard Justis Haynes, MD Mailing Address 511 W. Ocotillo Rd			Date of Receipt
				04 14 2010
	City	State	Zip Code	Transaction ID: A236C561388104D47A46
	Phoenix FEC ID number of contributing federal political committee.	AZ	85013-1134	Amount of Each Receipt this Period
	Name of Employer ACGME	Occupatio Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. G. Brian Holloway, MD			Date of Receipt
	Mailing Address 8956 Hemingway Gro	ove Circle		M M / D D Y
	City Knoxville	State TN	Zip Code 37922-8087	Transaction ID: AE6FB24F7F2B04400A23
	FEC ID number of contributing federal political committee.	С	5/922-000/	Amount of Each Receipt this Period
	Name of Employer Knoxville Orthopaedic Cli- nic	Occupatio Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/201 (check only one) X X 11a 11b 11c 12	
	Any information copied from such Reports and or for commercial purposes, other than using t	l Statements ma he name and ad	y not be sold or used by any pers	the purpose of soliciting contributions o solicit contributions from such committee.	17
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surge	ons	
∠ A.	Full Name (Last, First, Middle Initial) Dr. Thomas B. Hughesjr, MD			Date of Receipt	
	Mailing Address 331 Frederick Ave			04 14 2010	1
	City	State	Zip Code	Transaction ID: A8B4F1BD54A154	AF8BF
	Sewickley	PA	15143-1407	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Allegheny Orthopaedic Ass-	Occupatio			
	ociat Receipt For:		edic Surgeon e Year-to-Date 🔻		
	Primary General Other (specify) ▼		1000.00		
– В.	Full Name (Last, First, Middle Initial) Dr. Sergio D. Ilic, MD			Date of Receipt	
	Mailing Address 7446 N. Chestnut			04 14 2010	1
	City	State	Zip Code	Transaction ID: A6DE80078180C4	70BA89
	Clovis	CA	93611-9169	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupatio Orthopa	n edic Surgeon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]	
– C.	Full Name (Last, First, Middle Initial) Dr. Timothy D. Jackson, MD			Date of Receipt	
•	Mailing Address PO Box 10049			M M / D D / Y Y Y Y 0 4 1 4 2 0 1 0	1
	City	State	Zip Code	Transaction ID: AA24559FD50954	614AD5
	Gulfport	MS	39505-0049	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self Employed	Occupatio Orthopa	n edic Surgeon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00		
Γ	SUBTOTAL of Receipts This Page (optional)			2250.00	

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 201
			for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Г	Any information copied from such Reports and S	Statements may	y not be sold or used by any pers	13 14 15 16 17
	or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ame	erican Associ	iation of Orthopaedic Surge	ons
۷ ۱	Full Name (Last, First, Middle Initial) Dr. William James Jekot, MD			Date of Receipt
Α.	Mailing Address 1029 N. Highland Ave	;		M M / D D / Y Y Y Y
	City	State	Zip Code	0 4 1 4 2 0 1 0 Transaction ID: AF5216E9539544A9295E
	Murfreesboro	TN	37130-2450	Amount of Each Receipt this Period
			37130-2430	
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Premier Orthopaedics	Occupatio	n	-
	-	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		500.00	
	Other (specify)	0 0		1
- В.	Full Name (Last, First, Middle Initial)			Date of Receipt
D.	Dr. Christopher Jordan, MD Mailing Address 12440 NE 10th			
				04 14 2010
	City	State	Zip Code	Transaction ID: ACA99DC2207FE4168BC
	Choctaw	OK	73020-8132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupatio	2	_
	Self Employed	· · ·	edic Surgeon	
	Receipt For:		e Year-to-Date V	-
	Primary General	, iggi ogaio		
	Other (specify)	0 0	500.00]
-	Full Name (Last, First, Middle Initial)	1		Dete of Descipt
C.	Dr. Mark C. Leeson, MD Mailing Address Dept Of Orthopaedic S	Curaoru		Date of Receipt
	Mailing Address Dept Of Orthopaedic S 224 W Exchange St S	Ste 430		04 14 2010
	City	State	Zip Code	Transaction ID: A98269A3112184EC98A
	Akron	OH	44302-1718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AGMC	Occupatio	n	-
		· · · · · · · · · · · · · · · · · ·	edic Surgeon	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		250.00	
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ſ				1250.00
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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	`	-	LINE	-		R: PA	GE	34 / 2	01
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•			Detailed Summary Page		х	11a	Н	11b		;	12	Π.
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	or for commercial purposes, other than using the	e name and ad	Idress of any political committe	ee to sol	licit c	contrik	butio	ns fro	m such	comn	nittee.	
	NAME OF COMMITTEE (In Full)	ricon Accor	viction of Orthonoodia Su	*~~~~~								
	Political Action Committee of the Ame	encan Assoc	nation of Orthopaedic Su	rgeons								
	Full Name (Last, First, Middle Initial) Dr. Donald M. Lewis, MD				D	ate of	f Rec	eipt				
	Mailing Address 216 Harrington Ct					м м 04	/	D	D / Y		201	
	City	State	Zip Code		Tr	ansa	ctior		AE707	-	_	
	Alamo	CA	94507-1491						Receipt			
	FEC ID number of contributing federal political committee.	C					1	1		2	250.00)
	Name of Employer	Occupatio	on									
	Name of Employer Muir Orthopaedic Speciali- sts		edic Surgeon									
	Receipt For:	Aggregat	e Year-to-Date 🔻									
	Primary General		250.00									
	Other (specify)											
	Full Name (Last, First, Middle Initial) Dr. Jeffrey Malumed, MD	•			D	ate of	f Rec	eipt				
	Mailing Address 506 Van Lears Run				Г	м м 04		D	D / Y 4		201	
	City	State	Zip Code						- A043B	_	_	
	Villanova	PA	19085-1023						Receipt			_ _
	FEC ID number of contributing federal political committee.	C				1	1	1			50.00)
	Name of Employer Premier Orthopedics	Occupatio										
		- · · · ·	edic Surgeon									
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻									
	Other (specify)		350.00									
	Full Name (Last, First, Middle Initial) Dr. Richard J. Mason, MD					ate of	f Boo	oint				
	Mailing Address 510 Idlewild Ave				Г	м м 04		D	D / Y	Y	2 0 1 0	Ŷ
	City	State	Zip Code				ctior		4 A580F	-	-	
	Easton	MD	21601-3881						Receipt			
	FEC ID number of contributing federal political committee.	C								5	00.00)
	Name of Employer The Orthopedic Center	Occupatio Orthopa	on edic Surgeon									
	Receipt For:	· · ·	e Year-to-Date 🔻									
	Primary General Other (specify) ▼		750.00									
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by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
dic Surgeons
Date of Receipt
0 4 / D D / Y Y Y Y 0 4 / 1 4 2 0 1 0
Transaction ID: A1F20C23D3F2041299
Amount of Each Receipt this Period
250.00
250.00
Date of Receipt
M M / D D / Y Y Y Y 0 4 1 4 2 0 1 0
Transaction ID: AC2E04CFE1A5E4335A
Amount of Each Receipt this Period
500.00
00.00
Date of Receipt
M M / D D / Y Y Y Y 0 4 1 4 2 0 1 0
Transaction ID: A0D39686FFB2C4E539
Amount of Each Receipt this Period
500.00
700.00
<u> </u>
1250.00

	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Todd Michael Oliver, MD Mailing Address 8295 W. Hwy UU City Columbia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State MO C Occupatio Orthopae	Zip Code 65203-9777	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 2 0 1 0 Transaction ID: A03F12FEE097C4657 Amount of Each Receipt this Period 250.00 1750.00								
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Todd Michael Oliver, MD Mailing Address 8295 W. Hwy UU City Columbia FEC ID number of contributing federal political committee.	State MO	1000.00 Zip Code 65203-9777	M M / D D / Y Y Y Y 0 4 1 4 2 0 1 0 Transaction ID: A03F12FEE097C4657 Amount of Each Receipt this Period								
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Todd Michael Oliver, MD Mailing Address 8295 W. Hwy UU		1000.00	M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0								
	Other (specify) v	Aggregate]								
	Name of Employer CSSD Receipt For:		edic Surgeon									
	FEC ID number of contributing federal political committee.	C		1000.00								
	City San Diego	State CA	Zip Code 92123-4228	Transaction ID: A333716D3913B4255 Amount of Each Receipt this Period								
	Mailing Address 3030 Children's Way	Suite 410		M M / D D / Y Y Y Y Y <th< td=""></th<>								
	Full Name (Last, First, Middle Initial) Dr. Peter O. Newton, MD			Date of Receipt								
	Other (specify)	0.0	500.00									
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻									
	Name of Employer Norristown Orthopaedics	Occupatio Orthopae	n edic Surgeon									
	FEC ID number of contributing federal political committee.	C		500.00								
	Gwynedd Valley	PA	19437	Amount of Each Receipt this Period								
	City	State	Zip Code	0 4 1 4 2 0 1 0 Transaction ID: ABDD34D5D31C74B3								
	Dr. John J. Nevulis, MD Mailing Address 100 Beaumont Place			Date of Receipt								
/	Political Action Committee of the Am Full Name (Last, First, Middle Initial)	erican Assoc	iation of Orthopaedic Surgeo									
	NAME OF COMMITTEE (In Full)											
An or f	y information copied from such Reports and or commercial purposes, other than using th	Statements mane name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions soliciting contributions								
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1								
	CHEDULE A (FEC Form 3X))	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 36 / 201 (check only one)								
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page		R LINE neck only	y one		R: PA	_	<u>37 / 2</u> 12	01	
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Any info	ormation copied from such Reports and S	itatements may	v not be sold or used by any per	son for	13 the purp	ose	14 of sol	15 icitina co	ontrib	16 utions		17
or for co	ommercial purposes, other than using the IE OF COMMITTEE (In Full) itical Action Committee of the Ame	name and add	dress of any political committee	to solic	it contrib	oution	ns froi	m such c	omm	ittee.		
	Name (Last, First, Middle Initial) Richard Lee Parker, MD				Date of	Rec	eipt					
Maili	ng Address 6 Dowling Ct				м м 04	/	D 1			0 1 C		
City		State	Zip Code			ction		A7C255)8BF4
<u>Old</u>	Westbury	NY	11568-1220		Amoun	t of E	ach F	Receipt t	his P	eriod		
	ID number of contributing ral political committee.	C							2	50.00)	
Nam Sout	e of Employer th Nassau Ortho Surgeo-	Occupation										
ns	eipt For:	· · · · ·	edic Surgeon									
	Primary General Other (specify) •		Year-to-Date ▼ 250.00									
	Name (Last, First, Middle Initial) Paul K. Peartree, MD				Date of	Rec	eipt					
Maili	ng Address 30 Hagen Dr Suite 220)			м м 04	1	D 1	D / Y 4		0 ^Y 1 (
City		State	Zip Code			ction		A75D6/	_			20B
Roc	chester	NY	14625-2658		Amoun	t of E	Each F	Receipt t	his P	eriod		
	ID number of contributing ral political committee.	C					1		2	50.00		
	e of Employer ater Rochester Orthopa-	Occupation	n edic Surgeon									
<u>edic</u> Rece	eipt For:	1 · · · · ·	Year-to-Date V									
	Primary General Other (specify) ▼	U U U	500.00									
	Name (Last, First, Middle Initial) Indrew W. Piasecki, MD				Date of	Rec	eipt					
Maili	ng Address 1112 Mill St				м м 04	/	D 1			0 ^Y 1 0		
City		State	Zip Code		Transa	ction	ID: /	AD997[-			9098
<u>Car</u>	nden	SC	29020-3712		Amoun	t of E	Each F	Receipt t	his P	eriod		
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Nam Self	e of Employer Employed	Occupation Orthopae	n edic Surgeon									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17	
4 c	ny information copied from such Reports and r for commercial purposes, other than using	d Statements may the name and ad	v not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Assoc	ation of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Dr. Michael Edward Pollack, MD			Date of Receipt
	Mailing Address 6 Sand Hill Rd Suite	102		04 14 2010
	City	State	Zip Code	Transaction ID: A40F62DDCC52A4E698
	Flemington	NJ	08822-4946	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hunterdon Ortho Institute	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. James J. Purtill, MD	I		Date of Receipt
	Mailing Address 651 Darby Paoli Rd			M M / D D / Y Y Y Y 0 4 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A910A22AC06DF44E68
	Villanova	PA	19085-1007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Rothman Institute	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)	0.0	2000.00	
_	Full Name (Last, First, Middle Initial) Dr. A. Bruce Reid, MD			Date of Receipt
	Mailing Address 806 Maple Dr			04 / D D / Y Y Y Y 04 14 2010
	City	State	Zip Code	Transaction ID: AF407C04D70EC4FC8
	Griffin	GA	30224-4919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic & Sports Medi-	Occupatio		
	cine Receipt For:		edic Surgeon e Year-to-Date 🔻	_
	Primary General	Aggregate		
	Other (specify)	0 0	750.00	
Γ				2250.00
	CLIDTOTAL of Doopinto This Doop (continue)	1		2230.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 201			
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A	Any information copied from such Reports and	Statements ma	y not be sold or used by any per	son for the purpose of soliciting contributions			
C	r for commercial purposes, other than using th	e name and ad	dress of any political committee	to solicit contributions from such committee.			
Ν	NAME OF COMMITTEE (In Full)						
	angle Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	eons			
Z							
	Full Name (Last, First, Middle Initial)			Dete of Descipt			
	Dr. Daniel D. Rhoads, MD			Date of Receipt			
	Mailing Address 4470 Park Royal Dr			04 14 2010			
	City	State	Zip Code	Transaction ID: AC34F7E5A27DF4D65			
	Flowery Branch	GA	30542-4660	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer SCG Orthopedics	Occupatio					
		- · · · · ·	edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		250.00				
	Other (specify)						
	Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Rodgers, MD			Date of Receipt			
	Mailing Address 13500 Sheridan Ave						
	Maining Address 15500 Sheridan Ave			04 14 2010			
	City	State	Zip Code	Transaction ID: A073171925E4A4EE98			
	Urbandale	IA	50323-2121	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		250.00			
	Name of Employer Des Moines Ortho Surgeons	Occupatio					
	-	- · · · ·	edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		250.00				
	Other (specify)						
	Full Name (Last, First, Middle Initial)						
	Dr. John M. Schimpke, MD	Date of Receipt					
	Mailing Address 3431 Old Baldwin Rd			M M / D D / Y Y Y Y			
				04 14 2010			
	City	State	Zip Code	Transaction ID: A0CCF45B024934D6D			
	Lake Angelus	MI	48326-1274	Amount of Each Receipt this Period			
	FEC ID number of contributing	0		E00.00			
	federal political committee.	C		500.00			
	Nome of Employer	Occuratio	~				
	Name of Employer Self Employed	Occupatio	ⁿ edic Surgeon				
		- · · · ·					
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Use separate schedule(s) for each category of the Detailed Summary Page hay not be sold or used by any per address of any political committee ociation of Orthopaedic Surge Zip Code 55424-1154 ion aedic Surgeon ate Year-to-Date ▼ 350.00 Zip Code 10580-1019	FOR LINE NUMBER: PAGE 40 / 201 (check only one) X X 11a 13 14 15 16 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. eons Date of Receipt 0 4 0 4 14 2 0 4 14 2 0 4 14 2 0 4 14 2 0 4 14 2 0 4 14 2 2 10 Transaction ID: AE2191B064BB846E39 Amount of Each Receipt this Period 0 4 0 4 0 4 0 14 2 0 0 4 14 2 2 10 Transaction ID: AB201DB68C05E41019 Amount of Each Receipt this Period
Detailed Summary Page hay not be sold or used by any per- address of any political committee ociation of Orthopaedic Surge Zip Code 55424-1154 ion aedic Surgeon ate Year-to-Date ▼ 350.00	X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. 16 17 eons Date of Receipt 0.4 1.4 $2.01.0$ Transaction ID: AE2191B064BB846E39 Amount of Each Receipt this Period 250.00 Date of Receipt 0.4 1.4 $2.50.00$ Transaction ID: AE2191B064BB846E39 Amount of Each Receipt this Period 250.00 Date of Receipt 0.4 1.4 $2.01.0$ Transaction ID: AB201DB68C05E41019 Amount of Each Receipt this Period $2.01.0$
aay not be sold or used by any per address of any political committee ociation of Orthopaedic Surge Zip Code 55424-1154 ion aedic Surgeon ate Year-to-Date ▼ 350.00 Zip Code	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. eons Date of Receipt 0 4 1 4 2 0 0 Transaction ID: AE2191B064BB846E39 Amount of Each Receipt this Period 250.00 0 4 1 4 2 0 1 0 4 1 4 2 0 1 0 4 1 4 2 0 1 0 4 1 4 2 0 1 0 4 1 4 2 0 1 0 4 1 4 2 0 1 0 4 1 4 2 0 1 1 0 4 1 4 2 0 1 1 1 1 2 1 1 0 4 1 4 2 0 1 1 1 1 <t< td=""></t<>
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 I 13 14 15 16 17
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and address of any political committe	ee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Daniel M. Ward, MD Mailing Address 14 Upland Rd City Wellesley FEC ID number of contributing federal political committee.	State Zip Code MA 02482-6910	Date of Receipt 0 4 / 1 4 / 2 0 1 0 Transaction ID: A9318F29F041A4034BEB Amount of Each Receipt this Period 1000.00
	Name of Employer Longwood Orthopedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	· ·
В.	Full Name (Last, First, Middle Initial) Dr. Russell F. Warren, MD Mailing Address 535 E. 70th St City New York FEC ID number of contributing federal political committee.	State Zip Code NY 10021-4823	Date of Receipt Date of Receipt 0 4 Transaction ID: A62A5BA7725FE4DBCB3E Amount of Each Receipt this Period 250.00
	Name of Employer Hospital For Special Surg- ery Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Thomas C. Wilder, Jr, MD Mailing Address 239 Parfitt Way, Unit 1	b	Date of Receipt
	City Bainbridge Island FEC ID number of contributing federal political committee. Name of Employer Group Health Permanente	State Zip Code WA 98110-4900 C Occupation Orthopaedic Surgeon	Transaction ID: A0596B8AC865343D18FF Amount of Each Receipt this Period 500.00
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		▶ 1750.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		TED RECEIPTS for each category of the			FOR LINE NUMBER: PAGE 42/201 (check only one) X 11a 11b 11c 12				
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NAME OF COMMITTEE (In Full)									-
Political Action Committee of	the American Assoc	iation of Orthopaedic Surge	ons						
Full Name (Last, First, Middle Initia Dr. Kent E. Woo, MD)		D	ate of	Receipt				
Mailing Address 309 McAlpin I)r			м м 04	/ 1		/ Y	2 0 1	
City	State	Zip Code	Tr	ransa	ction ID:	A0!	53345	87424	E4199A
Savannah	GA	31406-8923	A	moun	t of Each	Rec	eipt thi	is Period	
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Name of Employer Southeastern Orthopedic	Occupatio	n edic Surgeon							
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Primary General									
Other (specify)	0 0	1000.00							
Full Name (Last, First, Middle Initia Dr. Edward W. Younger, III, MD)		D	ate of	Receipt				
Mailing Address 8515 Kenneth	Creek Ln			м м 04		D 4	/ Y	Y Y 201	
City	State	Zip Code	Tr	ransa	ction ID:	A8	71189	D910F	54730/
<u>Fair Oaks</u>	CA	95628-5361	A	moun	t of Each	Rec	eipt thi	is Period	
FEC ID number of contributing federal political committee.	C							250.0	0
Name of Employer Self Employed	Occupatio	n edic Surgeon							
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Primary General Other (specify) ▼		250.00							
Full Name (Last, First, Middle Initia))ata of	Receipt				
	Dr. Richard Zapanta, MD Mailing Address 880 S. Atlantic Blvd Suite 205					D 4	/ Y	Y Y 201	0
City	State	Zip Code	Tr		ction ID:	AC		C1AFD	CE4D5
Monterey Park	CA	91754-4782	A	moun	t of Each	Rec	eipt thi	is Period	l
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	SCHEDULE A (FEC Form 3X))	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 201 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Political Action Committee of the Am Full Name (Last, First, Middle Initial) Dr. Mary Johanna Albert, MD Mailing Address 3441 Westhampton			Date of Receipt
	City	State	Zip Code	Transaction ID: A8434436753254EE2B7F
	Gainesville	GA	30506-1068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Resurgens Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
- В.	Full Name (Last, First, Middle Initial) Dr. H. Morton Bertramiii, MD			Date of Receipt
	Mailing Address PO Box 112649			04 / 15 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: ACB138BC72F7C4CE1B23
	Naples FEC ID number of contributing federal political committee.	FL	34108-0145	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
- C.	Full Name (Last, First, Middle Initial) Albert J. Cecchini, DO			Date of Receipt
	Mailing Address 323 Winding Creek			0 4 / D D / Y Y Y Y 1 5 / 2 0 1 0
	City	State NC	Zip Code	Transaction ID: A033C8E6713464FE9B6A
	Morganton FEC ID number of contributing federal political committee.	C	28655-6570	Amount of Each Receipt this Period
	Name of Employer Mountain Orthopaedics	Occupatio Orthopae	n edic Surgeon	
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	Other (specify) ▼		500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			2500.00
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or for commercial pu	urposes, other than using the name a MITTEE (In Full)	nts may not be sold or used by any pers and address of any political committee to Association of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Full Name (Last, Dr. Michael R. Cla Mailing Address City Riverside FEC ID number federal political c Name of Employ ONS Receipt For: Primary	First, Middle Initial) ain, MD 9 Indian Head Rd St C of contributing ommittee. er Occ Ort Agg	ate Zip Code	Date of Receipt M M M / D D / Y Y Y Y 0 4 1 5 2 0 1 0 Transaction ID: A2E6AF6AD6063445BB17 Amount of Each Receipt this Period 500.00
B. Dr. Jeffrey C. Ferr	First, Middle Initial) hyhough, MD 1905 Clint Moore Rd Suite 30 St of contributing ommittee. er Occ Ort General	09 ate Zip Code	Date of Receipt M M / D D / Y Y Y Y 0 4 / 15 / 2 0 1 0 Transaction ID: A82CE38B2C1774CC9AAE Amount of Each Receipt this Period 1000.00
C. Dr. Kevin L. Garvi	419 North 68th St St of contributing ommittee. er Occ Ort General	ate Zip Code E 68132-2654 upation hopaedic Surgeon gregate Year-to-Date ▼ 1000.00	Date of Receipt
	L ceipts This Page (optional) d (last page this line number only)		2500.00

S	CHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 201			
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A	ny information copied from such Reports and	Statements may	y not be sold or used by any per	son for the purpose of soliciting contributions			
or	for commercial purposes, other than using t	he name and add	dress of any political committee	to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surge	eons			
Ľ	Full Name (Last, First, Middle Initial)						
	Robin Michael Gehrmann, MD			Date of Receipt			
	Mailing Address 3 Strawberry Ln			M M / D D / Y Y Y Y			
	·			04 15 2010			
	City	State	Zip Code	Transaction ID: A3313D2B543F64D5F9			
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	Name of Employer	Occupatio	n				
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	Benjamin Hackett, MD			Date of Receipt			
	Mailing Address 7808 Bluebell Ln			04 15 2010			
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	Wausau	WI	54401-8444	Amount of Each Receipt this Period			
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	Name of Employer Bone & Joint Clinic	Occupatio					
		·	edic Surgeon				
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	Full Name (Last, First, Middle Initial)						
	Dr. Kenneth F. Hill, MD			Date of Receipt			
	Mailing Address 101 Owings Dr						
	0.1	01-1-1	7'. 0. 4	04 15 2010			
	City Union	State SC	Zip Code	Transaction ID: AA51F9BF4B0EE4CE49			
		30	29379-2507	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupatio					
			edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
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Γ	UBTOTAL of Receipts This Page (optional)	•		1500.00			

Second FI Support Tower 0 4 1 5 City State Zip Code Greenville SC 29605-5611 FEC ID number of contributing federal political committee. C Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John L. Kronick, MD Date of Receipt Mailing Address 352 La Casa Via City State Zip Code Walnut Creek CA 94598-4835 FEC ID number of constributing Amount of Each Receipt this	mittee. 2 0 1 0 2256334F36B92
A. Dr. Kyle James Jeray, MD Date of Receipt Mailing Address 701 Grove Rd Second FI Support Tower Date of Receipt City State Zip Code Greenville SC 29605-5611 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Date of Receipt Mailing Address 352 La Casa Via Transaction ID: A415A302 City State Zip Code Transaction ID: A415A302 Mailing Address 352 La Casa Via Transaction ID: A415A302 City State Zip Code Transaction ID: A415A302 Wainut Creek CA 94598-4835 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Maie of Employer Muir Ofthopaedic Speciali- sts Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: A415A302 Full Name (Last, First, Middle Initial) Date of Receipt His Transaction ID: A415A302 Transaction ID: A415A302 Full Name (Last, First, Middle Initial)<	2 0 1 0 256334F36B92 Period
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Mailing Address 701 Grove Rd Second FI Support Tower Image: Second FI Support Tower City State Zip Code Greenville SC 29605-5611 FEC ID number of contributing federal political committee. C Image: Second FI Support Tower Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon Amount of Each Receipt this Receipt For: Aggregate Year-to-Date Image: Second FI Support Tower Date of Receipt Other (specify) General Other (specify) Date of Receipt Mailing Address 352 La Casa Via Image: State Zip Code Mailing Address 352 La Casa Via Image: State Zip Code Walnut Creek C Image: State Zip Code Walnut Creek CA 94598-4835 Amount of Each Receipt this FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Amount of Each Receipt this Mail Othropaedic Speciali- sts Occupation Orthopaedic Surgeon Aggregate Year-to-Date V Image: State	2 0 1 0 256334F36B92 Period
City State Zip Code Transaction ID: A8AA10B1 Greenville SC 29605-5611 Amount of Each Receipt this FEC ID number of contributing federal political committee. C Amount of Each Receipt this Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ State Zip Code Transaction ID: A415A302 B. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 352 La Casa Via City State Zip Code Transaction ID: A415A302 Amount of Each Receipt this Mailing Address 352 La Casa Via C Transaction ID: A415A302 Amount of Each Receipt this Mailing Address 352 La Casa Via C Transaction ID: A415A302 Amount of Each Receipt this Name of Employer Muir Orthopaedic Speciali- Speciali- Sts Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: A415A302 Name of Employer Muir Orthopaedic Speciali- Speciali- Sts Aggregate Year-to-Date ▼ Transaction ID: Fach Receipt this Sts Full Name (Last, First, Middle Initi	256334F36B92 Period
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federal political committee. Cocupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ B. Full Name (Last, First, Middle Initial) Dr. John L. Kronick, MD Date of Receipt Mailing Address 352 La Casa Via 0 4 City State Zip Code Walnut Creek CA 94598-4835 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Amount of Each Receipt this Name of Employer Muir Orthopaedic Speciali- sits Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	250.00
Greenville Hospital System Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 250.00 B. Full Name (Last, First, Middle Initial) Dr. John L. Kronick, MD Date of Receipt Mailing Address 352 La Casa Via M M / D D / 15 City State Zip Code Walnut Creek CA 94598-4835 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Muir Orthopaedic Specialists Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) 500.00	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt B. Full Name (Last, First, Middle Initial) Dr. John L. Kronick, MD Date of Receipt Mailing Address 352 La Casa Via City State Zip Code Walnut Creek CA 94598-4835 FEC ID number of contributing federal political committee. C Name of Employer Muir Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Dr. John L. Kronick, MD Date of Receipt Mailing Address 352 La Casa Via City State Zip Code Walnut Creek CA 94598-4835 FEC ID number of contributing federal political committee. C Name of Employer Muir Orthopaedic Specialisists Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00	
B. Dr. John L. Kronick, MD Date of Receipt Mailing Address 352 La Casa Via ^M → 15	<u>,</u>
City State Zip Code Walnut Creek CA 94598-4835 FEC ID number of contributing federal political committee. C Name of Employer Muir Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	
Walnut Creek CA 94598-4835 Amount of Each Receipt this FEC ID number of contributing federal political committee. C Amount of Each Receipt this Name of Employer Muir Orthopaedic Specialissts Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial)	2010
FEC ID number of contributing federal political committee. C Name of Employer Muir Orthopaedic Speciali-sts Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	B3CA94EC19C
federal political committee. ✓ Name of Employer Muir Orthopaedic Speciali- sts Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Period
sts Offriopaedic Surgeon Receipt For: Aggregate Year-to-Date Primary General Other (specify) 500.00	500.00
Receipt For: Aggregate Year-to-Date Primary General Other (specify) 500.00	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	
	2010
City State Zip Code Transaction ID: AF781D39 Bedford OH 44146-2783 Amount of Each Receipt this	
federal political committee.	250.00
Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: Aggregate Year-to-Date V	
Primary General Other (specify) ▼ 250.00	
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	SCHEDULE A (FEC Form 3X) [Llas concrete cohodulo(a)	FOR LINE NUMBER: PAGE 47 / 201
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	Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
		ne name and add	ress of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the An	nerican Associ	ation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Victor W. Macko, MD			Date of Receipt
Α.	Mailing Address 2545 W. Hammer Li	2		
		1		04 15 2010
	City	State	Zip Code	Transaction ID: ADD92D454089149D1BC
	Stockton	CA	95209-2839	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	rederar political committee.			
	Name of Employer Gould Medical Foundation	Occupatior	1	
		Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General			
	Other (specify)		250.00	
				-
	Full Name (Last, First, Middle Initial)			
В.	Dr. Peter L. Meehan, MD			Date of Receipt
	Mailing Address 1740 Marlborough D)r		
				04 15 2010
	City	State	Zip Code	Transaction ID: A5BDFB038D5AF4BA391
	Atlanta	GA	30350-4507	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer	Occupation	1	_
	Self Employed		dic Surgeon	
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	Primary General	Ayyreyale		-
	Other (specify)		1000.00	
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-	Full Name (Last, First, Middle Initial)			
C.	Dr. William J. Parker, MD			Date of Receipt
	Mailing Address 321 E. Romie Ln Su	ite A		M M / D D / Y Y Y
				04 15 2010
	City	State	Zip Code	Transaction ID: A9C74B73FD8D2472FB4
	Salinas	CA	93901-3168	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation		_
	Name of Employer Salinas Valley Orthopaedi-		dic Surgeon	
	<u>cs</u> Receipt For:		Year-to-Date	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 201 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may ne name and addr	not be sold or used by any pers ess of any political committee t	on for the purpose of soliciting contributions
	Political Action Committee of the Am	erican Associa	tion of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. R. William Petty, MD	Date of Receipt		
	Mailing Address 2320 NW 66th Ct			04 15 Y Y Y Y 04 15
	City	State	Zip Code	Transaction ID: ABAC35E8A76854648BE3
	Gainesville	FL	32653-1630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Exactech, Inc	Occupation Orthopaed	lic Surgeon	
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼	0 0	1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Jay David Pond, MD			Date of Receipt
	Mailing Address 601 Steamboat Ct			0 4 / D D / Y Y Y Y 0 4 15 2010
	City	State	Zip Code	Transaction ID: A4A48C33BD5514149819
	Arlington	TX	76006-3761	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Arlington Orthopedic Asso- ciate	Occupation Orthopaed	lic Surgeon	
	Receipt For:	·	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	800.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Steven M. Raikin, MD			Date of Receipt
	Mailing Address 41 Merion Rd			0 4 1 5 Y Y Y Y 0 4 1 5 2 0 1 0
	City Marian Station	State	Zip Code	Transaction ID: A1786CCBA2B124C3495E
	Merion Station	PA	19066-1827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Rothman Institute	Occupation Orthopaed	lic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2300.00
f	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 201
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
Г			13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person	son for the purpose of soliciting contributions
		e frame and address of any political committee	
	NAME OF COMMITTEE (In Full)		
	Political Action Committee of the Am	erican Association of Orthopaedic Surge	ons
۷ A.	, Full Name (Last, First, Middle Initial) Dr. John J. Regan, MD		Date of Receipt
	Mailing Address 147 Carmelina		0 4 1 5 2 0 1 0
	City	State Zip Code	Transaction ID: AC416C8B9048143A3A92
	Los Angeles	CA 90049	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		750.00
	Name of Employer Self Employed	Occupation	
		Orthopaedic Surgeon	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	750.00	
- -	Full Name (Last, First, Middle Initial)		Date of Descript
В.	Dr. David Eli Rojer, MD		Date of Receipt
	Mailing Address 419 Walton Rd		0 4 1 5 2 0 1 0
	City	State Zip Code	Transaction ID: A519945B2CAB54B3CBCE
	Maplewood	NJ 07040-1119	Amount of Each Receipt this Period
	FEC ID number of contributing		1000.00
	federal political committee.		1000.00
	Name of Employer	Occupation	_
	Self Employed	Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	1000.00	
_			
с.	Full Name (Last, First, Middle Initial) Dr. Scott L. Rosenzweig, MD		Date of Receipt
0.	Mailing Address 528 Palisades Dr Sui	a 516	
			04 15 2010
	City	State Zip Code	Transaction ID: A2E7FD1FFD58F42FCB16
	Pacific Palisades	CA 90272-2844	Amount of Each Receipt this Period
	FEC ID number of contributing	С	250.00
	federal political committee.		
	Name of Employer Self Employed	Occupation	
		Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	250.00	
	Other (specify)		
ſ	SUBTOTAL of Receipts This Page (optional)		2000.00
┝			
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 201 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Assoc	iation of Orthopaedic Surge	ons
⊻ ۹.	Full Name (Last, First, Middle Initial) Dr. Enzo J. Sella, MD			Date of Receipt
	Mailing Address 2408 Whitney Ave			M M / D D / Y Y Y Y 04 15 2010
	City	State	Zip Code	Transaction ID: AE42051A9B334439B8D9
	Hamden	СТ	06518-3209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Connecticut Ortho Special-	Occupatio		
	ists Receipt For:	·	edic Surgeon	_
	Primary General Other (specify) ▼		e Year-to-Date 🔻 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Anthony J. Shaia, MD			Date of Receipt
	Mailing Address 11413 Barrington Br	ridge Ct		0 4 / D D / Y Y Y Y 0 4 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: A0E7A9F52A7D0492A9B4
	Richmond	VA	23233-1753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer West End Orthopaedic Clin- ic	Occupatio Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Theodore Lee Stringer, MD			Date of Receipt
	Mailing Address 588 Concerto Dr			04 / D D / Y Y Y Y 04 15 2010
	City	State	Zip Code	Transaction ID: A00E31F9B628A44F195F
	Colorado Springs	CO	80906-5966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Colorado Springs Ortho Gr-	Occupatio	on edic Surgeon	
	oup Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		2500.00
	TOTAL This Period (last page this line numb	,		

	2V)	FOR LINE NUMBER: PAGE 51 / 201			
SCHEDULE A (FEC Form 3X		(check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12			
	Dotalica Odininary i ugo	13 14 15 16 17			
Any information copied from such Repor	ts and Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions			
	sing the name and address of any political committee	e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Political Action Committee of the second	e American Association of Orthopaedic Surg	geons			
Full Name (Last, First, Middle Initial) Dr. William V. Arnold, MD		Date of Receipt			
Mailing Address 1881 Harte Rd		04 20 2010			
City	State Zip Code	Transaction ID: ACB3E0B2ADEDA4EAE			
Jenkintown	PA 19046-1532	Amount of Each Receipt this Period			
FEC ID number of contributing					
federal political committee.		1000.00			
Name of Employer Rothman Institute	Occupation				
	Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼	-			
Other (specify)	1000.00				
	0 0 0 0 0 0 0 0	•			
Full Name (Last, First, Middle Initial)					
Dr. Steven L. Buckley, MD		Date of Receipt			
Mailing Address 6007 Macon Ct	0 4 2 0 Y Y Y Y 0 4 2 0 2 0 1 0				
City	State Zip Code	Transaction ID: A157BFBD3E7E348B18			
Huntsville	AL 35802-1931	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer TOC	Occupation				
TOC	Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date V				
Primary General	500.00				
Other (specify)	500.00				
Full Name (Last, First, Middle Initial) Dr. Joseph W. Carlson, MD		Date of Receipt			
Mailing Address 9515 Sibley Dr					
Maining Address 9515 Sibley Di		04 20 2010			
City	State Zip Code	Transaction ID: A9CEACA01A70741CE			
Bismarck	ND 58504-3073	Amount of Each Receipt this Period			
FEC ID number of contributing		1000.00			
federal political committee.					
Name of Employer Bone And Joint Center	Occupation				
	Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	1000.00	·			
		<u> </u>			
SUBTOTAL of Receipts This Page (op	tional)	2500.00			
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 52 / 201 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and add	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. David J. Carney, MD Mailing Address 16987 Fm 756 City Whitehouse FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	· · ·	Zip Code 75791-9400 n edic Surgeon e Year-to-Date V 2000.00	Date of Receipt 0 4 2 0 2 0 2 0 1 0 Transaction ID: A0B9DA411E3E14E2CA2B Amount of Each Receipt this Period 2000.00
В.	Full Name (Last, First, Middle Initial) Dr. Paul H. Castello, MD Mailing Address 377 Broken Arrow Rd City Nipomo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	- · · ·	Zip Code 93444-9472 n edic Surgeon e Year-to-Date V 500.00	Date of Receipt 0 4 2 0 2 0 1 0 Transaction ID: A75B27E31CA9242838BA Amount of Each Receipt this Period 500.00
C.	Full Name (Last, First, Middle Initial) Dr. Paul Victor Conescu, MD Mailing Address 3118 8th St City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Alta Vista Clinic Corporation Receipt For: Primary General Other (specify) ▼	- · · · · ·	Zip Code 87701-5135 n edic Surgeon e Year-to-Date ▼ 750.00	Date of Receipt 0 4 2 0 2 0 2 0 1 0 Transaction ID: AC7C5C839F0654D52BE7 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		•	2750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 201 (check only one) III X 11a 11b 11c 12
[Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	y not be sold or used by any per-	13 14 15 16 17 son for the purpose of soliciting contributions and initiation from such committee
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Cook, MD			Date of Receipt
	Mailing Address 3310 Aspen Grove D	r Suite 102		M M / D D / Y Y Y Y 04 20 2010
	City	State	Zip Code	Transaction ID: A1659B3E093A44EFF9F
	Franklin FEC ID number of contributing federal political committee.	TN C	37067-2841	Amount of Each Receipt this Period 250.00
	Name of Employer Franklin Ortho & Sports Medici Receipt For: Primary General		edic Surgeon e Year-to-Date ▼	
-	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	500.00	
В.	Dr. Stephen B. Cope, MD Mailing Address 15 Queensway			Date of Receipt
	City Mobile	State AL	Zip Code 36608-2817	Transaction ID: A4B251718928348D09A7
	FEC ID number of contributing federal political committee.	C	3000-2017	Amount of Each Receipt this Period
	Name of Employer The Orthopaedic Group Receipt For:		on edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Fred G. Corley, MD			Date of Receipt
	Mailing Address 175 E. Edgewood			0 4 2 0 Y Y Y Y Y 0 4 2 0 2 0 1 0
	City	State TX	Zip Code	Transaction ID: ADF869666C42E490FB1
	San Antonio FEC ID number of contributing federal political committee.	C	78209-3301	Amount of Each Receipt this Period
	Name of Employer Univ Of Texas Health Scie- nce C Receipt For:	· · ·	edic Surgeon	
	Primary General Other (specify) ▼		e Year-to-Date 1250.00	
	SUBTOTAL of Receipts This Page (optional)		······	1500.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A	(FEC Form 3X)			FOR LINE	NUMBER:	PAG	iE 54/2	01
			Use separate schedule(s) for each category of the	(check only	y one)			
ITEMIZED REC	EIPTS		Detailed Summary Page		11b	11c	12	
				13	14	15	16	1
Any information copied	from such Reports and State	ements may no	t be sold or used by any pers	on for the purp	oose of solic	iting con	tributions	3
or for commercial purp	oses, other than using the nar	me and addres	s of any political committee t	o solicit contrib	outions from	such co	mmittee.	
NAME OF COMMI	ΓΤΕΕ (In Full)							
Political Action (Committee of the America	an Associati	on of Orthopaedic Surge	ons				
/								
Full Name (Last, Fi				Data	Deside			
Dr. David B. Coward					f Receipt			
Mailing Address	2801 K St Suite 310			м м 04	20	/ Y	201	
City		State	Zip Code		ction ID: A	207040		
Sacramento		CA	95816-5119					34501
		UA	90010-0119	Amoun	t of Each Re	ceipt thi	is Period	
FEC ID number of		C					250.00)
federal political com	millee.				<u> </u>			
Name of Employer Sacramento Knee		Occupation		_				
Sacramento Knee / Med	and Sports	Orthopaedic	: Surgeon					
Receipt For:	I I	Aggregate Ye	0	1				
Primary	General	33 - 9-10						
Other (specify	/) 🔻		250.00					
				-				
Full Name (Last, Fi	st, Middle Initial)							
Dr. Daniel Kreffes Gu				Date of	f Receipt			
Mailing Address	1805 Vernon Rd Suite B			M M		/ Y	YY	
				04	2 0		201	0
City		State	Zip Code	Transa	ction ID: A	921A7D	D97C20	E4184
Lagrange		GA	30240-3871	Amoun	t of Each Re	eceipt thi	is Period	
FEC ID number of	contributing						1000.00	2
federal political com	mittee.	С					1000.00	J
Name of Freedower		Occurrentiere						
Name of Employer Southern Orthopae	dia Enan	Occupation	Curacon					
ialis	I I	Orthopaedic	Ū.					
Receipt For:		Aggregate Ye	ar-to-Date					
Primary Other (appacif	General		1000.00					
Other (specify	0▼	0 0 0		_				
Full Norse (Lest F	(ot Middle Initic')							
Full Name (Last, Fi Dr. Patrick J. Halpin,				Date of	f Receipt			
				M M		/ Y	YY	Y
Mailing Address 3125 Anchor Ln NW				04	20		201	0
City		State	Zip Code	Transa	ction ID: A	E097BI	D4A25E	24548
Olympia		WA	98502-3929		t of Each Re			
Olympia	contributing				1 1 1			i
;	John bulling	C					1000.00	J
FEC ID number of federal political com	mittee.							
FEC ID number of federal political com								
FEC ID number of federal political com		Occupation						
FEC ID number of federal political com Name of Employer Olympia Orthopaec iates	ic Assoc-	Orthopaedic						
FEC ID number of federal political com Name of Employer Olympia Orthopaec iates Receipt For:	ic Assoc-			_				
FEC ID number of federal political com Name of Employer Olympia Orthopaec iates Receipt For: Primary	ic Assoc-	Orthopaedic	ar-to-Date V	-				
FEC ID number of federal political com Name of Employer Olympia Orthopaec iates Receipt For:	ic Assoc-	Orthopaedic]				
FEC ID number of federal political com Name of Employer Olympia Orthopaec iates Receipt For: Primary	ic Assoc-	Orthopaedic	ar-to-Date V]				
FEC ID number of federal political com Name of Employer Olympia Orthopaec iates Receipt For: Primary	ic Assoc-	Orthopaedic	ar-to-Date V					
FEC ID number of federal political com Name of Employer Olympia Orthopaec iates Receipt For: Primary Other (specif	ic Assoc-	Orthopaedic Aggregate Ye	ar-to-Date V 1000.00		· · · ·		2250.00)

ľ	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 201 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee	o solicit contributions from such committee.
	\mathbf{N}	merican Association of Orthopaedic Surge	ons
А.	Full Name (Last, First, Middle Initial) Dr. Mitchel B. Harris, MD		Date of Receipt
	Mailing Address Dept Of Ortho 75 Francis St Pbb A	12	$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ 0 \end{bmatrix} $
	City	State Zip Code	Transaction ID: A408F8E6802764CCDB89
	Boston	MA 02115-6110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Bwh Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General Other (specify) ▼	1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Thomas John Haverbush, MD		Date of Receipt
	Mailing Address 315 E. Warwick Rd	Suite A	M M / D D / Y Y Y Y 0 4 20 2010
	City	State Zip Code	Transaction ID: A017FEB4CC0E44F0A93
	Alma	MI 48801-1083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	450.00	
 C.	Full Name (Last, First, Middle Initial) Dr. William L. Hennrikus, Jr, MD		Date of Receipt
	Mailing Address 75 Laurel Ridge Rd		M M / D D / Y Y Y Y 04 20 2010
	City	State Zip Code	Transaction ID: A234A97B73BFD465C9B4
	Hershey	PA 17033-2514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Emlpoyed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	350.00	
Γ	SUBTOTAL of Receipts This Page (ontiona	I I)	1500.00
	SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	<u>,</u>	

۲ A	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate s for each catego Detailed Summ tatements may not be sold or use	$\begin{array}{c c} \text{(check only only)} \\ \hline \text{mary Page} \end{array} \begin{array}{c c} \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \text{sed by any person for the purpose of soliciting contributions} \end{array}$
c	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame		cal committee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Lawrence J. Iwersen, MD Mailing Address 540 Robocker Ln City Kalispell FEC ID number of contributing federal political committee. Name of Employer Flathead Valley Orthopaed-ics Receipt For: Primary General	State Zip Code MT 59901-7845 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 04 20 2
В.	Other (specify) Full Name (Last, First, Middle Initial) Dr. Douglas M. Lange, MD Mailing Address 2405 Shadelands Dr S P.O. Box 31396 City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer Muir Orthopedic Specialis-ts Receipt For: Primary General Other (specify)	uite 210 State Zip Code CA 94598-5905 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
 C.	Full Name (Last, First, Middle Initial) Dr. Michael Lastihenos, MD Mailing Address 10 Norman Ct City Dix Hills FEC ID number of contributing federal political committee. Name of Employer Suffolk Orthopaedic Associates Receipt For: Primary General Other (specify)	State Zip Code NY 11746-5812 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt 04 20 Y Y Y Y 04 20 2010 Transaction ID: A22892F1FD1204412A24 Amount of Each Receipt this Period 100.00 100.00
	SUBTOTAL of Receipts This Page (optional)		

I	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr. James K. McKechnie, MD		Date of Receipt
	Mailing Address 103 Professional Pl	Z	04 20 Y Y Y Y 2010
	City	State Zip Code	Transaction ID: AF6D2CB7187E04F3DAE
	Mattoon	IL 61938-9252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation	
	Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	3000.00]
- В.	Full Name (Last, First, Middle Initial) Dr. C. Michael Morris, MD		Date of Receipt
	Mailing Address 2606 Boddie Place		M M / D D / Y Y Y Y 04 20 2010
	City	State Zip Code	Transaction ID: A6FE8F9239C3B42D4AA4
	Duluth	GA 30097-7491	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00]
с. -	Full Name (Last, First, Middle Initial) Dr. Matthew C. Nadaud, MD Mailing Address 904 Beckworth Ct		Date of Receipt
	City	State Zip Code	Transaction ID: A4266FEC884D44DF5913
	Knoxville	TN 37919-7217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Knoxville Orthopaedic Cli- nic	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00]
Γ	CURTOTAL of Dessing This Dame (astissed	J	2250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 201 (check only one)
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and ad	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) John W. Noble, Jr, MD Mailing Address 1747 Imperial Blvd			Date of Receipt
		State	Zip Code	0 4 2 0 2 0 1 0 Transaction ID: A500CE103048E4847BE7
	Lake Charles	LA	70605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Center For Orthopaedic Se-	Occupatio	on edic Surgeon	_
	rvice Receipt For:	· · ·	e Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Richard Leverne Nutt, MD			Date of Receipt
	Mailing Address 501 Hunters Run			0 4 2 0 Y Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: A5420D15B0BF249DEABA
	Demorest	GA	30535-4624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	^{on} edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Robert Allen Sellards, MD			Date of Receipt
	Mailing Address 101 S. Seas Dr Apt 502	2		M + M / D + D / Y + Y + Y Y 04 20 2010 10
	City	State	Zip Code	Transaction ID: A21E7D5852B344188961
	Jupiter	FL	33477-1140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Florida Orthopaedic Assoc-	Occupatio	on edic Surgeon	
	iates Receipt For:	· · · · ·	e Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form	3X)	FOR LINE NUMBER: PAGE 59 / 201	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)	
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		13 14 15 16 17	
Any information copied from such Repor	s and Statements may not be sold or used by any persor sing the name and address of any political committee to s	1 for the purpose of soliciting contributions	
	sing the name and address of any political committee to s	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
Political Action Committee of th	e American Association of Orthopaedic Surgeor	IS	
Full Name (Last, First, Middle Initial) Dr. Richard J. Sternberg, MD		Date of Receipt	
Mailing Address 5 Locust Ln		0 4 2 0 2 0 1 0	
City	State Zip Code	Transaction ID: A3265905276B54FFFA	
Cooperstown	NY 13326-3004	Amount of Each Receipt this Period	
	10020 0004		
FEC ID number of contributing federal political committee.		250.00	
Name of Employer Bassett Healthcare	Occupation Orthopaedic Surgeon	-	
Receipt For:		-1	
Primary General	Aggregate Year-to-Date ▼		
Other (specify)	250.00		
Full Name (Last, First, Middle Initial) Dr. John R. Tongue, MD		Date of Receipt	
	Mailing Address 6485 SW Borland Rd Suite A		
Maining Address 6465 SW BOHa	04 20 Y Y Y Y 04 20 2010		
City	State Zip Code	Transaction ID: A2117C4883B5543158	
Tualatin	OR 97062-9762	Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.	C	1000.00	
		_	
Name of Employer Self Employed	Occupation		
	Orthopaedic Surgeon	_	
Receipt For:	Aggregate Year-to-Date ▼		
Cther (specify) ▼	1100.00		
Full Name (Last, First, Middle Initial) Dr. Hans Robert Tuten, MD	ł	Date of Receipt	
Mailing Address 2806 Rams Cro	ssings		
		04 20 2010	
City Richmond	State Zip Code VA 23236	Transaction ID: A58F1D492A32A4E5C	
	VA 23236	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		400.00	
Name of Employer	Occupation	1	
Tuckahoe Orthópedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date 🔻	7	
Primary General			
Other (specify)	800.00		
		1650.00	
SUBTOTAL of Receipts This Page (op	ional)		
TOTAL This Period (last page this line	number only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 201 (check only one) 11a X 11a 13 14 15 16 17
or for commercial purposes, other than using	Ind Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lloyd E. Witham, MD		Date of Receipt
Mailing Address 1107 Ironwood Dr		04 / D D / Y Y Y Y 020 / 2010
City	State Zip Code	Transaction ID: A50C74B0B3A084CF2A
Coeur D Alene	ID 83814-2604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation	
Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Donald Mark Arms, MD		Date of Receipt
Mailing Address 198 Kingspoint		M M / D D / Y Y Y Y 04 28 2010
City	State Zip Code	Transaction ID: AE428E70115514E0AA
Mc Minnville	TN 37110-2418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Brian Jeffrey Bear, MD		Date of Receipt
Mailing Address 324 Roxbury Rd		04 28 2010
City	State Zip Code	Transaction ID: A84B806EF4D0F414A9
Rockford	IL 61107-5090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rockford Orthopedic Assoc-	Occupation	
iates	Orthopaedic Surgeon Aggregate Year-to-Date	-
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optiona		1250.00
TOTAL This Period (last page this line num	ber only)	

-	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the	I Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Steven Berkowitz, MD		Date of Receipt
	Mailing Address 22 Malke Dr		04 / 28 / Y Y Y Y 04 / 28
	City	State Zip Code	Transaction ID: A9128DB0C0E7847B1A06
	Ocean	NJ 07712-3371	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Seaview Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Lawrence Berson, MD		Date of Receipt
	Mailing Address 71 Arlen Way		04 ['] 28 ['] 2010
	City	State Zip Code	Transaction ID: A2CD9D22CACA34224A2
	West Hartford	CT 06117-1104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mos, Pc	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00]
– c.	Full Name (Last, First, Middle Initial) Dr. David Blum, MD		Date of Receipt
	Mailing Address 107 Dockside Circle		04 / 28 / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: A6EBD364FE4AC4C0C84
	Weston	FL 33327-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	_
	 Primary General Other (specify) ▼ 	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1000.00
	TOTAL This Period (last page this line number		

SCHEDULE A (ITEMIZED REC	•	for e	separate schedule(s) ach category of the iled Summary Page		R LINE eck only 11a 13	one)	1b	11c	GE e	62 / 20 12 16		17
or for commercial purpos	om such Reports and Statements es, other than using the name and EE (In Full) ommittee of the American As	d address of	any political committee	to solicit	ne purp contrib	ose of utions	f solid from	citing con I such co	ntribu omm	utions ittee.		
	Full Name (Last, First, Middle Initial) Dr. Jason David Cohen, MD					Recei	ipt	/ Y	Y	YY	(
					04	ΙL	28	3	2	010		
City	Stat	•	Code					E9154			4BB	DAG
<u>Sea Bright</u> FEC ID number of cc federal political comm		07	760-2269		Amount	of Ea	ich R	eceipt th		eriod 00.00		
Name of Employer Professional Orthopa Assoc	edic Occup	pation opaedic Su	rgeon									
Receipt For: Primary Other (specify)	General	egate Year-to	-Date ▼ 1000.00									
Full Name (Last, Firs Dr. Brock Stefan Cumr Mailing Address 11	nings, MD				Date of		D D			YY		
City	City State				04		28			010		
Paradise	CA	•	Code 969-3700					58B94 eceipt th			405	19
FEC ID number of cc federal political comm	ntributing				Anount				-	50.00		
Name of Employer Self Employed		opaedic Su	0									
Receipt For: Primary Other (specify)	General	egate Year-to	-Date V 1000.00									
Full Name (Last, Firs Dr. John W. Gainor, M					Date of	Recei	ipt					
Mailing Address 43	50 Via St				м м 04	/ [28			010		
City	Stat	e Zip	Code	Τ	ransac	tion I		58947	3428	3D724	115E	<u>-</u> 88
Goleta	CA	93	110	/	Amount	of Ea	ich R	eceipt th	is Pe	eriod		_
FEC ID number of co federal political comm	ittee.					1 1			50	00.00		
Name of Employer Santa Barbara Medic	al Cli-											
nic Receipt For:	Onno	opaedic Su egate Year-to	•									
Primary Other (specify)	General		1000.00									
SUBTOTAL of Receipt	s This Page (optional)			•					175	0.00]
TOTAL This Period (las	st page this line number only)			•]

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 201 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and r for commercial purposes, other than using th	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Orthopaedic Surge	ons
∠ A.	Full Name (Last, First, Middle Initial) Dr. Michael Francis Harrer, MD		Date of Receipt
	Mailing Address 600 Summerdale Rd	Suite 113	0 4 / D D / Y Y Y Y 0 4 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: A3CF9FAC6A34F4EE392
	Voorhees	NJ 08043-1858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00]
— В.	Full Name (Last, First, Middle Initial) Dr. Michael R. Heilig, MD		Date of Receipt
	Mailing Address 200 Kelburn Ct		0 4 / D D / Y Y Y Y 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: ABAF9C71E70914C649F
	Lexington	KY 40515-5633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	1000.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Teng Liang Huang, MD		Date of Receipt
	Mailing Address 54 Oak Creek Ct		04 28 2010
	City	State Zip Code	Transaction ID: A75319F6839424CDD88
	Burr Ridge	IL 60527-8303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .		1750.00
	TOTAL This Period (last page this line numbe		

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 201 (check only one) X X 11a 11b 11c					
Å	Any information copied from such Reports and r for commercial purposes, other than using t	d Statements ma	y not be sold or used by any pers	13 14 15 16 17 con for the purpose of soliciting contributions o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Political Action Committee of the An								
لا 4.	Full Name (Last, First, Middle Initial) Dr. Shepard R. Hurwitz, MD			Date of Receipt					
	Mailing Address 400 Silver Cedar Ct			M M / D D / Y Y Y Y 04 28 2010					
	City	State	Zip Code	Transaction ID: A39B5F9BB853749189					
	Chapel Hill	NC	27514-1585	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer ABOS	Occupatio							
	Receipt For:		edic Surgeon e Year-to-Date 🔻						
	Primary General Other (specify) ▼		2000.00						
	Full Name (Last, First, Middle Initial) Dr. Michael G. Kogan, MD			Date of Receipt					
	Mailing Address 21908 Tall Oaks Dr			0 4 2 8 2 0 1 0					
	City	State	Zip Code	Transaction ID: A86E27B2193DE4B02A0					
	Kildeer	<u> </u>	60047-8325	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Midwest Bone & Joint Inst- itute	Occupatio Orthopae	n edic Surgeon						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00						
. –	Full Name (Last, First, Middle Initial) Dr. Jeffrey L. Lovallo, MD			Date of Receipt					
	Mailing Address 7025 Benjamin St			0 4 2 8 2 0 1 0					
	City	State	Zip Code	Transaction ID: A8C37210F8B54495A					
	<u>Mc Lean</u>	VA	22101-1550	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Self Employed		edic Surgeon						
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1500.00						
Γ	SUBTOTAL of Receipts This Page (optional))		1750.00					

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SCHEDULE A (FEC Forn				_	(check only one)							
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	X 11a 11b 11c 12							
Г					13		14	15		16		17
	Any information copied from such Reports and or for commercial purposes, other than using	the name and ac	Idress of any political committee	to solici	t contrib	ose outior	ns fro	m such c	omm	utions ittee.		
	Political Action Committee of the Ar	merican Assoc	ciation of Orthopaedic Surge	eons								
. ~	Full Name (Last, First, Middle Initial) Dr. Jeffrey G. Mokris, MD				Date of	Rec	eipt					
	Mailing Address 3235 Chaucer Dr				м м 04	/	D 2			0 [°] 1 (
	City	State	Zip Code			ction		- A0E97E				5A
	Charlotte	NC	28210-4809					Receipt th				_
	FEC ID number of contributing federal political committee.	C					1		50	00.00)	
	Name of Employer Ortho Carolina	Occupatio										
		·	edic Surgeon									
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻									
	Other (specify)	0 0	500.00									
-	Full Name (Last, First, Middle Initial) Dr. Peter J. Novak, MD	ł			Date of	Rec	eipt					
	Mailing Address 1160 E. 3900 S. Sui	ess 1160 E. 3900 S. Suite 5000				/	•	D / Y		у 010		
	City	Zip Code		04 Transa	ction		A202B6				OF	
	Salt Lake City	UT	84124-1275		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C							50	00.00)	
	Name of Employer Salt Lake Orthopaedic Cli-	Occupatio										
	nic Receipt For:		edic Surgeon									
	Primary General	Aggregat	e Year-to-Date 🔻	_								
	Other (specify) 🔻	0.0	500.00									
_	Full Name (Last, First, Middle Initial) Dr. Gerald J. Ortiz, MD				Date of	Rec	eint					
	Mailing Address 5010 State Hwy 30 Suite 205				0 4		D 2			у 010		
	City	State	Zip Code	-		ction	_	AE10F1				19
	Amsterdam	NY	12010-7532		Amoun	t of E	Each I	Receipt tl	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	C							25	50.00)	
	Name of Employer Mohawk Valley Orthopaedics	Occupatio	on edic Surgeon									
	Receipt For:		e Year-to-Date V									
	Primary General	, iggi ogai										
	Other (specify)	0 0	350.00									
Γ									125	50.00)	7
	SUBTOTAL of Receipts This Page (optional)		•					123	,u.ut		듺
	TOTAL This Period (last page this line numb	per only)		►	L					<u> </u>		
Ĺ	(10	• /										

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 201 (check only one) 11a X 11a 13 14 15 16 17
Ar or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personame and address of any political committee to a solution of Orthopaedic Surger	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Robert Riederman, MD Mailing Address 15 Merry Hill Ct City Baltimore FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Specialty Gro-	State Zip Code MD 21208-1746	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0 Transaction ID: A238FA10928FF49E8ACB Amount of Each Receipt this Period 250.00
	Orthopaedic Specialty Gro- up Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Mark Ruoff, MD Mailing Address 15 Sierra Ct City Hillsdale FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates Receipt For: Primary General Other (specify) ♥	State Zip Code NJ 07642-1012 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Transaction ID: A145DEBFFC0DB40648DF Amount of Each Receipt this Period 250.00
 c.	Full Name (Last, First, Middle Initial) Dr. Kenneth Sabbag, MD Mailing Address 800 S. Raymond St St City Pasadena FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	uite 300 State Zip Code CA 91105-3256 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 0 4 28 2010 Transaction ID: A6AA7DB6616104A79BA1 Amount of Each Receipt this Period 500.00
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 201 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may e name and ad	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	Political Action Committee of the Am	erican Assoc	ation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. Richard G. Sellers, MD			Date of Receipt
	Mailing Address 41-B Fairpoint Dr			04 / D D / Y Y Y Y 28 / 2010
	City	State	Zip Code	Transaction ID: A11DF1B5AC8F64999A9
	Gulf Breeze	FL	32561-4380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	500.00]
– B.	Full Name (Last, First, Middle Initial) Dr. Kenneth Westerheide, MD			Date of Receipt
	Mailing Address 170 Taylor Station Ro	ł		M M / D D / Y Y Y Y 0 4 28 2010
	City	State	Zip Code	Transaction ID: A0C442D3123434393962
	Columbus	OH	43213-4441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cardinal Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
	Full Name (Last, First, Middle Initial) Dr. Marshall Paul Allegra, MD			Date of Receipt
	Mailing Address 879 Poole Ave			M M / D D / Y Y Y Y 05 04 2010
	City	State	Zip Code	Transaction ID: A8E1B5C97DC7B4CD788
	Hazlet	NJ	07730-2041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1000.00]
Γ	SUBTOTAL of Receipts This Page (optional).			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 68 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persi- e name and address of any political committee to erican Association of Orthopaedic Surger	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Brett C. Barnes, MD Mailing Address 111 Bluestone Hills D City Harrisonburg		Date of Receipt Date of Receipt 0 5 / 0 4 2 0 1 0 Transaction ID: AC58FEAA25F834AA8B2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	500.00
- B.	Full Name (Last, First, Middle Initial) Dr. Robert Stewart Collins, MD Mailing Address 155 Hwy 134 City Guild FEC ID number of contributing federal political committee.	State Zip Code TN 37340-3079	Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0 Transaction ID: A2439DDC8AA534D90BA Amount of Each Receipt this Period 500.00
	Name of Employer Grandview Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Alexandre Barbosa De Moura, MD Mailing Address 761 Merrick Ave City Westbury FEC ID number of contributing	State Zip Code NY 11590-6608	Date of Receipt Date of Receipt D 0 5 / 0 4 / 2 0 1 0 Transaction ID: A5B4F3BB772674028815 Amount of Each Receipt this Period 500.00
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Political Action Committee of the Ame	rican Association of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Anthony Tyrone Fenison, MD Mailing Address 5225 Canyon Crest Dr	· Suite 71	Date of Receipt
	City	State Zip Code	05042010 Transaction ID: A8096E09FFCD04579808
	Riverside	CA 92507-6321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	7
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. John E. Herzenberg, MD		Date of Receipt
	Mailing Address Rubin Institute For Ad 2401 W Belvedere Ave		05 / 04 / Y Y Y Y 005 / 04
	City	State Zip Code	Transaction ID: AF8ECF0B86DFD46D8A3
	Baltimore	MD 21215-5216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Sinai Hospital Of Baltimo-	Occupation Orthopaedic Surgeon	
	re Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Bruce Andrew Monaghan, MD	I	Date of Receipt
	Mailing Address 414 Tatum St		05 / 04 / Y Y Y Y 05 04 2010
	City	State Zip Code	Transaction ID: A5125C0ED0EB548888B7
	Woodbury	NJ 08096-3499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 201 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the An	nerican Assoc	iation of Orthopaedic Surge	ons
∠ A.	Full Name (Last, First, Middle Initial) Dr. Bruce Moseley, MD			Date of Receipt
	Mailing Address 2352 -d Bering			0 5 0 4 Y Y Y Y 0 5 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A22311127214D4ADCA98
	Houston	TX	77057-4746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
- B.	Full Name (Last, First, Middle Initial) Dr. David T. Neuman, MD			Date of Receipt
	Mailing Address 105 E. 19th St 4A			05 / 04 / Y Y Y 05 04
	City	State	Zip Code	Transaction ID: A00CE4B3BFE6445928B6
	New York	NY	10003-2139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	on edic Surgeon	
	Receipt For:	· · ·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Elizabeth A. Ouellette, MD			Date of Receipt
•	Mailing Address 7445 SW 127 St			05 04 2010
	City	State	Zip Code	Transaction ID: A5E062A7D803D4F12A9E
	<u>Miami</u>	FL	33156-5337	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Miami International Hand	Occupatio	on edic Surgeon	
	Surgi Receipt For:		e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1000.00]
ſ	SUBTOTAL of Receipts This Page (optional)			2250.00
F	TOTAL This Period (last page this line numb	er only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea Detail	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 71 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be s e name and address of a	old or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of	Orthopaedic Surgeo	ons				
∠ A.	Full Name (Last, First, Middle Initial) Gerardo E. Perez-Roman, MD			Date of Receipt				
	Mailing Address 44 Palma De Coco Palma Real			05 / 04 / Y Y Y 2010				
	City		Code	Transaction ID: AB42F86C6D1CF47A099				
	Bayamon	PR 009	56-9531	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation Orthopaedic Sur	geon					
	Receipt For:	Aggregate Year-to-	Date 🔻	7				
	Primary General Other (specify) ▼		250.00]				
– B.	Full Name (Last, First, Middle Initial) Dr. David A. Pomierski, MD			Date of Receipt				
	Mailing Address 1800 12th St	Mailing Address 1800 12th St						
	City	•	Code	Transaction ID: A4A18B7CE11D44AC08				
	Meridian	MS 393	01-4158	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupation Orthopaedic Sur	geon					
	Receipt For:	Aggregate Year-to-	Date 🔻					
	Primary General Other (specify) ▼		500.00]				
- C.	Full Name (Last, First, Middle Initial) Dr. William Rozzi, MD			Date of Receipt				
	Mailing Address 51116 Shamrock Hills	: Ct		M M / D D / Y Y Y Y Y 05 04 2010				
	City	-	Code	Transaction ID: A2D649C4BB79C48A393				
	Granger	IN 465	30-7824	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer South Bend Orthopedics	Occupation Orthopaedic Sur	•					
	Receipt For:	Aggregate Year-to-	Date V					
	Primary General Other (specify) ▼		500.00					
ſ	SUBTOTAL of Receipts This Page (optional) .	1		1250.00				
F	TOTAL This Period (last page this line number	r only)						

I	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 201 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person he name and address of any political committee nerican Association of Orthopaedic Surge	o solicit contributions from such committee.
A.	/ Full Name (Last, First, Middle Initial) Dr. Susan E. Stephens, MD		Date of Receipt
	Mailing Address 1776 Chartley		0 5 0 4 2 0 1 0
	City	State Zip Code	Transaction ID: A085A9EFD3A104813BE
	Gates Mills	OH 44040-9725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Harold J P. Van Bosse, MD		Date of Receipt
	Mailing Address 1210 Wyngate Rd		0 5 / D D / Y Y Y Y 0 4 2 0 1 0
	City	State Zip Code	Transaction ID: A75B328C3A3C440079A
	Wynnewood	PA 19096-2427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Shriners Hospital	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- c.	Full Name (Last, First, Middle Initial) Gerard G. Adler, MD		Date of Receipt
•	Mailing Address 305 Woodland Ln		M M / D D / Y Y Y Y 05 11 2010
	City	State Zip Code	Transaction ID: AB106ACA2D1844480AA
	Oconomowoc	WI 53066-2734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Aurora Medical	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1750.00
ľ	TOTAL This Period (last page this line numb	er only)	
	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 201 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
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	r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee nerican Association of Orthopaedic Surg	to solicit contributions from such committee.
. // 4.	Full Name (Last, First, Middle Initial) Dr. Charles Edward Barnes, MD		Date of Receipt
	Mailing Address 3308 Bondwood Cir		05 11 2010
	City	State Zip Code	Transaction ID: AA49799C601404FD9A9
	Johnson City	TN 37604-8907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Appalachian Orthopaedic	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
. –	Full Name (Last, First, Middle Initial) Dr. Robert J. Benz, MD		Date of Receipt
	Mailing Address 1720 Linden Way		05 / D D / Y Y Y Y 05 / 11 / 2010
	City	State Zip Code	Transaction ID: A9362BD12E21241539A
	Fort Collins	CO 80524-2200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Ortho & Spine Ctr of Rock- ies	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	500.00	
	Full Name (Last, First, Middle Initial) Dr. Raymond J. Boniface, MD		Date of Receipt
	Mailing Address 835 McKay Ct Suite	2	M M / D D / Y Y Y Y 05 11 2010
	City	State Zip Code	Transaction ID: AACF6CE13BA3C4D85
	Youngstown	OH 44512-5786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Г		I	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 201 (check only one) (check 112 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee t	son for the purpose of soliciting contributions
	American Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. John K. Bradway, MD		Date of Receipt
Mailing Address 10213 N. 92nd St	Suite 101	05 11 2010
City	State Zip Code	Transaction ID: A7898441B51F84369AF
Scottsdale	AZ 85258-4561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Treg D. Brown, MD		Date of Receipt
Mailing Address 110 Sunrise Trail		M M / D D / Y Y Y Y 05 / 11 / 2010
City	State Zip Code	Transaction ID: A06FB920B5B8E439DE
Carbondale	IL 62902-7523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer SIOC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael A. Cerruti, MD		Date of Receipt
Mailing Address 440 San Miguel W	ay	0 5 1 1 2 0 1 0
City	State Zip Code	Transaction ID: A0733892316884D60B9
Sacramento	CA 95819-2718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00
TOTAL This Period (last page this line nur	nber only)	

!	SCHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 75 / 201
	TEMIZED RECEIPTS	Use separate schedu for each category of t	
	I EMIZED RECEIPTS	Detailed Summary Pa	
Γ	Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by a the name and address of any political corr	13 14 15 16 17 any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		
	Political Action Committee of the Ar	nerican Association of Orthopaedic	Surgeons
∠ A.	Full Name (Last, First, Middle Initial) Dr. Laurette A. Chang, MD		Date of Receipt
	Mailing Address 4170 SE 47th Place		M M / D D / Y
	City	State Zip Code	Transaction ID: A75236913E1C64FFEB3A
	Ocala	FL 34480-8881	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Va Health Care Clinic	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	500	.00
- В.	Full Name (Last, First, Middle Initial) Dr. Richard Chang, MD		Date of Receipt
	Mailing Address 9 Waters Ln		M · M / D · D Y Y · Y · Y Y Y · Y Y
	City	State Zip Code	Transaction ID: AAC099CBA0BA043179C
	Belle Mead	NJ 08502-4120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Somerset Orthopaedics Inc	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	750	.00
- C.	Full Name (Last, First, Middle Initial) Dr. Nathaniel P. Cohen, MD		Date of Receipt
	Mailing Address 20580 Arbeleche Ln		M · M / D · D / Y · Y · Y · Y Y 0 5 / 1 1 2 0 1 0
	City	State Zip Code	Transaction ID: AAFAA6EAA4BC74E1F96
	Saratoga	CA 95070-5464	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1500	.00
ſ	SUBTOTAL of Receipts This Page (optional		1500.00
ŀ	TOTAL This Period (last page this line numb		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 201 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and ad	dress of any political committee t	o solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Dr. Arthur H. Conley, MD			Date of Receipt
	Mailing Address 1804 Drury Ln			0 5 / D D / Y Y Y Y 0 5 / 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: AE7ACCC62F16941E697E
	Nichols Hills	OK	73116-5312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:	· · · · ·	edic Surgeon	
	Primary General Other (specify) ▼		e Year-to-Date 1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Charles C. Craig, MD			Date of Receipt
	Mailing Address 800 Medical Center Di	Suite 240		05 / D D / Y Y Y Y 05 11 2010
	City	State	Zip Code	Transaction ID: A91A55E8F3C2948309EE
	Newton	KS	67114-7809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Axtell Orthopaedic Pa	1 · · · ·	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 1000.00	
С.	Full Name (Last, First, Middle Initial) Dr. Rahul Vinod Deshmukh, MD			Date of Receipt
	Mailing Address 7790 Watermark Ln			05 / D D / Y Y Y Y 05 / 11 2010
	City	State	Zip Code	Transaction ID: A392D2316D2B647ACBF4
	Jacksonville	FL	32256-4111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Heekin Ortho Specialists	· · · ·	edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			3000.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 201
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and ad	ay not be sold or used by any pers Idress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Am	erican Assoc	ciation of Orthopaedic Surge	ons
⊻ ۹.	Full Name (Last, First, Middle Initial) Dr. John Dipaola, MD			Date of Receipt
	Mailing Address 18106 Pilkington Rd			
	City	State	Zip Code	Transaction ID: A17D6AAD878944B4FA
	Lake Oswego	OR	97035-7046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Self Employed	Occupatio	on	-
		Orthopa	edic Surgeon	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General		2000.00	7
	Other (specify)	0 0		1
- 3.	Full Name (Last, First, Middle Initial) Dr. Joseph W. Dryer, MD	•		Date of Receipt
	Mailing Address 5 Winchip Rd			
	City	State	Zip Code	Transaction ID: A00B00B22AC3D498FE
	Summit	NJ	07901-4140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Spine Care, Inc	Occupatio		-
	· · ·		edic Surgeon	
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	_
	Other (specify) ▼		250.00	
-	Full Name (Last, First, Middle Initial)			
).	Dr. Scott J. Dunitz, MD			Date of Receipt
	Mailing Address 4802 S. 109 E. Ave			05 11 2010
	City	State	Zip Code	Transaction ID: A81194DB39A24409DA
	Tulsa	OK	74146-5822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tulsa Bone And Joint Asso-	Occupatio		-
	ciate		edic Surgeon	
	Receipt For:	Aggregat	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			2750.00
┝				
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 201 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Am	Statements may not be sold or used by any pers le name and address of any political committee t erican Association of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Richard Parker Evans, MD Mailing Address 1610 Beechwood City Little Rock FEC ID number of contributing federal political committee. Name of Employer University Of Arkansas Receipt For:	State Zip Code AR 72207-5430 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Transaction ID: A3712BA2319B14648B37 Amount of Each Receipt this Period 500.00
В.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel C. Fitzpatrick, MD Mailing Address 2640 Chesapeake Dr City Eugene FEC ID number of contributing federal political committee. Name of Employer Slocum Orthopaedics Receipt For: Primary General	State Zip Code OR 97408-7001 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 0 5 / 1 1 / 2 0 1 0 Transaction ID: A9BC7E3B2EA214ACD9D Amount of Each Receipt this Period 1000.00
с.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David Harrison Gilbert, MD Mailing Address 5301 N. Dixie Hwy Su City Oakland Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	uite 203 State Zip Code FL 33334-3447 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date Aggregate Year-to-Date ▼	Date of Receipt 0 5 / 1 1 / 2 0 1 0 Transaction ID: A5854AFD48A20426D9E6 Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional)		2000.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Am	e name and add	lress of any political committee t	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Robert Golz, MD Mailing Address 4110 W. Pleasant Hil	l Rd		Date of Receipt 0 5 / 1 1 / 2 0 1 0
	City <u>Carbondale</u> FEC ID number of contributing federal political committee.	State IL	Zip Code 62903-7030	Transaction ID: AA83C29B0A5F64EE6863 Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon Year-to-Date ▼ 250.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Bruce F C. Gomberg, MD Mailing Address 11 Caldwell Rd City	State	Zip Code	Date of Receipt
	Augusta FEC ID number of contributing federal political committee.	ME C	04330-5739	Amount of Each Receipt this Period
	Name of Employer Augusta Orthopaedic Assoc- iates Receipt For: Primary General Other (specify) ▼		n edic Surgeon Year-to-Date 500.00	
- C.	Full Name (Last, First, Middle Initial) Karl Robert Hamson, MD Mailing Address 1601 Via Roma			Date of Receipt
	City <u>Corona</u> FEC ID number of contributing federal political committee.	State CA	Zip Code 92881-0763	Transaction ID: AAF32E8E9E0C04B20A03 Amount of Each Receipt this Period 250.00
	Name of Employer SCPMG Receipt For: Primary General Other (specify) ▼		n edic Surgeon Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
Ī	TOTAL This Period (last page this line numbe	r only)		

				•
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 201
п	TEMIZED RECEIPTS		for each category of the	(check only one)
•••			Detailed Summary Page	X 11a 11b 11c 12
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements mail	y not be sold or used by any pers dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		,	
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Michael H. Handy, MD			Date of Receipt
	Mailing Address 109 Staunton Dr			M M / D D Y Y Y Y </td
	City	State	Zip Code	Transaction ID: AEE693F8456B24C00/
	Greensboro	NC	27410-6064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ortho Trauma Specialists	Occupatio Orthopae	n edic Surgeon	_
	Receipt For:	·	e Year-to-Date V	
	Primary General	riggrogate		1
	Other (specify)	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Jacob Samuel Heydemann, MD			Date of Receipt
	Mailing Address 858 River Oaks			M M / D D / Y
	City	State	Zip Code	Transaction ID: A7203AC044F1C4A98
	<u>El Paso</u>	ТХ	79912-3420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	_
	Receipt For:	· · ·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
	Full Name (Last, First, Middle Initial) Dr. David Huang, MD			Date of Receipt
	Mailing Address 3512 Harrison St			05 11 2010
	City	State	Zip Code	Transaction ID: A1109D3F8BCF245D7
	Wichita Falls	ТХ	76308-2324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	_
	Receipt For:	·	e Year-to-Date V	
	Primary General Other (specify) ▼	33. 334	2000.00]
	SUBTOTAL of Receipts This Page (optional).			4000.00

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 81 / 201 (check only one)
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any political committee t erican Association of Orthopaedic Surge	o solicit contributions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) David Irvine, MD		Date of Receipt
	Mailing Address 13012 Sunny Dawn C	J.	05 / Y Y Y Y 0 5 / 1 1 2 0 1 0
	City	State Zip Code	Transaction ID: AB3B3B1C413AF411EB92
	Saint Louis	MO 63127-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) Image: Control of the second	500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Einer Johnson, MD		Date of Receipt
	Mailing Address 2207 Westerly Ct		$\begin{array}{c} M & M \\ 0 & 5 \end{array} / \begin{array}{c} D & D \\ 1 & 1 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{array}$
	City	State Zip Code	Transaction ID: A3246F62E20C9404F89A
	Chesterfield	MO 63017-7927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Washington University	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- c.	Full Name (Last, First, Middle Initial) Dr. Elias E. Khalfayan, MD	1	Date of Receipt
	Mailing Address 601 Broadway 7th Fl		M M / D D / Y Y Y Y 05 11 2010
	City	State Zip Code	Transaction ID: AC2AF23AD5D714C6BA3
	Seattle	WA 98122-5330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Orthopaedic Physician Ass- ociat	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1	1500.00
F	TOTAL This Period (last page this line numbe		

Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the An	the name and address of any po	used by any person litical committee to so	13 14 15 16 17			
			blicit contributions from such committee.			
,	nerican Association of Orth	opaedic Surgeon	5			
Full Name (Last, First, Middle Initial) Dr. Harry A. Khasigian, MD						
Mailing Address 8884 Sheldon Oaks	Ln		05 11 2010			
City	State Zip Code		Transaction ID: ADBCBA6BD6AFA4D6E			
Elk Grove	CA 95624-96	66	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date	▼				
Primary General Other (specify) ▼		1000.00				
Full Name (Last, First, Middle Initial) Dr. Jeffrey John Kovacic, MD			Date of Receipt			
Mailing Address 910 Tarpley Rd NW			05 11 2010			
City	State Zip Code		Transaction ID: A4D81D44E37084B9F9			
Kennesaw	GA 30152-62	28	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date	▼				
Primary General Other (specify) ▼		500.00				
Full Name (Last, First, Middle Initial) Dr. Thomas M. Matelic, MD			Date of Receipt			
Mailing Address 1111 Leffingwell NE	05 11 2010					
City	State Zip Code		Transaction ID: A0674D8F2EDB640349			
Grand Rapids	MI 49525-64	06	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date	▼				
Primary General Other (specify) ▼		500.00				
SUBTOTAL of Receipts This Page (optional)	>	1750.00			
	,	····· P				

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 201 (check only one) 11c X 11a 11b 13 14 15 16 17
or for commercial purposes, other than t NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any per using the name and address of any political committee ne American Association of Orthopaedic Surg	to solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Dr. John B. Meade, MD Mailing Address 808 Circle Dr City Monroe	State Zip Code NC 28112-3800	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Ortho Carolina Receipt For: Primary General Other (specify) ▼	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) Dr. Morris M. Mitsunaga, MD Mailing Address 1329 Lusitana City Honolulu FEC ID number of contributing federal political committee. Name of Employer The Bone And Joint Center Receipt For: Primary General Other (specify)	Suite 501 State Zip Code HI 96813-2412 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt
C. Full Name (Last, First, Middle Initial) Dr. Paul T. Murphy, MD Mailing Address 26541 Castlevin City Wesley Chapel FEC ID number of contributing federal political committee. Name of Employer Medical Group Of Tampa Bay Receipt For: Primary General Other (specify) ▼	ew Way State Zip Code FL 33544-4738 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt
	tional)	▶ 1500.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 201 (check only one)
or fo	information copied from such Reports and r commercial purposes, other than using t IAME OF COMMITTEE (In Full)	l Statements mathe he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Political Action Committee of the An	nerican Assoc	iation of Orthopaedic Surgeo	ons
	ull Name (Last, First, Middle Initial) Dr. Blake A. Nonweiler, MD			Date of Receipt
IV	Aailing Address 2200 NE Neff Rd Su	ite 200		
C	Dity	State	Zip Code	Transaction ID: A7C2C239DBBCD4F6D9
E	Bend	OR	97701-4281	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
No	lame of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
F	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
	ull Name (Last, First, Middle Initial) Jr. Peter G. Noordsij, MD			Date of Receipt
_	Aailing Address Concord Orthopaedi 264 Pleasant St			M M / D D / Y Y Y Y 05 / 11 / 2010
	Sity	State	Zip Code	Transaction ID: A96F9360A926A492F91
_	Concord	NH	03301-2551	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N	lame of Employer Concord Orthopaedics	Occupatio Orthopae	ⁿ edic Surgeon	
F	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00]
	iull Name (Last, First, Middle Initial) Dr. Daryl O'Connor, MD			Date of Receipt
N	Aailing Address 166 E. Lake St Unit	Ą		M M / D D / Y Y Y Y 05 11 2010
	Dity	State	Zip Code	Transaction ID: A127715F3AE2747ECA
E	Elmhurst	IL	60126-5509	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N C	lame of Employer Drthopaedic Specialist Inc	Occupatio Orthopae	n edic Surgeon	
F	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00]
SUI	BTOTAL of Receipts This Page (optional)	I	h	1000.00
	TAL This Period (last page this line numb			

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 85/201 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Orthopaedic Surgeon	IS
Full Name (Last, First, Middle Initial) Dr. John M. Olsewski, MD		Date of Receipt
Mailing Address 135 Bramble Brook F	Rd	0 5 1 1 Y Y Y Y 0 5 X 1 1 D D / Y Y Y Y
City	State Zip Code	Transaction ID: AFAE40167722547F790[
Ardsley	NY 10502-2206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation	1
Receipt For:		-
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. Mark D. Perry, MD		Date of Receipt
		0 5 / D D / Y Y Y Y 0 5 1 1 2 0 1 0
City	State Zip Code	Transaction ID: A041A648C8F704AACB
Mobile	AL 36693	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	501.00
Name of Employer University Of South Alaba-	Occupation]
ma Receipt For:		-
Primary General Other (specify) ▼	501.00	
Full Name (Last, First, Middle Initial) Dr. Mitchell Forest Reiter, MD		Date of Receipt
Mailing Address 50 Blazier Rd		M M / D D / Y Y Y Y 05 11 2010
City	State Zip Code	Transaction ID: AD9E701673D644DA5B
	NJ 08836-2041	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Self Employed		
Receipt For:	Aggregate Year-to-Date ▼	-
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1751.00
	Full Name (Last, First, Middle Initial) Dr. John M. Olsewski, MD Mailing Address 135 Bramble Brook F City Ardsley FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Mark D. Perry, MD Mailing Address Dept Of Orthopaedic 3421 Medical Park D City Mobile FEC ID number of contributing federal political committee. Name of Employer University Of South Alaba- ma Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Mitchell Forest Reiter, MD Mailing Address 50 Blazier Rd City Mailing Address 50 Blazier Rd City Mailing Address 50 Blazier Rd City Mailing Address 50 Blazier Rd FEC ID number of contributing federal political committee. </td <td>Dr. John M. Olsewski, MD Mailing Address 135 Bramble Brook Rd City State Zip Code Ardsley NY 10502-2206 FEC ID number of contributing federal political committee. C </td>	Dr. John M. Olsewski, MD Mailing Address 135 Bramble Brook Rd City State Zip Code Ardsley NY 10502-2206 FEC ID number of contributing federal political committee. C

ľ	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		
Α.	Dr. Mark Arentz Rhodes, MD Mailing Address 2110 N. Vantage Ci	rcle	Date of Receipt
	City	State Zip Code	Transaction ID: A2A87FD5E2A8B48E18E
	Tucson	AZ 85749-9117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer County Hospitals of Nevada	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. John Sargent Rogerson, MD		Date of Receipt
	Mailing Address 2 Science Ct #101		
		State Zip Code	Transaction ID: A23287A0BA0E044CCB2
	Madison FEC ID number of contributing federal political committee.	WI 53711-1088	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Mark Seltzer Sanders, MD		Date of Receipt
	Mailing Address 11315 Bothwell Wa	у	05 / 11 / Y Y Y Y 02010
	City	State Zip Code	Transaction ID: AA9AA5798B79542AD91
	Houston	TX 77024-5302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optiona)	1750.00
F	SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	·	1/50.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 201 (check only one)
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers the name and address of any political committee to erican Association of Orthopaedic Surge	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Roy W. Sanders, MD		Date of Receipt
	Mailing Address 3611 S. Beach Dr		M M / D D / Y
	City	State Zip Code	Transaction ID: A1953D65A89A741F4A5F
	Tampa	FL 33629-8222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Florida Ortho Institute	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General Other (specify) ▼	1000.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Terry Smith, MD		Date of Receipt
	Mailing Address 67 -1123 Mamalahoa	i Hwy Suite 120	05 / 11 / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: AB6B985EA0DD54A2D95
	Kamuela	HI 96743-8451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Semi Retired	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Edward A. Stokel, MD		Date of Receipt
	Mailing Address PO Box 616		M M / D D / Y Y Y Y 05 11 2010
	City	State Zip Code	Transaction ID: A1B22ED8D382F418B9C
	Petoskey	MI 49770-0616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		2000.00
	TOTAL This Period (last page this line number	er only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 201 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. John S. Taras, MD			Date of Receipt
	Mailing Address 834 Chestnut St Suite	G-114		0 5 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: A51FFB9854F484FF6B13
	Philadelphia	PA	19107-5127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHC	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	· · · ·	e Year-to-Date V	
	Primary General Other (specify)	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Dennis Martin Walker, MD			Date of Receipt
	Mailing Address 1717 Oak Park Blvd 3	ord Fl		0 5 / D D / Y Y Y Y 0 5 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: A833524972EAE47F7AFE
	Lake Charles	LA	70601-8990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Orthopaedic Associates	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	- · · · ·	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	2500.00]
– C.	Full Name (Last, First, Middle Initial) Dr. Stuart Winakur, MD	1		Date of Receipt
	Mailing Address 8322 Bellona Ave			0 5 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: A7D4212BDB3E74DB29A
	Towson	MD	21204-2065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Towson Orthopaedic Associ- ates	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	· · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		3000.00
f	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 89 / 201 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
A.	Full Name (Last, First, Middle Initial) Dr. John A. Barrasso, MD			Date of Receipt
	Mailing Address 4140 Centennial Hills	Blvd Suite A		05 13 Y Y Y Y 05 13 2010
	City	State	Zip Code	Transaction ID: A984828ECBF6F446A819
	Casper FEC ID number of contributing federal political committee.	WY C	82609-3265	Amount of Each Receipt this Period 1000.00
	Name of Employer United States Government		tates Senator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Joseph S. Barrjr, MD Mailing Address 205 Edgewater Dr			Date of Receipt
				05 13 2010
	City Needham	State MA	Zip Code 02492-2745	Transaction ID: A2AE08D0FEC18419A90I Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	· · · · ·	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Basil Besh, MD			Date of Receipt
	Mailing Address 6135 Clubhouse Dr			05 / 13 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: AE1782A18136C44C49E3
	Pleasanton FEC ID number of contributing federal political committee.	CA	94566-9864	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			▶ 1750.00
ľ	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 201 (check only one) 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personance name and address of any political committee to perican Association of Orthopaedic Surgeonance Sur	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Martin Boublik, MD Mailing Address 8200 E. Belleview Av	re Suite 615e	Date of Receipt 0 5 / 1 3 / 2 0 1 0
	City	State Zip Code	Transaction ID: AC14B8537C3F14138999
	Greenwood Village	CO 80111-2898	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Steadman Hawkins Clinic	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Dante A. Brittis, MD Mailing Address 212 Center St		Date of Receipt
			05 13 2010
	City	State Zip Code	Transaction ID: A52E8481FE9CC452BB21
	Southport	CT 06890-1406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer OSG	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Treg D. Brown, MD		Date of Receipt
	Mailing Address 110 Sunrise Trail		05 / D D / Y Y Y Y 005 / 13 / 2010
	City	State Zip Code	Transaction ID: A2EFFBCFC244E4B16A5
	Carbondale	IL 62902-7523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer SIOC	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	1500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	_ ' 	1500.00
	TOTAL This Period (last page this line number	-	

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each Detailed	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 91 / 201 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be some name and address of an	ld or used by any person any political committee to s	o for the purpose of soliciting contributions solicit contributions from such committee.
			,	
	Political Action Committee of the Am	erican Association of (Orthopaedic Surgeor	IS
⊻ A.	Full Name (Last, First, Middle Initial) Dr. Thomas W. Felljr, MD			Date of Receipt
	Mailing Address 4910 Van Nuys			05 13 Y Y Y Y 05 13 2010
	City	State Zip C	ode	Transaction ID: ABCDDCF702620434384
	Sherman Oaks	CA 9140	3-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surg	eon	
	Receipt For:	Aggregate Year-to-D		1
	Primary General Other (specify) ▼		350.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Scott P. Fischer, MD			Date of Receipt
	Mailing Address 280 S. Main Suite 20	0		0 5 / D D / Y Y Y Y Y 0 5 1 3 2 0 1 0
	City	State Zip C	ode	Transaction ID: A78E2E0E9FCE74DE0A
	Orange	CA 9286	8-3852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surg	eon	
	Receipt For:	Aggregate Year-to-D		-
	Primary General Other (specify) ▼		1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr. James C. Kelly, MD			Date of Receipt
	Mailing Address 525 North Stonington	n Rd		M M / D D / Y Y Y Y 05 13 2010
	City	State Zip C		Transaction ID: AB3FAD4CB471947C588
	Stonington	CT 0637	8-1517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surg	eon	
	Receipt For:	Aggregate Year-to-D	ate 🔻	1
	Primary General Other (specify) ▼		500.00	
Г				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 201 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	ierican Associ	ation of Orthopaedic Surge	
Α.	Full Name (Last, First, Middle Initial) Dr. Michael M. Leighton, MD			Date of Receipt
	Mailing Address 8524 East Garden O	aks Circle		05 13 2010
	City	State	Zip Code	Transaction ID: AEDBCEC3988DE488984E
	Palm Beach Gardens	FL	33410-6376	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		edic Surgeon	
	Primary General Other (specify) ▼		250.00]
В.	Full Name (Last, First, Middle Initial) Courtland G. Lewis, MD			Date of Receipt
	Mailing Address 85 Seymour St Suite	607		05 13 2010
	City	State	Zip Code	Transaction ID: A8224BAFF63C246DEBD9
	Hartford	СТ	06106-5525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ortho Assoc of RI	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	500.00]
C.	Full Name (Last, First, Middle Initial) Randall Evan Marcus, MD			Date of Receipt
	Mailing Address 11100 Euclid Ave			05 13 2010
	City	State	Zip Code	Transaction ID: A1BCC4E978E70476985F
	Cleveland	OH	44106-1716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNMG	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1000.00]
	SUBTOTAL of Receipts This Page (optional)	I		1250.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate scl for each category Detailed Summa	
	Any information copied from such Reports and a or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and address of any political	d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Thomas A. McEnnerney, MD Mailing Address 5150 Journal Center I City	Blvd NE State Zip Code	Date of Receipt
	Albuquerque FEC ID number of contributing federal political committee.	State Zip Code NM 87109-5900 C Image: Content of the state of the s	Amount of Each Receipt this Period
	Name of Employer Abq Health Partners Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	400.00
- B.	Full Name (Last, First, Middle Initial) Dr. Adelbert J. Mencias, MD Mailing Address 1556 N. Oakhill Dr	1	Date of Receipt
	City South Bend FEC ID number of contributing federal political committee.	State Zip Code IN 46637-5681	Transaction ID: AA02D94DF77E44E3DA4 Amount of Each Receipt this Period 250.00
	Name of Employer South Bend Orthopaedics Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date	250.00
- C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey B. Neustadt, MD Mailing Address 706 18th Ave NE	1	Date of Receipt
	City <u>Saint Petersburg</u> FEC ID number of contributing federal political committee.	State Zip Code FL 33704-4608 C Image: Content of the state of the s	Transaction ID: AB812B4E2D70742A6B9/ Amount of Each Receipt this Period 500.00
	Name of Employer Childrens Ortho & Scolios- is S Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	750.00
	SUBTOTAL of Receipts This Page (optional) .		950.00
	TOTAL This Period (last page this line numbe	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 94 / 201 (check only one) (check 112) X 11a 11b 11c 12 I 11a 11c 12 13
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used	by any perso	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
_ /	Full Name (Last, First, Middle Initial) Dr. Scott Gunnar Quisling, MD			Date of Receipt
	Mailing Address 3275 Bransley Way			05 / 13 / Y Y Y 05 / 13
	City	State Zip Code		Transaction ID: A74B81F2DD3EC4D0B
	Duluth	GA 30097-3786		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon		
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	Full Name (Last, First, Middle Initial) Dr. Marisa A. Schmitt, MD			Date of Receipt
	Mailing Address 113 Ayer Rd			0 5 1 3 2 0 1 0
	City	State Zip Code		Transaction ID: A5BC0A501361B48B89
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	Full Name (Last, First, Middle Initial) Mark A. Sprague, MD			Date of Receipt
	Mailing Address 10 Old Tree Farm Ro			M M / D D / Y Y Y Y 05 13 2010
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	Full Name (Last, First, Middle Initial) Dr. James John Verner, MD			Date of Receipt		
	Mailing Address 23075 Nottingham			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
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	Full Name (Last, First, Middle Initial) Dr. Clay M. Wertheimer, MD			Date of Receipt		
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	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Abrams, MD			Date of Receipt		
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	Any information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the An	he name and address of any political	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
4.	Full Name (Last, First, Middle Initial) Dr. Keith M. Baumgarten, MD Mailing Address 1001 E 63rd St		Date of Receipt
	City	State Zip Code	Transaction ID: A22B73E84F70D4E49
	Sioux Falls	SD 57108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Orthopaedic Institute Of	Occupation	
	Wisco Receipt For:	Orthopaedic Surgeon	
	Primary General Other (specify) ▼		500.00
- 3.	Full Name (Last, First, Middle Initial) David Matthew Beard, MD		Date of Receipt
	Mailing Address 3000 32nd Ave Sout	h	05 / D D / Y Y Y Y 025 / 14 2010
	City	State Zip Code	Transaction ID: A48BBEE40B2E94F39
	Fargo	ND 58103-6132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Multispecialty Group	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
-	Full Name (Last, First, Middle Initial) Richard M Bochner, MD		Date of Receipt
	Mailing Address 152 Tara Dr		05 14 2010
	City	State Zip Code	Transaction ID: A0645EFB2C2154003
	Roslyn	NY 11576-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
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9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 99 / 201
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	or for commercial purposes, other than using th	ne name and add	ress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Am	erican Associa	ation of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial)			
Α.	Dr. Richard Franklin Bruch, , MD			Date of Receipt
	Mailing Address 207 Pineview Rd			05 14 2010
	City	State	Zip Code	Transaction ID: A868214EB275645BAA7E
	Durham	NC	27707	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		500.00
	Name of Employer	Occupation	1	_
	Name of Employer Self Employed		dic Surgeon	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate		-
	Other (specify)		500.00	
		0 0		-
	Full Name (Last, First, Middle Initial)			
В.	Michael T. Busch, MD			Date of Receipt
	Mailing Address 5445 Meridian Mark F	05 14 2010		
	City	State	Zip Code	Transaction ID: A128CC396166946188AC
	Atlanta	GA	30342-4767	Amount of Each Receipt this Period
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	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Childrens Ortho Surgical	Occupation		
			dic Surgeon	
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	Other (specify)		350.00	
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-	Full Name (Last, First, Middle Initial)			
C.	James D. Capozzi, MD			Date of Receipt
	Mailing Address 14 Meadow Ln			05 14 2010
	City	State	Zip Code	Transaction ID: A9C0415DE1D8744E89C
	East Williston	NY	11596-2502	Amount of Each Receipt this Period
	FEC ID number of contributing	•		050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Winthrop University Hospi- tal	· · ·	dic Surgeon	
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	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Gregory D Carlson, MD	Date of Receipt		
	Mailing Address 30 Canyonwood			05 / 14 / Y Y Y Y 005 / 14
	City	State	Zip Code	Transaction ID: A1E2C182A1E454C1BBBI
	Irvine	CA	92620-1221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Self Employed	Occupatio Orthopa	on edic Surgeon	
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	Primary General Other (specify) ▼	0 0	1500.00]
- В.	Full Name (Last, First, Middle Initial) Stephen L. Curtin, MD			Date of Receipt
	Mailing Address 5810 N Moccasin Trl			05 / 14 / Y Y Y Y 005
	City	State	Zip Code	Transaction ID: AFD93769DA54F43B2A74
	Tucson	AZ	85750-0801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tucson Ortho Institute	Occupatio Orthopa	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1000.00]
– C.	Full Name (Last, First, Middle Initial) Paul A Dale, MD			Date of Receipt
	Mailing Address 1500 Irving St			M M / D D / Y Y Y Y 05 14 2010
	City	State	Zip Code	Transaction ID: A9D897A74225F4679A4C
	Alexandria	MN	56308-2515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Alexandria Orthopaedic As-	Occupatio	n edic Surgeon	
	soc Receipt For:		e Year-to-Date V	-1
	Primary General Other (specify) ▼		1000.00]
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	OF COMMITTEE (In Full) al Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
A. Dr. Aym	me (Last, First, Middle Initial) an Ahmad Daouk, MD			Date of Receipt
Mailing	Address 311 W Sabal Palm P	I		05 14 Y Y Y Y 2010
City		State	Zip Code	Transaction ID: A7E4F490ED5BD4B52A3
<u>Longw</u>	lood	FL	32779	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name o Physici	f Employer ans Associates	Occupatio Orthopae	n edic Surgeon	_
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	me (Last, First, Middle Initial) nael David Daubs, , MD			Date of Receipt
Mailing	Address 590 Wakara Way			M M / D D / Y Y Y Y 05 14 2010
City		State	Zip Code	Transaction ID: AFA45BD506B49436598B
	ake City	UT	84108	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name o Univers	f Employer ity Of Utah	Occupatio Orthopae	n edic Surgeon	
Receipt	For:	- · · ·	e Year-to-Date V	_
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	me (Last, First, Middle Initial) A. Dinwoodie, MD			Date of Receipt
Mailing	Address 1401 N Tustin Ave St	e 355		M M / D D / Y Y Y Y 05 14 2010
City		State	Zip Code	Transaction ID: A2E7D785AD8F24991A23
<u>Santa</u>		CA	92705-8684	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
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or for commercial purposes, othe	er than using the name and add Full)	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Political Action Committe	ee of the American Associ	ation of Orthopaedic Surge	ons	
Full Name (Last, First, Middle A. A. N. Diodene, MD	Full Name (Last, First, Middle Initial) A. N. Diodene, MD			
Mailing Address 21860 Ta	albot Dr		05 14 2010	
City	State	Zip Code	Transaction ID: A69E38EEA5C3D42F48E	
<u>Plaquemine</u>	LA	70764-5211	Amount of Each Receipt this Period	
FEC ID number of contributir federal political committee.	C		250.00	
Name of Employer Veterans Administration	Occupation		—	
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Primary Gene Other (specify) ▼	00 0	250.00]	
Full Name (Last, First, Middle J. Ollie Edmunds, Jr., MD	,		Date of Receipt	
Mailing Address 1440 Ca	nal St Ste 1500		05 / D D / Y Y Y Y 2010	
City	State	Zip Code	Transaction ID: ACCAC656579C346FB8	
New Orleans	LA	70112-2702	Amount of Each Receipt this Period	
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Name of Employer Tulane University	Occupation Orthopae	n edic Surgeon		
Receipt For:	· · · ·	e Year-to-Date ▼		
Primary Gene Other (specify) ▼	eral	1000.00]	
Full Name (Last, First, Middle Douglas R Elenz, MD	e Initial)		Date of Receipt	
Mailing Address 3401 Pa	rmer #421		05 / Y Y Y Y 05 / 14 2010	
City	State	Zip Code	Transaction ID: AAF6F47283BA74A8A83	
Austin	TX	78727-4132	Amount of Each Receipt this Period	
FEC ID number of contributir federal political committee.			250.00	
Name of Employer Austin Sports Medicine	Occupation Orthopae	ⁿ edic Surgeon		
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	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Ray M. Fitzgerald, MD Mailing Address 15402 Brandonwood	PI		Date of Receipt
				05 14 2010
	City	State	Zip Code	Transaction ID: A7D97EB06611D4024AB4
	Houston FEC ID number of contributing federal political committee.	TX C	77069-1540	Amount of Each Receipt this Period
	Name of Employer KSF Orthopaedic Center	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]
- В.	Full Name (Last, First, Middle Initial) Humberto A Galleno, MD			Date of Receipt
	Mailing Address Inter-Community Pro 315 N 3rd Ave Ste 30)2		M M / D D / Y
	City Covina	State CA	Zip Code	Transaction ID: A5CCF7AA9BEC640AFB0
	FEC ID number of contributing federal political committee.	C	91723-1916	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]
- C.	Full Name (Last, First, Middle Initial) Devon D Goetz, MD			Date of Receipt
	Mailing Address 6001 Westown Pky			M M / D D / Y Y Y Y Y 05 14 2010
	City	State	Zip Code	Transaction ID: AC34A8B5125924ED5AD
	West Des Moines FEC ID number of contributing federal political committee.	IA C	50266-7702	Amount of Each Receipt this Period 250.00
	Name of Employer Des Moines Ortho Surgeons	Occupatio Orthopae	n edic Surgeon	
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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Item to the purpose of soliciting contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee of the American Association of Orthopaedic Surgeons NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. Victor Goldberg., MD Dr. Victor Goldberg., MD Date of Receipt City State Zip Code FEC ID number of contributing federal political committee. Occupation Name of Employer Retired Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Receipt For: Primary General Other (specify) ▼ State Zip Code Full Name (Last, First, Middle Initial) Date of Receipt Dr. Receipt For: State Zip Code Primary General Other (specify) ▼ Mailing Address 2312 Shelter Pointe Drive Tate City State Zip Code Transaction ID: A2B97C0775	16 17 tions tee. 9 1 0 7AA3472F9 riod
Detailed Summary Page 11 110 115 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such commit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons A. Full Name (Last, First, Middle Initial) Dr. Victor Goldberg., MD Mailing Address 11100 Euclid Ave City State Zip Code Receipt For: Primary Occupation Orthopaedic Surgeon Aggregate Year-to-Date Primary General Other (specify) ♥ Date of Receipt Mailing Address 2312 Shelter Pointe Drive M M 14 2.0 Transaction ID: A2B97C0775 Tat 2.0 Transaction ID: A2B97C0775	16 17 tions tee. 9 1 0 7AA3472F9 riod
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Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) 500.00 Dr. Robert Gorman, MD Date of Receipt Mailing Address 2312 Shelter Pointe Drive City State Zip Code Transaction ID: A2B97C0775	
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Mailing Address 2312 Shelter Pointe Drive City State Zip Code Transaction ID: A2B97C0775	
City State Zip Code Transaction ID: A2B97C0775	YY
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	1994C3A/
Kalamazoo MI 49008 Amount of Each Receipt this Per	riod
FEC ID number of contributing federal political committee.	0.00
Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Orthopaedic Surgeon	
Receipt For: Aggregate Year-to-Date Primary General	
Other (specify)	
Full Name (Last, First, Middle Initial)	
Richard E. Grant, MD Date of Receipt Mailing Address Four Seasons Apt 904	
) 1 0 ·
City State Zip Code Transaction ID: AFF268BACE	395140BD
Beachwood OH 44122-7529 Amount of Each Receipt this Per	
FEC ID number of contributing	0.00
federal political committee.	5.00
Name of Employer Occupation	
Self Employed Orthopaedic Surgeon	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 700.00	
Other (specify) ▼ 700.00	
	00
Other (specify) ▼ 700.00 SUBTOTAL of Receipts This Page (optional) 1750).00

	CHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	y of the X 11a 11b 11c 12
	Any information copied from such Reports an	Statements may not be sold or used	13 14 15 16 17 d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ar		
لا م.	Full Name (Last, First, Middle Initial) Richard E. Grant, MD		Date of Receipt
	Mailing Address Four Seasons Apt 9 26600 George Zeige	04 r Dr	05 [/] 14 [/] 2010
	City	State Zip Code	Transaction ID: A484797576762470D8A
	Beachwood	OH 44122-7529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼		700.00
	Full Name (Last, First, Middle Initial) Dr. Stuart A. Green, MD		Date of Receipt
	Mailing Address 3771 Katella Ave St	e 310	05 / 14 Y Y Y Y 05 D / 2010
	City	State Zip Code	Transaction ID: A76B66EC191564A67BE
	Los Alamitos	CA 90720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)		500.00
	Full Name (Last, First, Middle Initial) Dr. James L. Griffin, MD		Date of Receipt
	Mailing Address 4802 S 109th E Ave		05 / D D / Y Y Y Y 05 14 2010
	City	State Zip Code	Transaction ID: A66564128AD9B492FB7
	Tulsa	OK 74146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Tulsa Bone And Joint Asso- ciate	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼		500.00

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 201 (check only one) X X 11a 11b 11c 12
A C	ny information copied from such Reports an r for commercial purposes, other than using	d Statements may r the name and addr	not be sold or used by any pers ess of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associa	tion of Orthopaedic Surge	ons
× .	Full Name (Last, First, Middle Initial) Dr. Jason Edward Guevara, MD			Date of Receipt
	Mailing Address PO Box 759			05 14 2010
	City	State	Zip Code	Transaction ID: A277717169E80406796
	Pinehurst	NC	28370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopaed	lic Surgeon	
	Receipt For:		/ear-to-Date ▼	
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial) Cary M. Guse, MD	I		Date of Receipt
	Mailing Address 6013 Turtle Bay Pk	wy		M = M / D = D / Y = Y = Y Y
	City	State	Zip Code	Transaction ID: AA34B0D8FE5BF42B89
	Columbus	IN	47201-7586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Southern Indiana Orthopae- dics	Occupation Orthopaed	lic Surgeon	
	Receipt For:	Aggregate \	'ear-to-Date ▼	
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) Dr. Robert N. Hensinger, MD			Date of Receipt
	Mailing Address 261 Corrie Rd			05 / 14 / Y Y Y Y 005 / 14
	City	State	Zip Code	Transaction ID: A6CCA953F5C5D42278
	Ann Arbor	MI	48105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ Of Michigan Medical Cente	Occupation Orthopaed	lic Surgeon	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	_
	Other (specify)	0 0	250.00	
Γ		1		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 107 / 201 (check only one) 11a X 11a 13 14 15 16
	Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	the name and ad	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. John Paul Houde, MD Mailing Address 241 Elm St			Date of Receipt
				05 14 2010
	City	State	Zip Code	Transaction ID: AF91DA4BC09634FAF85B
	Claremont FEC ID number of contributing federal political committee.	NH C	03743	Amount of Each Receipt this Period
	Name of Employer Valley Regional Hospital	Occupatio Orthopae	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Thomas N. Joseph, MD Mailing Address 1910 Lyttleton St			Date of Receipt
	City	State	Zip Code	
	Camden	Scale	29020	Transaction ID: A1E6FB4FA91994DC5AB7 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Camden Bone & Joint		edic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
с.	Full Name (Last, First, Middle Initial) James C Karegeannes, MD Mailing Address 123 Skyview Dr			Date of Receipt
	City	State	Zip Code	Transaction ID: AE633B19418984E01802
	Asheville	NC	28804-2720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Blue Ridge Bone & Joint Receipt For:		edic Surgeon	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 500.00	
	SUBTOTAL of Receipts This Page (optional)		1750.00
Ī	TOTAL This Period (last page this line numb	per only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 201 (check only one) X X 11a 11b 11c 12 10 11c
A	ny information copied from such Reports and	d Statements may	y not be sold or used by any pers	13 14 15 16 17 con for the purpose of soliciting contributions o solicit contributions from such committee
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
Z	Full Name (Last, First, Middle Initial) Stephen N. Lang, MD			Date of Receipt
	Mailing Address 5 Hastings Square			05 / 14 2010
	City	State	Zip Code	Transaction ID: A403EC58DBCE345038
	Durham	NC	27707-3643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ Of North Carolina	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) David M Lindgren, MD			Date of Receipt
	Mailing Address 8001 Chesshire Ln N	١		0 5 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: AC36801BFFAB44B189
	Osseo	MN	55311-2211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Frederick T. Lohr, MD			Date of Receipt
	Mailing Address 100 Brown St			0 5 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: ABA8C4AE78ACC47DE
	Chestertown	MD	21620-1435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00	
	SUBTOTAL of Receipts This Page (optional)	I		750.00
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17	
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	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person he name and address of any political committee to	solicit contributions from such committee.	
	/	nerican Association of Orthopaedic Surgeo		
Α.	Full Name (Last, First, Middle Initial) Michael T McCoy, MD		Date of Receipt	
	Mailing Address 823 SW Mulvane Ste	e 370	05 14 Y Y Y Y 05 14	
	City	State Zip Code	Transaction ID: AF5801E229584407DBA0	
	Topeka	KS 66606-1687	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Stormont Vail Hospital	Occupation Orthopaedic Surgeon	-	
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	500.00]	
- B.	Full Name (Last, First, Middle Initial) Dr. John J. McGraw, MD		Date of Receipt	
	Mailing Address 1541 Mill Springs Ro	l	05 / 14 / Y Y Y Y 005 / 14	
	City	State Zip Code	Transaction ID: A1CC85AFC16204087BC2	
	New Market	TN 37820	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer Knoxville Orthopaedic Cli- nic	Occupation Orthopaedic Surgeon		
	Receipt For:	Aggregate Year-to-Date ▼		
	Other (specify) ▼	500.00]	
- C.	Full Name (Last, First, Middle Initial) Dr. Evangelos Megariotis, MD		Date of Receipt	
	Mailing Address 21 Ravona St		05 14 Y Y Y Y 05 14 2010	
	City	State Zip Code	Transaction ID: AE9B23399CAB14AC0BF	
	Clifton	NJ 07012	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	1000.00	
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	2000.00]	
ſ	SUBTOTAL of Receipts This Page (optional)		1750.00	
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 201 (check only one) X X 11a
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions adjuit contributions from such committee
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
لا A.	Full Name (Last, First, Middle Initial) David P. Mesna, MD			Date of Receipt
	Mailing Address 3704 Camino Codorni	iz		0 5 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: AFCE2E1024B7C451D8F
	Calabasas	CA	91302-3043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Kaiser Permanente	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	600.00]
- B.	Full Name (Last, First, Middle Initial) Dr. Steven Braxton Morgan, MD			Date of Receipt
	Mailing Address 1222 San Saba Ct			M M / D D / Y
	City	State	Zip Code	Transaction ID: AA617F0BE5A9348988B
	Allen	TX	75013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Associates	Occupatio Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1500.00	
- C.	Full Name (Last, First, Middle Initial) Roland Y. Nakata, MD			Date of Receipt
	Mailing Address 815 S Fairmont Ave			M M / D D / Y
	City	State	Zip Code	Transaction ID: A0C36C686F88845838F6
		CA	95240-5116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	· · · · · · · · · · · · · · · · · ·	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	1		1550.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 201 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ne name and ad	dress of any political committee	to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) J Lockwood Ochsner, Jr, MD			Date of Receipt
	Mailing Address 1514 Jefferson Hwy			0 5 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A1FF7B384F3A1475F938
	New Orleans	LA	70121-2429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ochsner Clinic Foundation	Occupatio	on edic Surgeon	_
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Keith D Osborn, MD			Date of Receipt
	Mailing Address 1840 Ridgefield Dr			M M / D D / Y Y Y Y 05 14 2010
	City	State	Zip Code	Transaction ID: AFC3878046FE044F1ADI
	Roswell	GA	30075-4142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Resurgens Orthopaedics	- <u> </u>	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Jerome Gregory Piontek, , MD			Date of Receipt
	Mailing Address 160 N Brentwood Blv	d		0 5 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A9E0C814880274AE88BF
	Saint Louis FEC ID number of contributing	MO	63105	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	on edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	450.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112/201 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee t	o solicit contributions from such committee.
A .	Political Action Committee of the Ame Full Name (Last, First, Middle Initial) Christopher J Rich, MD Mailing Address 3351 Masonic Dr City Alexandria FEC ID number of contributing federal political committee. Name of Employer Mid State Orthopaedic Cli- nic Receipt For:	State LA C Occupatio Orthopa	Zip Code 71301-3842	Date of Receipt Date of Receipt 0 5 1 4 2 0 1 0 Transaction ID: A7987FD96B4734E09996 Amount of Each Receipt this Period 1000.00
в.	Full Name (Last, First, Middle Initial) Dr. John C. Richmond, MD		e Year-to-Date ▼ 1000.00	Date of Receipt
	Mailing Address 125 Parker Hill Ave City Roxbury Crossing FEC ID number of contributing federal political committee. Name of Employer New England Baptist Hospi- tal Receipt For:	, I	Zip Code 02120 on edic Surgeon e Year-to-Date V	M M M M D D P Y
С.	Primary General Other (specify) ♥ Full Name (Last, First, Middle Initial) Dr. Mark Kuehner Robinson, , MD Mailing Address PO Box 100 PMB 315 275 Wagon Wheel Rd City	State	Zip Code	Date of Receipt 0 5 / 1 4 2 0 1 0 Transaction ID: A17F78D0F567442B4AAD
	Mammoth Lakes FEC ID number of contributing federal political committee. Name of Employer Sierra Park Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupatio Orthopa	93546 on edic Surgeon e Year-to-Date ▼ 250.00	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)		

CHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 113/201
•	for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
y information copied from such Reports and for commercial purposes, other than using t	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
. ,	nerican Association of Orthopaedic Surg	jeons
· · · · /		Date of Receipt
City	State Zip Code	Transaction ID: A50808D1BED384AE4A
•		Amount of Each Receipt this Period
		750.00
Name of Employer Self Employed	Occupation Orthonaedic Surgeon	
Receipt For:		
	Aggregate real-to-Date +	
Other (specify)	1250.00	
		Date of Receipt
		0 5 1 4 2 0 1 0
City	State Zip Code	Transaction ID: AE5789A353BD8406BB
•	· ·	
	GA 33111-1135	Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
	Orthopaedic Surgeon	
	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) v		
		Date of Receipt
	vd	0 5 1 4 2 0 1 0
City	State Zip Code	Transaction ID: ACF44F04A46CF42A9B
Saint Louis	MO 63131-3504	Amount of Each Receipt this Period
		1000.00
Name of Employer Washington Univ School Of	Occupation	
Medi		—
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
		2000.00
	for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the And Full Name (Last, First, Middle Initial) Dr. Craig H. Rosen, MD Mailing Address 1802 Champlain Dr City Voorhees FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert M Ruth, MD Mailing Address 5265 Paseo Camio City Santa Barbara FEC ID number of contributing federal political committee. Name of Employer Associated Hand Surgeons Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Perry L Schoenecker, MD Mailing Address 2001 S Lindbergh Bl City Saint Louis FEC ID number of contributing federal political committee. Name of Employer Washington Univ School Of Medi	LiniteLb Theoeffields Detailed Summary Page vinformation copied from such Reports and Statements may not be sold or used by any performercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surge Full Name (Last, First, Middle Initial) Dr. Craig H. Rosen, MD Mailing Address 1802 Champlain Dr City State Zip Code Yoorhees NJ 09043 FEC ID number of contributing tederal political committee. C

S	CHEDULE A (FEC Form 3X)	ſ	Llas soporato asbadula(s)	FOR LINE NUMBER: PAGE 114/201
			Use separate schedule(s) for each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may a name and add	not be sold or used by any pers ress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ame	erican Associ	ation of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Joseph E Slappey, Jr., MD			Date of Receipt
	Mailing Address 3347 Osborne Pl			05 14 Y Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: A9AE443DB06A745358
	Macon	GA	31204-1901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Forsyth Street Orthopaedi-	Occupation		
	CS	- · · · ·	dic Surgeon	_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. William M. Smith, MD	1		Date of Receipt
	Mailing Address 6602 DeLynn Dr			M M / D D / Y Y Y Y 05 14 2010
	City	State	Zip Code	Transaction ID: A242B501CB8724AA1
	Tifton	GA	31794	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
	Receipt For:	1 · · ·	Year-to-Date V	
	Primary General Other (specify) ▼		500.00]
_	Full Name (Last, First, Middle Initial) Dr. Steven Brent Smith, MD			Date of Receipt
	Mailing Address 8811 N Sycamore Ave	9		M M / D D / Y Y Y Y 05 14 2010
	City	State	Zip Code	Transaction ID: A15FD9C419C2B46AB
	Kansas City	MO	64157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Northland Bone & Joint	Occupation Orthopae	dic Surgeon	
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date V	
	Other (specify)	0 0	500.00]
Г		1		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 201 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	l Statements ma he name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Barry J. Snyder, MD			Date of Receipt
	Mailing Address 497 Long Ln			05 14 2010
	City	State	Zip Code	Transaction ID: A99DC6B12291440BC8E
	Huntingdon Valley	PA	19006-2932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopa	on edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Charles A. Sommer, MD	I		Date of Receipt
	Mailing Address 6 Wagon Dr			M M / D D / Y Y Y Y 05 114 2010
	City	State	Zip Code	Transaction ID: A6C464A2A3A64497A992
	Wilbraham	MA	01095-1678	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harrington Physician Serv- ices	Occupatio Orthopa	^{on} edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	7
	Other (specify)	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) Jeffrey M Spivak, MD			Date of Receipt
	Mailing Address 47 Bradford Rd			M M M / D D Y Y Y Y
	City	State	Zip Code	Transaction ID: A29502803CEC74EB4809
	Scarsdale	NY	10583-7651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hospital For Joint Diseas- es	Occupatio Orthopa	^{on} edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		1000.00
	TOTAL This Period (last page this line number			

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 201 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	solicit contributions from such committee.
	Political Action Committee of the Am	ierican Assoc	lation of Orthopaedic Surgeo	ins
Α.	Full Name (Last, First, Middle Initial) Brereton B Strafford, MD			Date of Receipt
	Mailing Address 17 Lummi Key		05 / 14 / Y Y Y Y 005 / 14	
	City	State	Zip Code	Transaction ID: ABC1B85C465D846DD9C
	Bellevue	WA	98006-1015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopa	n edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00]
- B.	Full Name (Last, First, Middle Initial) Joseph C. Tauro, MD			Date of Receipt
	Mailing Address 9 Hospital Dr			05 / 14 / Y Y Y Y 005 / 14
	City	State	Zip Code	Transaction ID: A643825B2B8554811B71
	Toms River	NJ	08755-6425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00]
- C.	Full Name (Last, First, Middle Initial) Norman Verhoog, MD Mailing Address 3389 Harlan Dr			Date of Receipt
	City	State	Zip Code	Transaction ID: A9B882363E2134574B9D
	Redding	CA	96003-3318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupatio Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00]
	SUBTOTAL of Receipts This Page (optional)		•••••	1350.00
	TOTAL This Period (last page this line number	er only)		

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 117 / 201 (check only one)
			for each category of the	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
[Any information copied from such Reports and St	tatements may	not be sold or used by any pers	
	or for commercial purposes, other than using the	name and addr	ress of any political committee to	o solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Amer	rican Associa	tion of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial)			
Α.	Torrance Anthony Walker, MD			Date of Receipt
	Mailing Address 2404 Foxborough		05 / 14 2010	
	City	State	Zip Code	Transaction ID: A20B2C7EC7A0F48248C7
	Pine Bluff	AR	71603	Amount of Each Receipt this Period
	FEC ID number of contributing	0		
	federal political committee.	C		500.00
	Name of Employer	Occupation		-
	Name of Employer Self Employed		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		500.00	1
	Other (specify) 🔻	0 0		
-	Full Name (Last, First, Middle Initial)			
В.	Thomas M. Walsh, MD			Date of Receipt
	Mailing Address 1770 Hillcrest Ave			05 14 2010
	City	State	Zip Code	Transaction ID: AFCF17ED48CEE49C28D9
	Saint Paul	MN	55116-2151	Amount of Each Receipt this Period
	FEC ID number of contributing	0		250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation		-
	Name of Employer Park Nicollet Health Serv- ices		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		250.00	1
	Other (specify)	0.0	250.00]
-	Full Name (Last, First, Middle Initial)	1		
C.	Dr. Lawrence Wells, MD			Date of Receipt
	Mailing Address Ortho Wood Bldg 2nd I 34th St & Civic Center			05 14 2010
	City	State	Zip Code	Transaction ID: A236AE71F8A304BB6866
	Philadelphia	PA	19104	Amount of Each Receipt this Period
	FEC ID number of contributing	0		250.00
	federal political committee.	C		230.00
	Name of Employer Self Employed	Occupation		7
		· · · · ·	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		250.00	1
	Other (specify) 🔻	0 0	0 0 0 0 0 0 0 0	1
[1		
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	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 201 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
	Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Alan D. Barronian, MD		Date of Receipt
	Mailing Address 16259 Sylvester Rd S	SW Suite 501	0 6 0 7 Y Y Y Y 0 0 0 7 2 0 1 0
	City	State Zip Code	Transaction ID: A774479D27AEF4D3A8E
	Burien	WA 98166-3059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	500.00]
- B.	Full Name (Last, First, Middle Initial) Dr. Steven J. Cyr, MD	1	Date of Receipt
	Mailing Address 15 Esquire		M / D D Y
	City	State Zip Code	Transaction ID: A6391CCB800614C04A9
	San Antonio	TX 78257-1384	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Spine & Ortho Institute	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Ronald Emilio Delanois, MD		Date of Receipt
-	Mailing Address 6 Brookfield Garth		M M / D D / Y Y Y Y 0 6 07 2010
	City	State Zip Code	Transaction ID: AB360D552ECF14036A6
	Lutherville	MD 21093-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	2000.00	
ſ	SUBTOTAL of Receipts This Page (optional)		2500.00
ŀ	TOTAL This Period (last page this line number		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119/201 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to nerican Association of Orthopaedic Surger	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Timothy J. Flock, MD		Date of Receipt
Α.	Mailing Address 320 Warner Dr		0 6 0 7 2 0 1 0
	City	State Zip Code	Transaction ID: A7D095F2563B64F5C9A7
	Lewiston	ID 83501-4441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Lewiston Orthopaedic Asso-	Occupation Orthopaedic Surgeon	
	ciates Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Melvyn Augustus Harrington, MD		Date of Receipt
	Mailing Address 4906 Holt St		M M / D D Y
	City	State Zip Code	Transaction ID: A2ABF865CA828454BBC
	Bellaire	TX 77401-5723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Loyola Univ Med Ctr	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
– C.	Full Name (Last, First, Middle Initial) Dr. Andrew P. Hartman, MD Mailing Address 781 Sparta		Date of Receipt
	City	State Zip Code	Transaction ID: A5EEAFF07017B415FA01
	Encinitas	CA 92024-1840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Tri City Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
	SUBTOTAL of Receipts This Page (optional)		2500.00
	TOTAL This Period (last page this line numb	er only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	ne name and addres	s of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Political Action Committee of the Am	ierican Associatio	on of Orthopaedic Surge	eons
Α.	Full Name (Last, First, Middle Initial) Dr. Edward G. Law, MD	Date of Receipt		
	Mailing Address 950 Evergreen Ct	0 6 0 7 Y Y Y Y 0 6 0 7 2 0 1 0		
	City	State	Zip Code	Transaction ID: A400B7FAADFEC409FBA
	lowa City	IA	52245-3540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopaedic	Surgeon	_
	Receipt For:	Aggregate Yea		—
	Primary General Other (specify) ▼		1000.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Kenneth Levitsky, MD			Date of Receipt
	Mailing Address 28-04 Broadway			0 6 0 7 Y Y Y Y 0 6 0 7 2 0 1 0
	City	State	Zip Code	Transaction ID: A4C1A797984584D23A6A
	Fair Lawn	NJ	07410-3913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Garden State Orthopaedics	Occupation Orthopaedic	Surgeon	
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	 Primary General Other (specify) ▼ 		1000.00	
– C.	Full Name (Last, First, Middle Initial) Gregory M. Martin, MD	1		Date of Receipt
	Mailing Address 256 Lake Eden Way			0 6 0 7 Y Y Y Y 0 6 0 7 2 0 1 0
	City	State	Zip Code	Transaction ID: AA8DCA4F3DB144C8186
	Delray Beach	<u>FL</u>	33444-4324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Performance Ortho of the Palm Beaches	Occupation Orthopaedic	Surgeon	
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0 0	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2500.00
F	TOTAL This Period (last page this line number			•

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 121 / 201		
•		Use separate schedule(s) for each category of the		(check only one)		
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			2 otalioù Callina, y Eugo	13 14 15 16 1		
A	my information copied from such Reports and	Statements ma	ay not be sold or used by any pers	son for the purpose of soliciting contributions		
0	r for commercial purposes, other than using t	he name and ad	Idress of any political committee t	to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	angle Political Action Committee of the Ar	nerican Assoc	ciation of Orthopaedic Surge	eons		
×.	Full Name (Last, First, Middle Initial) Dr. Thomas D. Matthews, MD	Date of Receipt				
-	Mailing Address 90 Hickory Ln			0 6 0 7 2 0 1 0		
	City	State	Zip Code	Transaction ID: AA6D24BF8E0984570		
	Washington	MO	63090-1219	Amount of Each Receipt this Period		
		MO	00000 1210			
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Patients First Healthcare	Occupatio				
		·	edic Surgeon	—		
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻			
	Other (specify)		500.00			
		0 0	0 0 0 0 0 0 0			
	Full Name (Last, First, Middle Initial) Dr. Grant R. McKeever, MD			Date of Receipt		
•	Mailing Address 902 Frostwood #309)				
		,		06 07 2010		
	City	State	Zip Code	Transaction ID: A16EAF0C3301B4548		
	Houston	ТХ	77024-2424	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupatio	าก			
	Name of Employer Lone Star Bone & Joint	·	edic Surgeon			
	Receipt For:	· · ·	e Year-to-Date 🔻	-		
	Primary General					
	Other (specify)		250.00			
	Full Name (Last, First, Middle Initial) Dr. Neil J. Negrin, MD			Date of Receipt		
•	Mailing Address 3200 Downwood Cir	ala Suita 500				
		cie Suite Soo		06 07 2010		
	City	State	Zip Code	Transaction ID: A446CC892063F4573		
	Atlanta	GA	30327-1659	Amount of Each Receipt this Period		
	FEC ID number of contributing			1000.00		
	federal political committee.	C		1000.00		
	Name of Employer Atlanta Spine Institute	Occupatio		7		
			edic Surgeon			
	Receipt For:	Aggregat	e Year-to-Date 🔻			
	Primary General		1000.00			
	Other (specify)					
	SUBTOTAL of Receipts This Page (optional))		1750.00		
F						
L.	TOTAL This Period (last page this line numb	er only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122/201 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
А. 2	Full Name (Last, First, Middle Initial) Robert J. Olive, Jr., MD Mailing Address 1662 Higdon Ferry Rc	1 #300		Date of Receipt
				06 07 2010
	City Hot Springs Nation	State AR	Zip Code 71913-6912	Transaction ID: AD274E52B090945FF9BB
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Orthopaedic Associates	Occupatio Orthopae	ⁿ edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
- В.	Full Name (Last, First, Middle Initial) Milan M. Patel, MD Mailing Address 3836 Sidestreet			Date of Receipt
				06 07 2010
	City	State GA	Zip Code	Transaction ID: A2223F0D497B641388C0
	Atlanta FEC ID number of contributing federal political committee.	C	30341-1773	Amount of Each Receipt this Period
	Name of Employer Resurgens Orthopaedics	· · · ·	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
- C.	Full Name (Last, First, Middle Initial) Dr. John C. Pearce, MD			Date of Receipt
	Mailing Address 100 Laura Ln			0 6 0 7 Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: A8D30E69C6CDD4AD3A7
	Austin	TX	78746-4666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Austin Bone & Joint Clinic		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
ſ	SUBTOTAL of Receipts This Page (optional) .			2500.00
ſ	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 123 / 201 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	the name and address of	any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Scott Gunnar Quisling, MD			Date of Receipt
	Mailing Address 3275 Bransley Way			0 6 0 7 Y Y Y Y 2 0 1 0
	City	State Zip	Code	Transaction ID: AD763189AE6A1404C8DE
	Duluth	GA 300	097-3786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Su	rgeon	
	Receipt For:	Aggregate Year-to-	-Date 🔻	
	Primary General Other (specify) ▼		2500.00]
в.	Full Name (Last, First, Middle Initial) Dr. John A. Richards, MD			Date of Receipt
	Mailing Address 101 N. Rivercrest			0 6 / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0
	City	•	Code	Transaction ID: AA6DE01ABA7F34D458B
	Fort Worth	TX 76 ⁻	107-1150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Texas Healthcare	Occupation Orthopaedic Sur	rgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	Date V 1000.00]
– c.	Full Name (Last, First, Middle Initial) Dr. Craig Richard Ruble, MD			Date of Receipt
	Mailing Address 500 Oxford Place			M M / D D / Y Y Y Y 06 07 2010
	City		Code	Transaction ID: A616AB294C95B43EEB2E
	Pevely	MO 630	070-1665	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Jefferson County Ortho & Sports Med	Occupation Orthopaedic Su	rgeon	
	Receipt For:	Aggregate Year-to-	-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)	h	3000.00
F	TOTAL This Period (last page this line numb	,		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	uns
Α.	Full Name (Last, First, Middle Initial) Dr. Lance Sisco, MD			Date of Receipt
	Mailing Address 1088 Mtn Valley Dr			0 6 0 7 Y Y Y Y 0 6 0 7 2 0 1 0
	City	State	Zip Code	Transaction ID: AB4FC3E2565BE4C5DA9
	Asheboro	NC	27205-0548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopaedic Surgery Center	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	500.00]
В.	Full Name (Last, First, Middle Initial) Dr. Paul C. Sparks, MD			Date of Receipt
	Mailing Address 422 Hamilton Blvd			M M / D D / Y
	City	State	Zip Code	Transaction ID: A1F2F9DC0E298487C982
	South Boston	VA	24592-5200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	1 · · · ·	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	1000.00	
- с.	Full Name (Last, First, Middle Initial) Dr. Michael Richard Zindrick, MD	1		Date of Receipt
	Mailing Address 550 W. Ogden Ave			M M / D D / Y Y Y Y 06 / 07 / 2010
	City	State	Zip Code	Transaction ID: AB4CAD912380C416F96
	Hinsdale		60521-3186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hinsdale Orthopaedic Asso-	Occupatio	n edic Surgeon	
	<u>ciate</u> Receipt For:	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date V	-1
	Primary General	, iggi ogut	1000.00	1
	Other (specify)	0 0]
ſ	SUBTOTAL of Receipts This Page (optional)			2500.00
F	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 201 (check only one) X X 11a 11b 11c 12 13 14
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and add	lress of any political committee t	o solicit contributions from such committee.
	Political Action Committee of the Ar	nerican Associa	ation of Orthopaedic Surge	eons
Α.	Full Name (Last, First, Middle Initial) John W. Acampa, MD Mailing Address 64 Bayberry Rd W.			Date of Receipt
		Stata	Zin Codo	
	City Islip	State NY	Zip Code 11751-4905	Transaction ID: A7D5C88A4FD974AC6B9 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Mohammed-Tarek Al-Fahl, MD Mailing Address 9715 Stonecross Be	and Dr		Date of Receipt
	City	State	Zip Code	Transaction ID: A7FF59B3F63374BB5885
	Houston FEC ID number of contributing federal political committee.	TX	77070-4399	Amount of Each Receipt this Period
	Name of Employer Texas Orthopaedics & Spor- ts Me	Occupation Orthopae	n dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00	
- C.	Full Name (Last, First, Middle Initial) Albert E. Becker, Jr, MD			Date of Receipt
	Mailing Address 1176 E. Home Rd #	0		0 6 / D / Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: A95EFB2DAF2C9470FAA
	Springfield FEC ID number of contributing federal political committee.	OH C	45503-2726	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Γ				750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scher for each category o Detailed Summary	f the X 11a 11b 11c 12 Page 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. James B. Benjamin, MD Mailing Address 1555 E. River Rd City Tucson FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code AZ 85718-5831 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 0 6 1 0 2 0 1 0 Transaction ID: A5047066C65B04B6190D Amount of Each Receipt this Period 1000.00
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		00.00
В.	Dr. Howard L. Berg, MD Mailing Address 7900 Bennington Dr City Amarillo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 79119-6527 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 50 50	Date of Receipt
C.	Full Name (Last, First, Middle Initial) Dr. Bruce A. Bollinger, MD Mailing Address 4401 Ridgehaven Rd City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76116-7313 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 100	Date of Receipt 0 6 Transaction ID: AE38B4552445C417E930 Amount of Each Receipt this Period 1000.00 00.00
	SUBTOTAL of Receipts This Page (optional)		
	TOTAL This Period (last page this line number of	nly)	

ļ	SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 127 / 201	
	TEMIZED RECEIPTS	for each category of the	(check only one) X 11a 11b 11c 12	
		Detailed Summary Page		
	Any information copied from such Reports and or for commercial purposes, other than using t	on for the purpose of soliciting contributions solicit contributions from such committee.		
Γ	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ons	
, ∠ A.	Full Name (Last, First, Middle Initial) Leigh Brezenoff, MD	Date of Receipt		
	Mailing Address 9 Ventres Way		M · M / D · D Y Y · Y · Y Y Y · Y Y	
	City	State Zip Code	Transaction ID: A3AD6D61B9C9D45FD91	
	Burlington	CT 06013-1904	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer Litchfield Hills Orthopae-	Occupation Orthopaedic Surgeon		
	dics Receipt For:	Aggregate Year-to-Date	_	
	Primary General		1	
	Other (specify)	250.00		
- В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R. Cusmariu, MD		Date of Receipt	
	Mailing Address 494 Lake Colony Wa	ау		
	City	State Zip Code	Transaction ID: AF7C40A17533A4EDD83	
	Birmingham	AL 35242-7435	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Orthopaedic Specialist Inc	Occupation Orthopaedic Surgeon		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	500.00]	
- C.	Full Name (Last, First, Middle Initial) Dr. Michael M. Durkee, MD		Date of Receipt	
0.	Mailing Address 3686 Forest Gate Dr		M M / D D / Y Y Y Y	
	City	State Zip Code	0 6 1 0 2 0 1 0 Transaction ID: A11AAF16E63574C16AFA	
	lowa City	IA 52240-7905	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	100.00	
	Name of Employer Steindler Clinic	Occupation Orthopaedic Surgeon		
	Receipt For:	Aggregate Year-to-Date ▼	7	
	Primary General Other (specify) ▼	350.00]	
Г			850.00	

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 201 (check only one) X X 11a 11b 11c
	Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	v not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Assoc	ation of Orthopaedic Surge	ons
۷ A.	Full Name (Last, First, Middle Initial) Dr. John English Feighan, MD			Date of Receipt
	Mailing Address 2260 Harcourt Dr			0 6 1 0 Y Y Y Y 0 6 1 0 2 0 1 0
	City	State	Zip Code	Transaction ID: AA5AA95FE984A41A497
	Cleveland Heights	OH	44106-4610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:	·	edic Surgeon	
	Primary General Other (specify) ▼		500.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Abdul Foad, MD			Date of Receipt
	Mailing Address 2745 Lincolnway			M M / D D / Y Y Y Y 06 10 2010
	City	State	Zip Code	Transaction ID: ADA34672F256E4BFCB6
	Clinton	IA	52732-7201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 2000.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Robert J. Hagen, MD Mailing Address 1411 S. Creasy Ln S	Suite 120		Date of Receipt
	City	State	Zip Code	0 61 02 0 1 0 Transaction ID: A0B2F8245CD0749DB9A
	Lafayette	IN	47905-7433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Lafayette Orthopaedic Cli- nic		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)			2250.00

Spring TX 77381-5159 Amount of Each Receipt this Period FEC ID number of contributing rederal political committee. C 500.00 Name of Employer The WoodlandS Sports Medi- cine Occupation Orthopaedic Surgeon Date of Receipt Receipt For: Aggregate Year-to-Date ✓ Primary General 500.00 Other (specify) ▼ Date of Receipt Mailing Address 59 Executive Park South NE Suite 3 City State Zip Code Atlanta GA 30329-2208 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Name of Employer Occupation Orthopaedic Surgeon Name of Employer Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 0100.00 Other (specify) ▼ Intropaedic Surgeon Intropaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Intropaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Intropaedic Surgeon Receipt For: Aggregate	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 201 (check only one) 11a X 11a 11b I3 14 15 16 17			
A. Full Name (Last, First, Middle Initial) Date of Receipt Dr. Eugene Lowis Heiman, MD Mailing Address 20 Autumn Crescent 0 6 0 10 2.0.10 City State Zip Code Transaction Di: A3AFB0AED3SCC2 Spring TX 77381-5159 Transaction Di: A3AFB0AED3SCC2 FEC (D number of contributing federal political committee. C Amount of Each Receipt This Period Name (Last, First, Middle Initial) Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Git 0 10 2.0.10 Dr. John S. Heiler, MD Mailing Address 59 Executive Park South NE Suite 3 Date of Receipt City State Zip Code Transaction Di: A0B430972527448 Atlanta GA 2029-208 FEC (D number of contributing federal political committee. C 1000.00 Name of Employee Occupation Orthopaedic Surgeon Amount of Each Receipt This Period FEC (D number of contributing federal political committee. C 1000.00 Name of Employee Occupation Orthopaedic Surgeon Aggregate Year to Date V Primary General Orthopaedic Surgeon Receipt For: Aggregate Year to Date V 0 50 Patine F. Hurdey, DO Mini 62008-720 <	or for commercial purposes, other than using	r for commercial purposes, other than using the name and address of any political committee to s				
L. Dr. Eugene Lewis Heiman, M0 Date of Receipt Mailing Address 20 Autumn Crescent 0 6 1 0 1 2 0 1 0 City State Zp Code Spring TX 7381-5159 FEC ID number of contributing tederal political committee. C Amount of Each Receipt Iherica Name (Last, First, Middle Initial) Occupation Orthopaedic Surgeon Full Name (Last, First, Middle Initial) Aggregate Year-to-Date Image: Committee Full Name (Last, First, Middle Initial) GA 30282-2208 FEC ID number of contributing tederal political committee. C Image: Committee Period Receipt For: Primacy State Zip Code Atlanta GA 30282-2208 Transaction ID: A0430972527448 FEC ID number of contributing tederal political committee. C Image: Committee Image: Committee Period For: Primary General Occupation Image: Committee Image: Committee Parick E Hunley, DO Mailing Address EGa Committee Image: Committee City State Zip Code Image: Committee Image: Committee Image: Committee <th>Political Action Committee of the A</th> <th>merican Association of Orthopaedic Surge</th> <th>ons</th>	Political Action Committee of the A	merican Association of Orthopaedic Surge	ons			
City State Zip Code Spring TX 77381-5159 FEC ID number of contributing C Amount of Each Receipt this Period The Woolland Sports Medi- cline Occupation State State Primary General Occupation Orthopaedic Surgeon Other (spacify) State Zip Code Mailing Address S9 Executive Park South NE Suite 3 Date of Receipt City State Zip Code Mailing Address S9 Executive Park South NE Suite 3 Transaction ID: A3AFB0A25257448 Mailing Address S9 Executive Park South NE Suite 3 Transaction ID: A0B430972527448 Mailing Address S9 Executive Park South NE Suite 3 Transaction ID: A0B430972527448 Mailing Address General Occupation Primary General Occupation Other (specify) Ito00.00 Transaction ID: A1AF0704075EE44 Agregate Year-to-Date Mailing Address Date of Receipt Mailing Address S234 County Rd 120 NE Transaction ID: A1A16704075EE44 City Mailing Address Species Ito00.00 Receipt For:	Dr. Eugene Lewis Heiman, MD		Date of Receipt			
Spring TX 77381-5159 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 500.00 Name of Employee The Woodland's Spotts Medi- critice. Occupation Onthopaedic Surgeon Date of Receipt Receipt For: Primary General Other (specify) ♥ Date of Receipt Full Name (Last, First, Middle Initial) Dr. John G. Heller, MD Date of Receipt Mailing Address 59 Executive Park South NE Suite 3 Date of Receipt City State Zip Code Atlanta GA 30329-2208 FEC ID number of contributing federal political committee. C 1000.00 Name of Employeer Primary General Occupation Orthopaedic Surgeon Amount of Each Receipt this Period Receipt For: Primary General Occupation Orthopaedic Surgeon Date of Receipt Mailing Address 2634 County Rd 120 NE Tanasection ID: A1A16704075EE40 Alexandria MN Mailing Address 2634 County Rd 120 NE Tanasection ID: A1A16704075EE40 Alexandria Aggregate Year-to-Date V Mailing Address 2634 County Rd 120 NE Tanasection ID: A1A16704075EE40 Amount of Each Receipt this Period FEC. ID number of contributing federal pol	Mailing Address 20 Autumn Crescer	nt				
FEC ID number of contributing federal political committee. C 500.00 Name of Employee The woodlands Sports Medi- Orthopaedic Surgeon Receipt For: Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Bill Name (Last, First, Middle Initial) Dr. John G. Heller, MD Date of Receipt Mailing Address 59 Executive Park South NE Suite 3 Date of Receipt City State Zip Code Test, Niddle Initial) Dr. John G. Heller, MD Transaction ID: A08430972527448 Atlanta GA 30329-2208 FEC ID number of contributing federal political committee. C Transaction ID: A08430972527448 Amount of Each Receipt this Period Transaction ID: A08430972527448 Amount of Each Receipt this Period Mailing Address 26 Occupation Transaction ID: A08430972527448 Amount of Each Receipt this Period Transaction ID: A08430972527448 Mailing Address 2634 County Rd 120 NE Transaction ID: A1A16704075EE40 Mailing Address 2634 County Rd 120 NE Transaction ID: A1A16704075EE40 Mailing Address 2634 County Rd 120 NE Transaction ID: A1A16704075EE40 Mailing Address 2634 County Rd 120 NE Transaction ID: A1A16704075EE40 Mailing Address <t< th=""><th>City</th><th>·</th><th>Transaction ID: A3AFB0AED35CC43D2A</th></t<>	City	·	Transaction ID: A3AFB0AED35CC43D2A			
federal political committee. G J00.00 Name of Employer The Woollands Sports Medi- cine Occupation Orthopaedic Surgeon Date of Receipt Receipt For: General Division State S00.00 Dr. Jonn C. Heller, MD Date of Receipt Division State S00.00 City State Zip Code Transaction ID: AOB430972527448 Atlanta GA 30329-2208 Amount of Each Receipt Ibs Period FEC ID number of contributing federal political committee. C Transaction ID: AOB430972527448 Annount of Each Receipt Ibs: Occupation Orthopaedic Surgeon Transaction ID: AOB430972527448 Receipt For: Occupation Orthopaedic Surgeon Date of Receipt Name of Employer Emory Spine Center Occupation Orthopaedic Surgeon Date of Receipt Receipt For: Operative State Zip Code Amount of Each Receipt this Period Mailing Address 2634 County Rd 120 NE Transaction ID: A1A18704075EE44 Amount of Each Receipt this Period Name of Employer Heartand Othopeedic Spee- alatists Occupation Orthopaedic Surgeon Aggregate Year-to-Date Mount of Each Receipt this Period Neereipt For: Opereit Spee- alatists Operative Surgeon<	Spring	TX 77381-5159	Amount of Each Receipt this Period			
cine Ontropaedic Surgeon Receipt For: Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John G. Heller, MD Mailing Address 59 Executive Park South NE Suite 3 City State Zip Code Atlanta GA 30329-2208 FEC ID number of contributing federal political committee. C Name of Employer Occupation Primary General Other (specify) ▼ Agregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Name (Last, First, Middle Initial) Agregate Year-to-Date ▼ Primary General Other (specify) ▼ Ito00.00 FELI Name (Last, First, Middle Initial) Patrick E. Hundey, DO Mailing Address 2634 County Rd 120 NE City State Zip Code Alaro of contributing federal political committee. Occupation Primary General Occupation Other (specify) ▼ Agregate Year-to-Date ▼ Amount of Each Receipt this Period Alaro of contributing federal political committee. Occupation Transaction ID: AlAlafo704075EE4C		C	500.00			
cire Ontropaedic Surgeon Aggregate Year-to-Date ✓ Other (specify) ✓ Aggregate Year-to-Date ✓ Date of Receipt 500.00 Date of Receipt Mailing Address 59 Executive Park South NE Suite 3 Date of Receipt Other (specify) ✓ State Zip Code Atlanta GA 30329-2208 FEC ID number of contributing tederal political committee. C 1000.00 Name of Employer Occupation Aggregate Year-to-Date ▼ Other (specify) ▼ C 1000.00 Name of Employer Occupation Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Primary General Other (specify) ▼ Date of Receipt Mailing Address 2634 County Rd 120 NE Mailing Address 2634 County Rd 120 NE City State Zip Code Amount of Each Receipt therial Mailing Address C Mailing Address 2634 County Rd 120 NE FEC ID number of contributing tederal political committee. C Mount of Each Receipt therial Mailing Address 2634 County Rd 120 NE	Name of Employer		7			
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. John G. Heller, MD Mailing Address 59 Executive Park South NE Suite 3 City State Zip Code Atlanta GA 30329-2208 FEC ID number of contributing federal political committee. C Transaction ID: A0B430972527448 Amount of Each Receipt His Period 1000.00 Receipt For: Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Parick E. Hurley, DO Mailing Address 2634 County Rd 120 NE City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing federal political committee. C Transaction ID: A1A16704075EE40 Alexandria MN 56308-7920 Transaction ID: A1A16704075EE40 Mailing Address 2634 County Rd 120 NE C Mount of Each Receipt His Period City State Zip Code Amount of Each Receipt His Period FEC ID number of contributing federal political committee. C Mount of Each Receipt His Period Maring of Propoly ▼ Aggregate Year-to-Date ▼ 10000	cine		_			
Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Date of Receipt Dr. John G. Heller, MD Mailing Address 59 Executive Park South NE Suite 3 Date of Receipt City State Zip Code Atlanta GA 30329-2208 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon Date of Receipt Mailing Address 2634 County Rd 120 NE 0 City State Zip Code Mailing Address 2634 County Rd 120 NE 0 City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing federal political committee. C Other (specify) ▼ Occupation Orthopaedic Surgeon Transaction ID: A1A16704075EE40 Alexandria MN 56308-7920 Transaction ID: A1A16704075EE40 Perimary General Occupation Orthopaedic Surgeon 1000.00 Primary General Ofthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 <		Aggregate Year-to-Date	-			
Dr. John G. Heller, MD Date of Receipt Mailing Address 59 Executive Park South NE Suite 3 City State Zip Code Atlanta GA 30329-2208 FEC ID number of contributing tederal political committee. C Intersection ID: A0B430972527448 Amount of Each Receipt this Period Tensaction ID: A0B430972527448 Amount of Employer Occupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Introduction City State Zip Code Alexandria MA 56308-7920 FEC ID number of contributing tederal political committee. Occupation City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing tederal political committee. Occupation Primary General Other (specify) ▼ Mailing Address 2634 County Rd 120 NE Tensaction ID: A116704075EE40 Alexandria MN 56308-7920 FEC ID number of contributing tederal political commitee. Occupation		500.00				
Mailing Address 59 Executive Park South NE Suite 3 City State Zip Code Atlanta GA 30329-2208 FEC ID number of contributing federal political committee. C Transaction ID: A0B430972527448 Amount of Each Receipt his Period Amount of Each Receipt his Period 1000.00 Name of Employer Emory Spine Center Occupation Orthopaedic Surgeon 1000.00 Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Primary General Other (specify) ▼ Date of Receipt Mailing Address 2634 County Rd 120 NE Mailing Address City State Zip Code Altanta MN 56308-7920 FEC ID number of contributing federal political committee. C Mailing Address 2634 County Rd 120 NE City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Name of Employer Heartand Ofthopedic Spec- ialists Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00		•	Data of Receipt			
Atlanta GA 30329-2208 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Emory Spine Center Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Primary General 1000.00 Date of Receipt Mailing Address 2634 County Rd 120 NE Monut of Each Receipt this Period Transaction ID: AtlA16704075EE40 Alexandria MN 56308-7920 Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Amount of Each Receipt this Period Name of Employer Heartfald Ofthopadic Spec-ialists MN 56308-7920 Amount of Each Receipt this Period Receipt For: Occupation Occupation Aggregate Year-to-Date ▼ 1000.00 Name of Employer Heartfald Ofthopadic Spec-ialists Aggregate Year-to-Date ▼ 1000.00 1000.00 Receipt For: Aggregate Year-to-Date ▼ 1000.00 1000.00 1000.00 1000.00		South NE Suite 3	M M / D D / Y Y Y Y			
FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Emory Spine Center Occupation Orthopaedic Surgeon 1000.00 Receipt For: Primary General Other (specify) ♥ Aggregate Year-to-Date ♥ Date of Receipt Full Name (Last, First, Middle Initial) Patrick E. Hurley, DO Date of Receipt Date of Receipt City State Zip Code Mailing Address 2634 County Rd 120 NE City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Hearitad Offhopedic Spec- ialists Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 Primary General Aggregate Year-to-Date ▼ Interview 2500.00	City	State Zip Code	Transaction ID: A0B430972527448AFBC			
federal political committee. Image: Committee interval and the second seco	<u>Atlanta</u>	GA 30329-2208	Amount of Each Receipt this Period			
Emory Spiné Cénter Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt Patrick E. Hurley, DO Date of Receipt Mailing Address 2634 County Rd 120 NE 06 / 10 / 2010 City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Heartland Orthopedic Spec- Occupation Ists Aggregate Year-to-Date ▼ Primary General 0 cocupation Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		C	1000.00			
Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt Patrick E. Hurley, DO Date of Receipt Mailing Address 2634 County Rd 120 NE 0 6 City State Zip Code Alexandria MN 56308-7920 Transaction ID: A1A16704075EE40 FEC ID number of contributing federal political committee. Occupation 1000.00 Name of Employer Occupation 0rthopaedic Surgeon 1000.00 Name of Employer Aggregate Year-to-Date ▼ 1000.00 2500.00	Name of Employer Emory Spine Center		7			
Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt Patrick E. Hurley, DO Date of Receipt Mailing Address 2634 County Rd 120 NE City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Occupation Orthopaedic Surgeon Heartland Orthopedic Spec- Occupation 0thropaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ 1000.00 Primary General 1000.00 2500.00						
Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt Patrick E. Hurley, DO Date of Receipt Mailing Address 2634 County Rd 120 NE City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Orthopaedic Surgeon 1000.00 Name of Employer Occupation Orthopaedic Surgeon 1000.00 Primary General 000.00 1000.00 2500.00		Aggregate Year-to-Date	_			
Patrick E. Hurley, DO Date of Receipt Mailing Address 2634 County Rd 120 NE City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Heartland Orthopedic Spec-ialists Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ 1000.00 Other (specify) ▼ 1000.00 2500.00		1000.00				
City State Zip Code Alexandria MN 56308-7920 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Heartland Orthopedic Specialists Occupation Orthopaedic Surgeon 1000.00 Receipt For: Aggregate Year-to-Date ▼ 1000.00 Primary General Other (specify) ▼ 1000.00			Date of Receipt			
City State Zip Code Transaction ID: A1A16704075EE40 Alexandria MN 56308-7920 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Heartland Orthopedic Specialists Occupation Orthopaedic Surgeon Aggregate Year-to-Date Primary General Other (specify) ▼ General Other (specify) ▼ 2500.00	Mailing Address 2634 County Rd 12	O NE				
FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Heartland Orthopedic Specialists Occupation Orthopaedic Surgeon 0 Receipt For: Aggregate Year-to-Date ▼ 1000.00 Primary General Other (specify) ▼ 1000.00 2500.00	City	State Zip Code	Transaction ID: A1A16704075EE4045B5			
federal political committee. Image: Committee. Name of Employer Occupation Heartland Orthopedic Spec- Orthopaedic Surgeon ialists Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00	Alexandria	MN 56308-7920	Amount of Each Receipt this Period			
Heartland Orthópedic Spec- ialists Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00		C	1000.00			
Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼ 1000.00	Heartland Orthópedic Spec-	-				
Primary General Other (specify) ▼ 1000.00 2500.00			-1			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the	
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the second	Statements may not be sold or used by any part and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	erican Association of Orthopaedic Su	
Full Name (Last, First, Middle Initial) Dr. Kenneth K. Ishizue, MD		Date of Receipt
Mailing Address 12705 Corte Cordille	ra	0 6 1 0 Y Y Y Y 0 6 1 0 2 0 1 0
City	State Zip Code	Transaction ID: A87B8ADAF1F8045CBA
Salinas	CA 93908-8942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation	
Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date	—
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen D. Landaker, MD		Date of Receipt
Mailing Address 224 W. Shasta Ave		0 6 1 0 Y Y Y Y 0 6 0 1 0 2 0 1 0
City	State Zip Code	Transaction ID: A29DD048A06064455B
Chico	CA 95973-8767	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph A. Meis, MD		Date of Receipt
Dr. Joseph A. Meis, MD Mailing Address 782 Timber Hill		0 6 1 0 2 0 1 0
City	State Zip Code	Transaction ID: AF938C997C2884DD49
Highland Park	IL 60035-5149	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 201 (check only one) 11a X 11a 11b 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any pers sing the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the	e American Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. John R. Payne, MD		Date of Receipt
Mailing Address 731 Leighton Av	e Suite 300	0 6 1 0 Y Y Y Y 0 6 1 0 2 0 1 0
City	State Zip Code	Transaction ID: AD58D77DEBD384EA78
Anniston	AL 36207-5762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Anniston Orthopaedics Ass-	Occupation Orthopaedic Surgeon	
<u>ociat</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel R. Ripa, MD		Date of Receipt
Mailing Address 4000 S. 98th St		M M / D D / Y Y Y Y 06 10 2010
City	State Zip Code	Transaction ID: AC47667DC9733429CB8
Lincoln	NE 68520-9317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. J. Steven Shockey, MD		Date of Receipt
Mailing Address 2664 Flying Ebo	ny Dr	M M / D D / Y Y Y Y 06 10 2010
City	State Zip Code	Transaction ID: AD3374991809543BFBD
Lexington	KY 40509-4483	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Commonwealth Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (opti	onal)	1750.00
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	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate s for each catego Detailed Sumn	schedule(s) bry of the	FOR LINE NUMBER: PAGE 132 / 201 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the An	the name and address of any politic	al committee to so	for the purpose of soliciting contributions licit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Bruce Steinberg, MD Mailing Address 1325 San Marco Bly	rd #200		Date of Receipt
	City	State Zip Code		Transaction ID: A0BEEC53DA6EF47828
	Jacksonville	FL 32207-8566		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Jacksonville Ortho Instit-	Occupation Orthopaedic Surgeon		
	ute Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Michael T. Stowell, MD			Date of Receipt
	Mailing Address 1120a Professional	Ct		M M / D D / Y
	City	State Zip Code		Transaction ID: A552C0B4D3B494FC881
	Hagerstown	MD 21740-5852		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mid Atlantic Orthopaedic Speci	Occupation Orthopaedic Surgeon		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Edward L. Westerheide, MD	- 1		Date of Receipt
-	Mailing Address 800 Westwood Dr			M M / D D / Y Y Y Y 06 10 2010
	City	State Zip Code		Transaction ID: A9D5ED86F553944E5B9
	Newark	OH 43055-9013		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Specialist Inc	Occupation Orthopaedic Surgeon		
	Receipt For: Primary General	Aggregate Year-to-Date ▼	250.00	
	Other (specify)			
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	or for commercial purposes, other than using	the name and ad	dress of any political committee	to solicit of	contributic	ons fro	m such c	comn	nittee.		
	NAME OF COMMITTEE (In Full)										
	> Political Action Committee of the A	merican Assoc	ciation of Orthopaedic Surge	eons							
	/										
	Full Name (Last, First, Middle Initial)										
Α.	Dr. Robert O. Anderson, MD				Date of Re	· ·					
	Mailing Address 9800 55th St N.				м м / 06	D 1	1 Y		0 ¹		
	City	State	Zip Code		ransactio						287
	Lake Elmo	MN	55042-8598		Amount of					-001	.07
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	rederal political committee.										
	Name of Employer	Occupatio	on								
	Summit Orthopaedics	Orthopa	edic Surgeon								
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	Primary General	i i	1000.00								
	Other (specify)		1000.00	_							
_											
_	Full Name (Last, First, Middle Initial)										
В.	Dr. Paul A. Beck, MD				Date of Re	· ·					
	Mailing Address 725 W. Laveta Ave	Suite 260	uite 260			D 1	D / Y 1		0 ^Y 1 (
	City	Zip Code		06							
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	Orange	CA	92868-4439	A	Amount of	Each	Receipt t	nis F	'eriod		
	FEC ID number of contributing federal political committee.	C						5	00.00)	
	rederal political committee.			L	<u> </u>		<u> </u>				
	Name of Employer Self Employed	Occupatio	on								
	Self Employed	Orthopa	edic Surgeon								
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	Primary General		500.00								
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~	Full Name (Last, First, Middle Initial)										
C.	Dr. Steven R. Boyea, MD				Date of Re						
	Mailing Address 2111 9th Ave		м м / 06	D 1			0 [°] 1 (
	City	State	Zip Code		ransactio						
	Clarkston	WA	99403-1707		Amount of					.474	
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	Name of Employer	Occupatio	on								
	Lewiston Orthopaedic Asso- ciates	Orthopa	edic Surgeon								
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	Primary General		1000.00								
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 201 (check only one) Image: state
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Associ	ation of Orthopaedic Surge	ons
∠ A.	Full Name (Last, First, Middle Initial) Joseph A. Buckwalter, MD Mailing Address Dept Of Ortho 01008	lan		Date of Receipt
	200 Hawkins Dr	Jhh		06 11 2010
	City	State	Zip Code	Transaction ID: AF91E684CB8AF405CA0
	Iowa City FEC ID number of contributing federal political committee.	C	52242-1009	Amount of Each Receipt this Period
	Name of Employer Univ of Iowa Hospitals & Clinics	Occupation Orthopae	n edic Surgeon	_
	Receipt For:	·	Year-to-Date V	
	Primary General Other (specify) Image: Constraint of the second seco	0 0	250.00]
в.	Full Name (Last, First, Middle Initial) Dr. Bert C. Callahan, MD			Date of Receipt
	Mailing Address 511 N. Center St			0 6 / D D / Y Y Y Y 0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: AD2CC7962958A41F0BB
	Beaver Dam	WI	53916-2023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) Image: Control of the second	0 0	1500.00	
с. –	Full Name (Last, First, Middle Initial) Dr. David Blaine Clause, MD			Date of Receipt
	Mailing Address 4015 I-49 South Serv	ice Rd		0 6 / D D / Y Y Y Y 0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: A7A4220BC8AA0488A928
	Opelousas	LA	70570-0757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Opelousas Orthopaedics	·	edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify)	0 0	1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2250.00
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SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 135 / 201 (check only one)				
ITEMIZED RECEIPTS			for each category of the					
1			Detailed Summary Page	X 11a 11b 11c 12				
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	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma	ay not be sold or used by any perso	on for the purpose of soliciting contributions				
- K				solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)		istics of Outboursedie Courses					
	Political Action Committee of the An	nericari Assoc	clation of Orthopaedic Surged	ins .				
. ~	Full Name (Last, First, Middle Initial) William P. Cooney, III, MD			Date of Receipt				
	Mailing Address 1355 37th St Suite 4	01		M M / D D / Y Y Y Y 06 11 2010				
	City	State	Zip Code	Transaction ID: AD3694DAE47A940AEB				
	Vero Beach	FL	32960-7322	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupatio	on edic Surgeon					
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	Primary General	Aggregat		1				
	Other (specify)		500.00					
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_	Full Name (Last, First, Middle Initial)			Detect Develo				
	Dr. Richard W. Duncan, MD			Date of Receipt				
	Mailing Address 2410 Susannah St			0 6 1 1 Y Y Y Y 0 6 1 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0				
	City	State	Zip Code	Transaction ID: ACD4DF58500C046C59				
	Johnson City	TN	37601-1765	Amount of Each Receipt this Period				
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	federal political committee.	С		1000.00				
	Name of Employer	Occupatio	a	-				
	Name of Employer Watauga Orthopaedics	·	edic Surgeon					
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	Other (specify)		1000.00					
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	Full Name (Last, First, Middle Initial) Dr. Thomas L. Erickson, MD			Date of Receipt				
	Mailing Address 1780 E. Florence Blv	rd Suite 106						
		a Suite 100		06 11 2010				
	City	State	Zip Code	Transaction ID: A99498027CD5D4E88A				
	Casa Grande	AZ	85122-4782	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		1000.00				
	federal political committee.							
	Name of Employer Sierra Orthopaedics Pc	Occupatio		7				
			edic Surgeon	_				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 201 (check only one)	
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	NAME OF COMMITTEE (In Full) Political Action Committee of the Ar			
Z	Full Name (Last, First, Middle Initial)			
۱.	Dr. Guy Rutledge Fogel, MD Mailing Address 142 Candelaria			Date of Receipt
	City	State	Zip Code	Transaction ID: A685BDA6D5EDC4FE4
	Helotes	ТХ	78023-4711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00]
-	Full Name (Last, First, Middle Initial) Dr. Richard W. Garner, MD			Date of Receipt
	Mailing Address 3001 Widgeon Ln, #	# 8		M + M / D + D / Y + Y + Y Y Y Y + Y Y
	City	State	Zip Code	Transaction ID: A933B8BC5F3D04F80B
	Anchorage	AK	99508-4652	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Anchorage Fracture & Orth- opaed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)	0 0	1000.00]
-	Full Name (Last, First, Middle Initial) Dr. Steven G. Glasgow, MD			Date of Receipt
	Mailing Address 2111 Midlands Ct S	uite 100		M M / D D / Y Y Y Y 06 11 2010
	City Sycamore	State II	Zip Code 60178-3125	Transaction ID: A20771F422F714D46BD Amount of Each Receipt this Period
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	Name of Employer Midwest Orthopaedic Consu- Itant	Occupation Orthopae	n edic Surgeon	_
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SCHEDULE A (FEC For	m 3X)	Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 137 / 201 (check only one)					
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or for commercial purposes, other that	n using the name and addre	ss of any political committee t	o solicit c	contrib	utions fro	om such	committe	ee.	
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Associat	ion of Orthonoodia Surga	000						
Folitical Action Committee 0	i lile American Associal	ion of Orthopaedic Surge	0115						
Full Name (Last, First, Middle Initi Dr. Jonathan L. Grantham, MD	al)		D	ate of	Receipt				
Mailing Address 1021 Rustic	Ridge			м м 06		D / 1	Ý Ý 20		1
City	State	Zip Code					3C4E9A		8B98
Joplin	MO	64804-3672					t this Peri		
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Other (specify)	0 0 0	1000.00							
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Dr. Mark Grossman, MD Mailing Address 32 Ross Ave				мм	/ D	D /		Y Y	1
City	State	Zip Code	_	06			2 0 43539D		
Melville	NY	11747-2649					t this Peri		
FEC ID number of contributing federal political committee.	C						500	U	
Name of Employer Winthrop University Hospi-	Occupation	- 0							
tal Receipt For:	Orthopaedi	ear-to-Date V	_						
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Other (specify)		500.00							
Full Name (Last, First, Middle Initi Dr. Geoffrey F. Haft, MD	al)			ate of	Receipt				
Mailing Address 2905 S. St C	harles Ln			мм	/ D	D /	YYYY	Y Y	1
City	State	Zip Code		06 ansa		1 AC3D	2 0 7EEAA0		46E2
Sioux Falls	SD	57103-4665					t this Peri		
FEC ID number of contributing federal political committee.	C						1000	.00	
Name of Employer Sanford Clinic Sioux Falls	Occupation Orthopaedi	c Surgeon							
Receipt For:	· · · · ·	ear-to-Date V							
Primary General Other (specify) ▼		1000.00							
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	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 201 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the An	nerican Assoc	iation of Orthopaedic Surge	ons
۹.	Full Name (Last, First, Middle Initial) Dr. James R. Hazel, MD			Date of Receipt
	Mailing Address 102905 N. Harringto	n Rd		M M / D D / Y Y Y Y 06 11 2010
	City	State	Zip Code	Transaction ID: AEC8B00CF1E004A8D8
	West Richland	WA	99353-9785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tri City Orthopaedics	Occupatio	n edic Surgeon	_
	Receipt For:		e Year-to-Date V	
	Primary General	riggiogaic		
	Other (specify) v	0 0	1000.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Douglas Scott Holden, MD			Date of Receipt
	Mailing Address 48 W. Wildwood Rd			M + M / D + D / Y + Y + Y + Y Y
	City	State	Zip Code	Transaction ID: A2320CE7CE0B8427A9
	Saddle River	NJ	07458-2512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Garden State Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	- · · · ·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
-	Full Name (Last, First, Middle Initial) Dr. Edward H. Holliger, MD			Date of Receipt
	Mailing Address 15922 Manor Club E)r		0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: AA6B889C27ADD4A4B8
	Alpharetta	GA	30004-8820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Resurgens	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	-
	Primary General		2000.00	
	Other (specify)		2000.00	
Γ	SUBTOTAL of Receipts This Page (optional))		4000.00
┝	COLICE OF TOOOPIS THIS I AGE (UPLICITA)	,		
	TOTAL This Period (last page this line numb	er only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 201 (check only one) X X 11a 11b 11c
A	ny information copied from such Reports and	Statements may not be sold or used by any pers	13 14 15 16 17 son for the purpose of soliciting contributions
• \	NAME OF COMMITTEE (In Full)	he name and address of any political committee t nerican Association of Orthopaedic Surge	
ـــــــــــــــــــــــــــــــــــــ	Full Name (Last, First, Middle Initial) Dr. Andre Michael Ishak, MD		Date of Receipt
-	Mailing Address 3525 Loma Vista Rd		0 6 1 1 2 0 1 0
	City	State Zip Code	Transaction ID: A77755970C8F9402FBF
	Ventura	CA 93003-3101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Ventura Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
. —	Full Name (Last, First, Middle Initial) Michael J. Kaplan, MD		Date of Receipt
	Mailing Address 85 N. Racebrook Rd		M · M / D · D / Y · Y · Y · Y Y 0 6 1 1 2 0 1 0
	City	State Zip Code	Transaction ID: A36F8348EAB33452EBA
	Woodbridge	CT 06525-1407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Active Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Neil Thomas Katz, MD		Date of Receipt
•	Mailing Address PO Box 64-1538		0 6 1 1 2 0 1 0
	City	State Zip Code	Transaction ID: A3A7D58ABF61242B387
	Beverly Hills	FL 34464	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Citrus Memorial Health Sy- stems	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	

ć				FOR LINE NUMBER: PAGE 140 / 201
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
I			Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S			
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Assoc	ciation of Orthopaedic Surge	ons
А.	Full Name (Last, First, Middle Initial) Dr. Owen L. Kelly, MD			Date of Receipt
	Mailing Address 306 Osage Ct			M M / D D / Y
	City	State	Zip Code	Transaction ID: A738589A6158248A0A46
	Russellville	AR	72802-8825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Arkansas Orthopaedics	Occupatio		_
		- · · · · ·	edic Surgeon	
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		1000.00	
- 3.	Full Name (Last, First, Middle Initial) Alexander Benton Legrand, MD			Date of Receipt
	Mailing Address 111 Star Ridge Rd			0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: A1FECF3D9ED124B558
	Bozeman	MT	59715-6601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bridger Orthopedic & Spor-	Occupatio	วท	-
	Bridger Orthopédic & Spor- ts Me	Orthopa	edic Surgeon	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Richard L. Levitt, MD			Date of Receipt
	Mailing Address 1150 Campo Sano Av	e Suite 301		0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: A9A3C727FE384402688
	Miami	FL	33146-1174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00
	Name of Employer Orthopaedic Inst of South	Occupatio		
	Florida	1 1	edic Surgeon	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1500.00	
Г				
	SUBTOTAL of Receipts This Page (optional)			3000.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 201 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ierican Assoc	iation of Orthopaedic Surge	ons
۷ A.	Full Name (Last, First, Middle Initial) Dr. Michael S. Marandola, MD			Date of Receipt
	Mailing Address 26401 Crown Valley	Prkwy Suite 1	01	0 6 / D D / Y Y Y Y 0 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: A598044A9AA424B1CB82
	Mission Viejo	CA	92691-6302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		250.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Michael J. Mendelow, MD			Date of Receipt
	Mailing Address 2391 Trillium Woods	Dr		0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: A169EEF717AF5465A989
	Ann Arbor	MI	48105-9358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopa	n edic Surgeon	_
	Receipt For:	· · ·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Charles T. Price, MD			Date of Receipt
	Mailing Address 1009 Greentree Dr			M M / D D / Y Y Y Y 06 11 2010
	City	State	Zip Code	Transaction ID: A9D1CDF09AF5E40F0B3
	Winter Park	FL	32789-2706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orlando Regional Healthca- re	Occupatio Orthopa	n edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
ŀ	TOTAL This Period (last page this line number			
L		• /		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 201 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Associ	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Michael Edward Russell, II, MD			Date of Receipt
	Mailing Address 5842 Ramblewood Ln			0 6 / D D / Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: A480800AF26D04EB9AB0
	Whitehouse FEC ID number of contributing federal political committee.	TX	75791-9227	Amount of Each Receipt this Period
	Name of Employer Azalea Orthopaedics & Spo- rts M	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Edward H. Saer, III, MD	Cuito 915		Date of Receipt
	Mailing Address 500 S. University Ave Doctor's Bldg	Suite 815		0 6 / D D / Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: AF53DB884F81E40DF814
	Little Rock FEC ID number of contributing federal political committee.	AR	72205-5310	Amount of Each Receipt this Period
	Name of Employer Arkansas Specialty Spine <u>Cente</u> Receipt For: Primary General Other (specify) ▼		n edic Surgeon ∋ Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Kathryn Schabel, MD			Date of Receipt
-	Mailing Address 2859 Glen Oaks Dr			M M / D D / Y Y Y Y 06 11 2010
	City	State	Zip Code	Transaction ID: A608798FB4F324B33997
	Salt Lake City	UT	84109-1419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bridger Ortho & Sports Me- dicin	- · · · · · · · · · · · · · · · · · · ·	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number	only)		

		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	v not be sold or used by any pers	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee
NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial) John R. Schurman, II, MD			Date of Receipt
Mailing Address 727 N. Linden Ct			0 6 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: A82F25374DD7E4495938
Wichita	KS	67206-4004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Kansas Joint & Spine Inst-			
itute	·	v	
Primary General Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial) Christopher Joseph Spieles, MD			Date of Receipt
Mailing Address 649 Parkside Dr			0 6 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: A7183991466F849AD9AE
Wauseon	OH	43567-9267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer West Ohio Orthopedics			
Receipt For: Primary General	Aggregate		_
Other (specify)	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Michael B. Strauss, MD			Date of Receipt
Mailing Address 3918 Long Beach Blv	d #180		0 6 / D D / Y Y Y Y 0 6 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: A1910A1D1EEC2405F99
	CA	90807-2684	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer Self Employed	·		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Other (specify)	0 0	325.00	
SUBTOTAL of Receipts This Page (optional)	1		2750.00
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am Full Name (Last, First, Middle Initial) John R. Schurman, II, MD Mailing Address 727 N. Linden Ct City Wichita FEC ID number of contributing federal political committee. Name of Employer Kansas Joint & Spine Inst-itute Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Christopher Joseph Spieles, MD Mailing Address 649 Parkside Dr City Wauseon FEC ID number of contributing federal political committee. Name of Employer West Ohio Orthopedics Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Michael B. Strauss, MD Mailing Address 3918 Long Beach Blw City Long Beach FEC ID number of contributing federal political committee. Name of Employed Receipt For: Primary	NAME OF COMMITTEE (In Full) Political Action Committee of the American Assoc Full Name (Last, First, Middle Initial) John R. Schurman, II, MD Mailing Address 727 N. Linden Ct City State Wichita KS FEC ID number of contributing federal political committee. Occupatio Orthopae Name of Employer Kansas Joint & Spine Inst- itute Occupatio Orthopae Receipt For: Other (specify) Primary General Other (specify) Image: Committee Full Name (Last, First, Middle Initial) Control (Specify) City State Wauseon OH FEC ID number of contributing federal political committee. Occupatio Orthopae Name of Employer West Ohio Orthopedics Occupatio Orthopae Receipt For: Aggregate Primary General Other (specify) Image Full Name (Last, First, Middle Initial) Orthopae Primary General Occupatio Orthopae Receipt For: Aggregate Aggregate Full Name (Last, First, Middle Initial) Orthopae Dr.	NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surge Full Name (Last, First, Middle Initial) John R. Schurman, II, MD Mailing Address 727 N. Linden Ct City State Zip Code Wichita KS 67206-4004 FEC ID number of contributing federal political committee. Occupation Name of Employer Kansas Joint & Spine Inst- itute Occupation Receipt For: Other (specify) ▼ Primary General Other (specify) ▼ 2000.00 Full Name (Last, First, Middle Initial) Christopher Joseph Spieles, MD Mailing Address 649 Parkside Dr City State Zip Code Wauseon OH 43567-9267 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Receipt For: General Occupation Primary General Occupation Other (specify) ▼ State Zip Code Name of Employer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 201 (check only one)	
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Am	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.	
Α.	Political Action Committee of the Am Full Name (Last, First, Middle Initial) Dr. Benjamin C. Tam, MD Mailing Address 707 S. Garfield Ave S City Alhambra FEC ID number of contributing federal political committee. Name of Employer Pacific Orthopaedic Medic- al Gr Receipt For: Primary General	erican Association of Orthopaedic Surg Suite 201 State Zip Code CA 91801-5861 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 0 6 Transaction ID: A7D71FC495CF8495B9D8 Amount of Each Receipt this Period 1000.00	
В.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David C. Templeman, MD Mailing Address 2950 Larch Ln North City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Hennepin Faculty Associates Receipt For:	State Zip Code MN 55441-2934 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt 0 6 / 1 1 / 2 0 1 0 Transaction ID: A44F5F7758D774FF2808 Amount of Each Receipt this Period 1000.00	
с.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Russell S. Vanderwilde, MD Mailing Address 601 W. 5th Ave Suite City Spokane FEC ID number of contributing federal political committee. Name of Employer Northwest Orthopaedics Receipt For:	400 State Zip Code WA 99204-2715 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 0 6 / 1 1 / 2 0 1 0 Transaction ID: AD97AB9769E924FBBBFA Amount of Each Receipt this Period 1000.00	
	Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	2000.00	3000.00	
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 145 / 201 (check only one)
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ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
1	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may the name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Associa	ation of Orthopaedic Surge	ons
Z	Full Name (Last, First, Middle Initial)			
Α.	Dr. Wayne B. Venters, MD Mailing Address 6809 S. Prairie View	Ln		Date of Receipt 0 6 1 1 2 0 1 0
	City	State	Zip Code	0 61 12 0 1 0 Transaction ID: A3C8C41C46B9A45E591
	Spokane	WA	99223-1868	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Rockwood Clinic	Occupation Orthopae	dic Surgeon	
	Receipt For:	·	Year-to-Date V	
	Primary General Other (specify) ▼		500.00]
— В.	Full Name (Last, First, Middle Initial) Richard Neal Vinglas, MD	_ I		Date of Receipt
	Mailing Address 802 Summer Ridge R	₹d		M M / D D Y
	City	State	Zip Code	Transaction ID: ABD41D2AD9D7249DDA
	Bozeman	MT	59715-7781	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bridger Orthopedic & Spor- ts Me	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) Image: Control of the second		500.00]
– c.	Full Name (Last, First, Middle Initial) Dr. Harvey M. Wichman, MD			Date of Receipt
	Mailing Address 9491 N. Fairway Circl	le		M M / D D / Y
	City Milwaukee	State WI	Zip Code 53217-1316	Transaction ID: A572C06E71BD04DC5A5 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Aurora Healthcare	Occupation	dic Surgeon	
	Receipt For:		Year-to-Date V	_
	Primary General Other (specify) ▼		250.00]
Γ	SUBTOTAL of Receipts This Page (optional) .			1250.00
F	TOTAL This Period (last page this line numbe	er only)		

	SCHEDULE A (FEC Form 3)	() Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 146 / 201 (check only one)				
	ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
	Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions				
		NAME OF COMMITTEE (In Full)					
	Political Action Committee of the A	merican Association of Orthopaedic Surgeo	ons				
A.	Full Name (Last, First, Middle Initial) Dr. Mark M. Williams, MD		Date of Receipt				
	Mailing Address 320 E. 19th St		0 6 / D D / Y Y Y Y 0 6 1 1 2010				
	City	State Zip Code	Transaction ID: A6956841C9C6A4474A71				
	Panama City	FL 32405-4718	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Self Employed	Occupation					
	Receipt For:	Orthopaedic Surgeon	_				
	Primary General	Aggregate Year-to-Date	1				
_	Other (specify)	250.00					
в.	Full Name (Last, First, Middle Initial) Dr. Kevin Earl Wright, MD		Date of Receipt				
	Mailing Address 210 East 25th St Ap	ot 4rw	0 6 1 1 2010				
	City	State Zip Code	Transaction ID: A8C6A74DC020C4AD192				
	New York	NY 10010-3171	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	500.00]				
- C.	Full Name (Last, First, Middle Initial) Dr. Mark James Albritton, MD		Date of Receipt				
0.	Mailing Address 111 Farmington Dr		M M / D D / Y Y Y Y				
	City	State Zip Code	0 6 1 8 2 0 1 0 Transaction ID: A0E9A0DDAF33B46BA8F				
	Peachtree City	GA 30269-5622	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	1000.00				
	Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon					
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	1000.00					
Γ			1500.00				

SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 147 / 201				
•	Use separate schedule(s) for each category of the	(check only one)				
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12				
		13 14 15 16 17				
Any information copied from such Reports an	d Statements may not be sold or used by any pers	son for the purpose of soliciting contributions				
	for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In Full)						
Political Action Committee of the A	merican Association of Orthopaedic Surge	ons				
Full Name (Last, First, Middle Initial) Dr. Alfredo L. Axtmayer, MD		Date of Receipt				
Mailing Address 8 Research Pkwy		0 6 1 8 2 0 1 0				
City	State Zip Code	Transaction ID: AA94F411DD3C448849				
Wallingford	CT 06492-1930	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.		1000.00				
Name of Employer Self Employed	Occupation					
	Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date 🔻					
Primary General	1000.00					
Other (specify)						
Full Name (Last, First, Middle Initial) Dr. Robert John Bischoff, MD	•	Date of Receipt				
	a Pd	'				
Mailing Address 207 Blooming Grov	e Ru	06 18 Y Y Y Y 2010				
City	State Zip Code	Transaction ID: A1D347D30EC5A43F9				
Hanover	PA 17331-7917	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	_				
Name of Employer Hanover Orthopaedic Assoc-	Orthopaedic Surgeon					
iates Receipt For:	Aggregate Year-to-Date V					
Primary General		-				
Other (specify)	500.00					
Full Name (Last, First, Middle Initial)						
Dr. Robert Brent Blake, MD Mailing Address 1450 Ellis St Suite 2	201	Date of Receipt				
Maning Address 1450 Ellis St Suite 2	201	06 18 2010				
City	State Zip Code	Transaction ID: A0FC190F51B064BA49				
Bozeman	MT 59715-8813	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.		500.00				
Name of Employer Bridger Orthopedic And Sp-	Occupation					
orts	Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date 🔻					
Primary General	500.00	1				
Other (specify)						
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SUBTOTAL of Receipts This Page (optional	y					
TOTAL This Period (last page this line numl	ber only)					

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		0			13	\square	14		5	<u> 1</u>	-		17
or for	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.												
	AME OF COMMITTEE (In Full) olitical Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons									
	III Name (Last, First, Middle Initial) mes P. Crutcher, Jr, MD				Date of	Re	ceipt						
Ma	Mailing Address 5736 65th Ave NE							D / 8		ү ү 20			
Cit	ty	State	Zip Code		Transa	ctio	n ID:	A268	DA1	0F3E	Ξ42	44D	D8
<u>Se</u>	eattle	WA	98105-2044	_	Amoun	t of	Each	Recei	ot this	Perio	od		
	EC ID number of contributing deral political committee.	C							1	000.	.00		
Na Pr	ame of Employer oliance Surgeons	Occupatio											
	eceipt For:	- · · · ·	edic Surgeon e Year-to-Date ▼										
	Primary General Other (specify) ▼		1000.00										
	III Name (Last, First, Middle Initial) . Jody L. Daggett, MD				Date of	Re	ceipt						
Ma	Mailing Address 5860 S. Hospital Dr Suite 103					1		D / 8		y y 20			
Cit	ty	State	Zip Code		Transa	ctio	n ID:	A9F9	1115	52D7	76C	48A	291
<u>G</u>	lobe	AZ	85501-9449		Amount of Each Receipt this Period				od				
	EC ID number of contributing deral political committee.	C								250.	.00	1	
Na Ea	ame of Employer astern AZ Ortho Clinic	Occupatio Orthopa	on edic Surgeon										
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00										
	III Name (Last, First, Middle Initial) : Frank R. Dimaio. MD				Date of	Be	ceint						
	ailing Address 17 Hunt Ct				0 6	_	D	D / 8		² 0 [°]			
Cit	•	State	Zip Code	_	Transa							485	290
	len Head	NY	11545-2749	_	Amoun	t of	Each	Recei	ot this	Perio	od	-	
	EC ID number of contributing deral political committee.	C							1	000.	.00		
Na W al	ame of Employer inthop University Hospit-	Occupatio Orthopa	on edic Surgeon										
Re	eceipt For:	Aggregate	e Year-to-Date 🔻										
	Primary General Other (specify) The second seco	0 0	1000.00										
SUB	TOTAL of Receipts This Page (optional).			<u> </u>					2	250.	.00]
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 201 (check only one)				
Γ	Any information copied from such Reports and	Statements ma	y not be sold or used by any pers	13 14 15 16 17 son for the purpose of soliciting contributions				
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am							
∠ A.	Full Name (Last, First, Middle Initial) Dr. Maureen A. Finnegan, MD			Date of Receipt				
	Mailing Address Dept Of Ortho Surge 1801 Inwood Rd	ry		M M / D D / Y Y Y Y 06 18 2010				
	City	State	Zip Code	Transaction ID: AAA7F304181B24029B02				
	Dallas	ТХ	75390-0001	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer UT Southwestern	Occupatio	n edic Surgeon					
	Receipt For:	1	e Year-to-Date V					
	Primary General Other (specify) ▼		250.00					
– B.	Full Name (Last, First, Middle Initial) Dr. Michele T. Glasgow, MD			Date of Receipt				
	Mailing Address 3085 Wolf Ct			M M / D D / Y Y Y Y 06 18 2010				
	City	State	Zip Code	Transaction ID: A2109A536027D4D3EAI				
	Dekalb	IL	60115-8257	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Midwest Orthopaedic Consu- Itant	Occupatio Orthopae	n edic Surgeon					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00					
_	Full Name (Last, First, Middle Initial)	0 0						
C.	Dr. Philip R. Hardy, MD			Date of Receipt				
	Mailing Address 3531 Beauclerc Circl	e N.		0 6 / D D / Y Y Y Y 2 0 1 0				
	City	State	Zip Code	Transaction ID: AF21CFF1A4B3446CB88				
	Jacksonville	FL	32257-4915	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer Jacksonville Ortho Instit-	Occupatio	n edic Surgeon					
	ute Receipt For:	·	e Year-to-Date V					
	Primary General Other (specify) ▼	Aggregate	500.00					
Г								
ļ	SUBTOTAL of Receipts This Page (optional)			▶ 1750.00				
	TOTAL This Period (last page this line number	er only)						

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surger	on for the purpose of soliciting contributions solicit contributions from such committee.
> Political Action Committee of the A	merican Association of Orthonaedic Surger	
		ons
Full Name (Last, First, Middle Initial) Dr. Charlotte J. Harris, MD		Date of Receipt
Mailing Address 732 E. Maple Leaf	Rd	M M / D D / Y Y Y Y 06 18 2010
City	State Zip Code	Transaction ID: AC8E17BBBB2EE48678
Maysville	KY 41056-9069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	_
Receipt For:	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼	600.00]
Full Name (Last, First, Middle Initial) Dr. Gregory R. Holt, MD		Date of Receipt
Mailing Address The Orthopaedic C 1809 E 13th St Ste		M M / D D / Y
City	State Zip Code	Transaction ID: A5F75227FF26C450583
Tulsa	OK 74104-4431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Orthopaedic Centers	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00]
Full Name (Last, First, Middle Initial) Dr. Philip B. Hurley, MD		Date of Receipt
Mailing Address 2831 New Hartford	Rd	M M / D D / Y Y Y Y 06 18 2010
City	State Zip Code KY 42303-1320	Transaction ID: A4CB88681DE79415E8
Owensboro FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.		500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	500.00]
SUBTOTAL of Receipts This Page (optiona	l al)	1800.00
	ber only)	

	SCHEDULE A (FEC Form 3X))	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 201 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	l Statements ma he name and ac	ay not be sold or used by any pers Idress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the An	nerican Assoc	ciation of Orthopaedic Surge	ons
₽. ₽.	Full Name (Last, First, Middle Initial) Dr. Jason L. Koh, MD			Date of Receipt
	Mailing Address 1028 Pawnee			0 6 / D D / Y Y Y Y 0 6 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: AF838A4D415CF40D0948
	Wilmette	IL	60091-1347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer North Shore Orthopaedics	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey I. Korchek, MD			Date of Receipt
В.	Mailing Address 10749 Riverside Dr			0 6 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: A32E8E32A9DD44012B6F
	North Hollywood	CA	91602-2324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupatio Orthopa	on edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
- C.	Full Name (Last, First, Middle Initial) Chad L. Loup, MD			Date of Receipt
	Mailing Address 2824 Tradition Ave			0 6 / D D / Y Y Y Y 0 6 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: AF8A725F2CB444B15A42
	Baton Rouge	LA	70810-0333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Baton Rouge Orthopaedic	Occupatio	on edic Surgeon	
	Clinic Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)			2100.00
	TOTAL This Period (last page this line numb	er only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 201 (check only one) 11c X 11a 13 14 15 16 17
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to perican Association of Orthopaedic Surger	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ryan C. Meis, MD Mailing Address 466 Firethorn Trail		Date of Receipt
	City	State Zip Code	
	North Sioux City	SD 57049-5237	Transaction ID: A797666DE6CF148F8866 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer CNOS	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	1
_	Other (specify)		
В.	Full Name (Last, First, Middle Initial) Dr. Richard Fairfax Pelliv, MD Mailing Address 13510 SW 73rd Ct		Date of Receipt
	City	State Zip Code	Transaction ID: AFDA06F0D278C445CB70
	Miami	FL 33156-6819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer South Dade Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Gary M. Pess, MD		Date of Receipt
	Mailing Address 13 Pal Dr		0 6 / Y Y Y Y 0 6 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: A2673023C7A5A4451B34
	Ocean	NJ 07712-2528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00]
	SUBTOTAL of Receipts This Page (optional)	 	1000.00
ŀ	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and ad	Idress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. John T. Quigley, MD Mailing Address 301 W. Huntington Dr			Date of Receipt
	City	State	Zip Code	
	City Arcadia	CA	91007-1502	Transaction ID: A53E8D8A3A4434E3C984 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer West Coast Orthopaedic Gr- oup Receipt For:	· · ·	on edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Nicholas E. Rose, MD	uite 701		Date of Receipt
	Mailing Address 360 San Miguel Dr Su			06 18 2010
	City	State	Zip Code	Transaction ID: AF24C4E84AB6242F4975
	Newport Beach	CA	92660-5927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer California Ortho Speciali- sts	- · · · ·	edic Surgeon	_
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Kent M. Samuelson, MD			Date of Receipt
	Mailing Address 370 9th Ave Suite 205	5		0 6 / D D / Y Y Y Y 0 6 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: A0AF4FCB88E17445E91
	Salt Lake City	UT	84103-3184	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Specialty Gro- up	Occupatio Orthopa	on edic Surgeon	
	Receipt For:	- · · · ·	e Year-to-Date 🔻	
	Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional).	•		2500.00
ſ	TOTAL This Period (last page this line number	r only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 201 (check only one) 11a X 11a 13 14 15 16
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Association of Orthopaedic Surg	eons
∡.	Full Name (Last, First, Middle Initial) Dr. Charles P. Schneider, MD		Date of Receipt
	Mailing Address 856 W. Ashbourne Dr		06 / D D / Y Y Y Y 06 18 2010
	City	State Zip Code	Transaction ID: A2D50FC7AC0814C2E8
	Eagle	ID 83616-6433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation	
	Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date	
	Primary General Other (specify) ▼	250.00	
. —	Full Name (Last, First, Middle Initial) Dr. Samuel J. Snyder, MD	I	Date of Receipt
	Mailing Address 57 Leach Ave	0 6 / D D / Y Y Y Y 0 6 1 8 2 0 1 0	
	City	State Zip Code	Transaction ID: AB04FB3F9096C41E4B
	Park Ridge	NJ 07656-1908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Garden State Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Mark Aaron Sobel, MD		Date of Receipt
	Mailing Address 525 Rt 73 S. Suite 303	3	0 6 / D D / Y Y Y Y 0 6 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: A0D036AE0F8E641619
	Marlton	NJ 08053-9644	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
	SUBTOTAL of Receipts This Page (optional)	1	1750.00
	TOTAL This Period (last page this line number		

	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	DNS
Α.	Full Name (Last, First, Middle Initial) Dr. Victoria M. Stevens, MD		Date of Receipt
	Mailing Address 5860 S. Hospital Dr #	103	0 6 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: A4A979AE8FA114A769
	Globe	AZ 85501-9449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Eastern AZ Ortho Clinic	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00]
- 3.	Full Name (Last, First, Middle Initial) Dr. Ralph J. Venuto, MD		Date of Receipt
	Mailing Address 360 San Miguel Dr Su	uite 701	0 6 / Y Y Y Y 0 6 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: A9436215CC1274B1DA
	Newport Beach	CA 92660-5927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer California Ortho Speciali- sts	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) Image: Control of the second	1000.00]
- ;.	Full Name (Last, First, Middle Initial) Dr. Michael P. Weinstein, MD		Date of Receipt
	Mailing Address 360 San Miguel Dr Su	uite 701	0 6 / 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: A399D7E0B9FF64E09A
	Newport Beach	CA 92660-5927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer California Ortho Speciali-	Occupation Orthopaedic Surgeon	
	sts Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	700.00]
ſ	SUBTOTAL of Receipts This Page (optional) .	۱ ۱	1750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 201 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and r for commercial purposes, other than using the transmission of transmission of the transmission of transmiss	Statements may ne name and add	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ierican Associ	ation of Orthopaedic Surge	ons
∠ A.	Full Name (Last, First, Middle Initial) Dr. Richard M. Wilk, MD			Date of Receipt
	Mailing Address 69 Dartmouth St			06 18 2010
	City	State	Zip Code	Transaction ID: AAEB797CF166947E8AA
	West Newton	MA	02465-2801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lahey Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Matthew Zmurko, MD			Date of Receipt
	Mailing Address 18 Princess Ln			M M / D D / Y Y Y Y 06 / 18 / 2010
	City	State	Zip Code	Transaction ID: A5F5A1E8CF4354194945
	Albany	NY	12211-1718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer RRMC	Occupation Orthopae	n edic Surgeons	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	750.00	
—).	Full Name (Last, First, Middle Initial) Dr. Robert S. Adelaar, MD			Date of Receipt
	Mailing Address 10414 Cherokee Rd			M M / D D / Y Y Y Y Y 06 / 24 / 2010
	City Diskus and	State	Zip Code	Transaction ID: AF626E68B73444A14BD
	Richmond	VA	23235-1007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MCU Orthopedics		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number			

	rinformation copied from such Reports and or commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the Am Full Name (Last, First, Middle Initial) Dr. Michael E. Ayers, MD Mailing Address 10 Crescent Ave City Scituate FEC ID number of contributing rederal political committee. Name of Employer South Shore Orthopaedics Receipt For: Primary General Other (specify) ▼	he name and add nerican Associ State MA C Occupation Orthopae	dress of any political committee to ation of Orthopaedic Surgeo Zip Code 02066-4309	
	Political Action Committee of the Am Full Name (Last, First, Middle Initial) Dr. Michael E. Ayers, MD Mailing Address 10 Crescent Ave City Scituate FEC ID number of contributing iederal political committee. Name of Employer South Shore Orthopaedics Receipt For: Primary General Other (specify) ▼	State MA C Occupation Orthopae	Zip Code 02066-4309	Date of Receipt 0 6 2 4 2 0 1 0 Transaction ID: A379AC7FF2F0A4FE5B Amount of Each Receipt this Period
. <u> </u> - 	Dr. Michael E. Ayers, MD Mailing Address 10 Crescent Ave City Scituate FEC ID number of contributing rederal political committee. Name of Employer South Shore Orthopaedics Receipt For: Primary General Other (specify) ▼	MA C Occupation Orthopae	02066-4309 n edic Surgeon Year-to-Date ▼	M M / D D / Y Y Y Y 0 6 2 4 2 0 1 0 Transaction ID: A379AC7FF2F0A4FE5B Amount of Each Receipt this Period
	City Scituate FEC ID number of contributing rederal political committee. Name of Employer South Shore Orthopaedics Receipt For: Primary General Other (specify) ▼	MA C Occupation Orthopae	02066-4309 n edic Surgeon Year-to-Date ▼	0 6 2 4 2 0 1 0 Transaction ID: A379AC7FF2F0A4FE5B Amount of Each Receipt this Period
F F T	Scituate FEC ID number of contributing rederal political committee. Name of Employer South Shore Orthopaedics Receipt For: Primary General Other (specify) ▼	MA C Occupation Orthopae	02066-4309 n edic Surgeon Year-to-Date ▼	Amount of Each Receipt this Period
F f	EC ID number of contributing rederal political committee. Name of Employer South Shore Orthopaedics Receipt For: Primary General Other (specify) ▼	C Occupation Orthopae	n edic Surgeon Year-to-Date V	
f ۲ ب	rederal political committee. Name of Employer South Shore Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopae	edic Surgeon Year-to-Date V	500.00
-	Receipt For: Primary General Other (specify) ▼	Orthopae	edic Surgeon Year-to-Date V	
F	Other (specify) ▼	Aggregate		
	Other (specify) v	0 0	500.00	
	Full Name (Last First Middle Initial)		0 0 0 0 0 0 0	1
	Dr. Vincent Finval Bergquist, MD			Date of Receipt
1	Mailing Address 1938 Alabama Hwy	157 Suite 101		M = M / D = D / Y = Y = Y Y 0 6 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A16D6644080D5457D93
-	Cullman	AL	35058-0609	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		1000.00
1	Name of Employer Ortho & Sports Med Specia-	Occupation		
l	lists Receipt For:		edic Surgeon	-
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Dr. John D. Campbell, MD	·		Date of Receipt
ſ	Mailing Address 1450 Ellis St Suite 2	01		0 6 / D D / Y Y Y Y 0 6 2 4 2 0 1 0
(City	State	Zip Code	Transaction ID: A598CBD9A2EAD4E4C
<u> </u>	Bozeman	MT	59715-8813	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
I	Name of Employer Bridger Orthopedic And Sp- orts	Occupation Orthopae	n edic Surgeon	1
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	500.00	
SI	BTOTAL of Receipts This Page (optional)		·····	2000.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 158 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 con for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
A.	Full Name (Last, First, Middle Initial) Dr. William Gerard Cimino, MD Mailing Address 1830 Merwins Ln City	State	Zip Code	Date of Receipt 0 6 2 4 2 0 1 0 Transaction ID: AB1EA5AE5226D4C958C9
	Fairfield FEC ID number of contributing federal political committee.	CT	06824-1608	Amount of Each Receipt this Period 250.00
	Name of Employer Beach Road Orthopaedic Sp- ecial Receipt For: Primary General Other (specify)	· · · · · ·	n edic Surgeon ∋ Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) William Enright, MD Mailing Address 2429 Watson Cir	I		Date of Receipt
	City <u>De Pere</u> FEC ID number of contributing federal political committee.	State WI	Zip Code 54115-1657	Transaction ID: A004256E0E0004453875 Amount of Each Receipt this Period
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	1 · · · · ·	n edic Surgeon e Year-to-Date ▼ 300.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Randeep S. Kahlon, MD Mailing Address 206 Hockessin Cir	I		Date of Receipt
	City <u>Hockessin</u> FEC ID number of contributing federal political committee.	State DE	Zip Code 19707-2073	Transaction ID: A9D7B1874A2074D03B32 Amount of Each Receipt this Period 250.00
	Name of Employer First State Orthopaedics Receipt For:	1 · · ·	n edic Surgeon e Year-to-Date ▼	
Г	Other (specify)	0 0	750.00	
F	SUBTOTAL of Receipts This Page (optional)			650.00
	TOTAL This Period (last page this line number	only)		

l	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Norman R. Kaplan, MD Mailing Address 33 Westward Rd City Woodbridge FEC ID number of contributing federal political committee.	State Zip Code CT 06525-1850	Date of Receipt M M / D 0 / Y
	Name of Employer Connecticut Ortho Special- ists Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.0	0
В.	Full Name (Last, First, Middle Initial) Dr. Edward David Maley, MD Mailing Address 170 North Pointe Blvc City Lancaster	State Zip Code PA 17601-4132	Date of Receipt M M M P P Y
	FEC ID number of contributing federal political committee. Name of Employer Orthopedic Associates of Lancaster Receipt For: Primary General Other (specify) ▼	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.0	0
- C.	Full Name (Last, First, Middle Initial) Dr. Michael David Miller, MD Mailing Address 6501 N. Camino Katr		Date of Receipt
	City <u>Tucson</u> FEC ID number of contributing federal political committee.	State Zip Code AZ 85718-2021	Transaction ID: A838C9A3937DA4A6AABD Amount of Each Receipt this Period 1000.00
	Name of Employer University Orthopedic Spe- ciali Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.0	0
	SUBTOTAL of Receipts This Page (optional) .		▶ 1750.00
	TOTAL This Period (last page this line numbe	r only)	·

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 160 / 201 (check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma he name and ad	ay not be sold or used by any pe Idress of any political committee	erson for the purpose of soliciting contributions
	Political Action Committee of the An	nerican Assoc	ciation of Orthopaedic Surg	geons
Α.	Full Name (Last, First, Middle Initial) Dr. William L. Mills, MD			Date of Receipt
	Mailing Address 2376 Cypress Circle	Suite 300		M M / D D / Y Y Y Y 06 24 2010
	City	State	Zip Code	Transaction ID: ABBA9284803DE4E92
	Conway	SC	29526-8995	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Coastal Orthopedics	Occupatio		
	Receipt For:	· · · ·	edic Surgeon	
	Primary General	Aggregate	e Year-to-Date	
	Other (specify)	0 0	250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. L. Randall Mohler, MD			Date of Receipt
	Mailing Address 6655 Duck Pond Ln			0 6 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A28E1C13A01AA459F/
	San Diego	CA	92130-6827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer California Orthopaedics	Occupatio Orthopa	on edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	·
-).	Full Name (Last, First, Middle Initial) Dr. Jeffrey K. Moore, MD			Date of Receipt
	Mailing Address 4251 -b Arendell St			M M / D D / Y Y Y Y 06 24 2010
	City	State	Zip Code	Transaction ID: ABB8373CBE4654E45
	Morehead City	NC	28557-2805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Moore Orthopedics	Occupatio Orthopa	on edic Surgeon	
	Receipt For:	·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00	*
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
┢				
	TOTAL This Period (last page this line numb	er oniy)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 201 (check only one) Image: state
A	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
∠ A.	Full Name (Last, First, Middle Initial) Dr. Duane K. Nelson, MD			Date of Receipt
	Mailing Address 4600 Grayhawk Ridge	e Dr		0 6 / 2 4 / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	City	State	Zip Code	Transaction ID: AB4680E827E5845849C
	Sioux City FEC ID number of contributing federal political committee.		51106-9722	Amount of Each Receipt this Period 2500.00
	Name of Employer Tri-state Orthopaedic Sur- geons	· · · · · · · · · · · · · · · · · ·	dic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 2500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Kumar S. Reddy, MD			Date of Receipt
	Mailing Address 3 Drumline Ln			0 6 / 2 4 / Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: A175501BD8A2D489392
	Oyster Bay FEC ID number of contributing federal political committee.	C	11771-3416	Amount of Each Receipt this Period
	Name of Employer NY LIJ Health System Receipt For:	· · ·	dic Surgeon Year-to-Date ▼	
	Primary General Other (specify)	Aggregate	250.00]
 C	Full Name (Last, First, Middle Initial) Dr. Benjamin N. Rosenberg, MD			Date of Receipt
	Mailing Address 1436 Exchange St			0 6 / ^D D / Y Y Y Y 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: A9BD54A7501B84C9699
	Middlebury	VT	05753-4497	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Champlain Valley Orthopae- dics	Occupation Orthopae	dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	- · · · · · · · · · · · · · · · · · · ·	Year-to-Date V 1000.00]
	SUBTOTAL of Receipts This Page (optional)			3750.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any the name and address of any political commit merican Association of Orthopaedic Su	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Stephen R. Southworth, MD Mailing Address 1080 Quail Creek		Date of Receipt
	City	State Zip Code	Transaction ID: AED0018D2B78D46BC93
	Tupelo	MS 38801-7256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Jason Hoyt Thompson, MD		Date of Receipt
	Mailing Address 2838 Cascadia Ave		0 6 / 2 4 / Y Y Y Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State Zip Code	Transaction ID: AB3CD65D73E084CE090
	Seattle FEC ID number of contributing federal political committee.	WA 98144-6210	Amount of Each Receipt this Period 1000.00
	Name of Employer Valley Orthopaedic Associ- ates	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
– C.	Full Name (Last, First, Middle Initial) Carl Michael Adolph, Jr, MD		Date of Receipt
	Mailing Address 1118 Persimmon D	r	0 6 / 2 5 / Y Y Y Y 0 1 0
	City	State Zip Code	Transaction ID: A80A1C78C67464C638D
	Lancaster FEC ID number of contributing federal political committee.	PA 17601-7135	Amount of Each Receipt this Period
	Name of Employer Orthopedic Associates, LLC	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optiona)	2250.00

Any information copied from such Reports and Statements may not be sold or us or for commercial purposes, other than using the name and address of any politi or or for commercial purposes, other than using the name and address of any political Action Committee of the American Association of Orthop NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthop Full Name (Last, First, Middle Initial) Dr. Bruce R. Buhr, MD Mailing Address 1947 Founder's Circle City State Zip Code Wichita KS 67206 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Orthopaedic Surgeon Receipt For: Primary General Aggregate Year-to-Date B. Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Aggregate Year-to-Date Mailing Address 170 North Pointe Blvd City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date C Name of Employer Occupation Orthopaedic Surgeon Aggregate Year-to-Date C Itancaster PA 17601-7133 FEC ID numb	
Political Action Committee of the American Association of Orthop Full Name (Last, First, Middle Initial) Dr. Bruce R. Buhr, MD Mailing Address 1947 Founder's Circle City State Zip Code Wichita KS 67206 FEC ID number of contributing federal political committee. C Image: Committee Name of Employer Occupation Orthopaedic Surgeon Name of Employer General Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ B Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Aggregate Year-to-Date G Image: Committee C Image: Committee Image: Committee B Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Image: Committee Image: Committee C Image: Committee C Image: Committee Image: Committee Name of Employer Occupation Orthopaedic Surgeon Image: Committee Image: Committee Name of Employer General Occupation Image: Committee Image: Committee Image: Committee Image: Co	d by any person for the purpose of soliciting contributions
Dr. Bruce R. Buhr, MD Mailing Address 1947 Founder's Circle City State Zip Code Wichita KS 67206 FEC ID number of contributing federal political committee. C Name of Employer Wichita Clinic Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Aggregate Year-to-Date Mailing Address 170 North Pointe Blvd City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Aggregate Year-to-Date ▼ Mailing Address 1151 Persimmon Dr C City State Zip Code	aedic Surgeons
City State Zip Code Wichita KS 67206 FEC ID number of contributing federal political committee. C Name of Employer Wichita Clinic Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date Primary General Other (specify) Image: State Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Mailing Address 170 North Pointe Blvd City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C Name of Employer Orthopaedic Associates, LLC Occupation Orthopaedic Surgeon Name of Employer Other (specify) Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date of Receipt
Wichita KS 67206 FEC ID number of contributing federal political committee. C	
FEC ID number of contributing federal political committee. C Name of Employer Wichita Clinic Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ♥ Aggregate Year-to-Date ♥ Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Mailing Address 170 North Pointe Blvd City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ♥ Occupation Orthopaedic Surgeon Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Aggregate Year-to-Date ♥ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Aggregate Year-to-Date ♥ Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Name of Employer Self Employed Occupation Orthopaedic Surgeon	Transaction ID: A06A471B4E95E4C83B2
federal political committee. Occupation Name of Employer Occupation Wichita Clinic Orthopaedic Surgeon Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Mailing Address 170 North Pointe Blvd City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C Occupation Name of Employer Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Aggregate Year-to-Date ▼ Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. C Name of Employed Occupation Orthopaedic Su	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date Primary General Other (specify) Image: Control of the specify of the specific the spe	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Mailing Address 170 North Pointe Blvd City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C Image: Common comm	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Christopher Cunningh Cooke, MD Mailing Address 170 North Pointe Blvd City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C Image: Comparison of the second committee. Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) Image: Comparison of the second committee Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Mailing Address 1151 Persimmon Dr City State Zip Code PA 17601-7133 FEC ID number of contributing federal political committee. C Image: Committee Name of Employer Occupation Orthopaedic Surgeon Occupation Orthopaedic Surgeon	
Dr. Christopher Cunningh Cooke, MD Mailing Address 170 North Pointe Blvd City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C Image: Committee interval int	250.00
City State Zip Code Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C Image: Contributing federal political committee. Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon Receipt For: Occupation Orthopaedic Surgeon Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Image: Contributing federal political committee. City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. Image: Contributing federal political committee. Name of Employer Occupation Orthopaedic Surgeon	Date of Receipt
Lancaster PA 17601-4132 FEC ID number of contributing federal political committee. C C Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Aggregate Year-to-Date ▼ Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Name of Employer Occupation Dr	0 6 / Y Y Y Y 2 0 1 0
FEC ID number of contributing federal political committee. C Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon Receipt For: Primary Primary General Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Occupation Orthopaedic Surgeon	Transaction ID: AFA6E44939EA3412F9
federal political committee. Occupation Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Aggregate Year-to-Date ▼ Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Name of Employer Self Employed Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Orthopedic Associates, LLC Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date Primary General Other (specify) Image: Control of Con	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F. Davis, MD Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Occupation	
Dr. Robert F. Davis, MD Mailing Address 1151 Persimmon Dr City State Zip Code Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. C Occupation Name of Employer Occupation Orthopaedic Surgeon	250.00
CityStateZip CodeLancasterPA17601-7133FEC ID number of contributing federal political committee.CName of Employer Self EmployedOccupation Orthopaedic Surgeon	Date of Receipt
Lancaster PA 17601-7133 FEC ID number of contributing federal political committee. C Image: Contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon	0 6 2 5 2 0 1 0
FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon	Transaction ID: A5BBDBADEE18E4498
federal political committee. Occupation Name of Employer Self Employed Orthopaedic Surgeon	Amount of Each Receipt this Period
	250.00
Receipt For: Aggregate Year-to-Date	
Primany Constal	
Primary General Other (specify) ▼	250.00
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 201 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	Ind Statements may not be sold or used by any pers g the name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Frank Mike Essis, Jr, MD		Date of Receipt
Mailing Address 2111 Waterford Dr		
City	State Zip Code	Transaction ID: ACF4EC4E0FECD44FCE
Lancaster	PA 17601-5444	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date V	-1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Michael W. Gish, MD		Date of Receipt
Mailing Address 2630 Old Orchard	Rd	M · M / D · D / Y · Y · Y · Y Y Y · Y Y
City	State Zip Code	Transaction ID: A3F76FF6B46B24DFA8
Lancaster	PA 17601-5320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopedic Associates, LLC	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. David P. Hughes, MD		Date of Receipt
Mailing Address 914 Pennwood Cir	cle	0 6 2 5 2 0 1 0
City	State Zip Code	Transaction ID: A11FB0BE182F14B2797
Lancaster	PA 17601-2207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopedic Associates, LLC	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
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I	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 201 (check only one) 11c X 11a 13 14 15 16
	Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	ress of any political committee t	o solicit contributions from such committee.
	Political Action Committee of the A	merican Associa	ation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. Gregory K. Johnson, MD Mailing Address 288 Groveland St			Date of Receipt
	Maining Address 288 Groveland St			0 6 / 2 5 / 2 0 1 0
	City	State	Zip Code	Transaction ID: A247C102BA23843B8B66
	Haverhill	MA	01830-6674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Associates in Ortho PC	Occupation		
			dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	-
	Other (specify)	0 0	600.00	
	Full Name (Last, First, Middle Initial)			
В.	Dr. Alan T. Kawaguchi, MD Mailing Address 5121 Doverton Dr			Date of Receipt
				06 25 2010
	City	State	Zip Code	Transaction ID: AE3B5B27EFF7C47D9A1
	Stockton	CA	95219-2019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Alpine Orthopaedic Medical	Occupation		
	Gro		dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date	-
	Other (specify)	0 0	750.00	
с. –	Full Name (Last, First, Middle Initial) Dr. Adam Edward Klein, MD			Date of Receipt
	Mailing Address 4222 W. Alabama			0 6 / 2 5 / 2 0 1 0
	City	State	Zip Code	Transaction ID: A33D7AED103A147C6B82
	Houston	TX	77027-4902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
Γ	SUBTOTAL of Receipts This Page (optional	l)		1350.00
	TOTAL This Period (last page this line num	,		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 201 (check only one) I1a X 11a X 11b X 11c X 11c
ſ	Any information copied from such Reports and S	statements ma	ay not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
ا ۸.	Full Name (Last, First, Middle Initial) Dr. John C. Rodgers, MD			Date of Receipt
	Mailing Address 2163 Meadow Ridge D)r		0 6 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: A40BEB586B3FB42E1A9
	Lancaster FEC ID number of contributing	PA C	17601-5762	Amount of Each Receipt this Period 250.00
	federal political committee.	Occupatio		
	Name of Employer Orthopedic Associates, LLC		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- B.	Full Name (Last, First, Middle Initial) Dean R. Schueller, MD			Date of Receipt
	Mailing Address 1778 Sheridan Rd			M M / D D / Y Y Y Y 06 25 2010
	City	State	Zip Code	Transaction ID: A43E1AB996C6F4544B1
	Ann Arbor FEC ID number of contributing federal political committee.	C	48104-4054	Amount of Each Receipt this Period
	Name of Employer Self Employed	· · · · ·	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
- C.	Full Name (Last, First, Middle Initial) Dr. David D. Sieger, MD			Date of Receipt
	Mailing Address 31 Olde Mill Ct			0 6 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: AA5FD3BC383804B7399
	Lititz FEC ID number of contributing federal political committee.	PA	17543-8323	Amount of Each Receipt this Period
	Name of Employer Orthopedic Associates, LLC	Occupatio Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	only)		285946.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 201 (check only one) 11a 11a 11b 13 14 X 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and ad	ay not be sold or used by any pers Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surge	ons
⊻ A.	Full Name (Last, First, Middle Initial) American Assoc Of Orthopaedic Surgeons	Date of Receipt		
	Mailing Address 6300 N River Road			04 / D D / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: AF5D8BDC2D7F045C399
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4408.07
	Name of Employer	Occupatio	on	Refund Of Bank Fees From Affil
	Receipt For:	Aggregate	e Year-to-Date 🔻	-
	Other (specify) ▼	0 0	11587.19	
- В.	Full Name (Last, First, Middle Initial) American Assoc Of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 6300 N River Road		05 18 Y Y Y Y 2010	
	City	State	Zip Code	Transaction ID: A27406F9D6FD7461F90A
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1808.42
	Name of Employer	Occupatio	on	Refund of Bank Fees from affiliated organization
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	13395.61]
– C.	Full Name (Last, First, Middle Initial) American Assoc Of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 6300 N River Road			M M / D D / Y Y Y Y 06 15 2010
	City	State	Zip Code	Transaction ID: A921AD29A4A104FFEBE
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1837.07
	Name of Employer	Occupatio	on	Refund of bank fees from affiliated organization
	Receipt For:	Aggregate	e Year-to-Date 🔻	—
	Primary General Other (specify)	0 0	15232.68]
Γ	SUBTOTAL of Receipts This Page (optional)			8053.56
┝			••••••	
	TOTAL This Period (last page this line numb	er only)		8053.56

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 201 (check only one) 11a 11a 11b 11c 12 13 14 15 X 16 17
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee Mailing Address P.o. Box 2008		Date of Receipt
	City <u>Murfreesboro</u> FEC ID number of contributing federal political committee.	State Zip Code TN 37133 C C00196915	Transaction ID: A94578B40D07C4CE1800 Amount of Each Receipt this Period 5000.00
	Name of Employer Receipt For: Primary General	Occupation Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)	►	5000.00
TOTAL This Period (last page this line number only)	►	5000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 169/201
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30k
Any Information copied from such Reports and State or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ame and address of any political c	ommittee to so	licit contributions fr	
Full Name (Last, First, Middle Initial)	•	-		
Northern Trust Company			Date of Disburs	
Mailing Address 50 S. Lasalle St.				
City Chicago	State Zip Code IL 60675		Amount of Each	Disbursement this Period
Purpose of Disbursement Bank Fees Deducted From Account				2151.53
Candidate Name		Category/ Type		
Office Sought: House Disbuter Senate President State: District:	ursement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Transaction ID	: BDEA7155CA5B04C5
Northern Trust Company			Date of Disburs	
Mailing Address 50 S. Lasalle St.			04	07 [°] ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y
City Chicago	State Zip Code IL 60675		Amount of Each	Disbursement this Period
Purpose of Disbursement Bank Fees Deducted From Account				2256.54
Candidate Name		Category/ Type		
Office Sought: House Disbuter Senate President State: District:	ursement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Northern Trust Company			Transaction ID Date of Disburs	: B8E86D1908C814785 ement
Mailing Address 50 S. Lasalle St.			05 ^M / ^D C	
City Chicago	State Zip Code IL 60675		Amount of Each	Disbursement this Period
Purpose of Disbursement Bank fees deducted from account				592.37
Candidate Name		Category/ Type		
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (option	al)	····· ►		5000.44
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	\backslash	Political Action Committee of the America	an Associat	tion of Orthopa	edic Sı	urgeo	ns								
		Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	BC	0373	7404A	5A84	1B89E/
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		Candidate Name			Cateo Typ	-									
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	SUBTOTAL of Disbursements This Page (optional)	►	1031.44
	TOTAL This Period (last page this line number only)	►	8061.51
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 172 / 201
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
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NAME OF COMMITTEE (In Full)				
Political Action Committee of the America	n Association of Orthopa	edic Surgeons		
Full Name (Last, First, Middle Initial) Culberson for Congress			Transaction ID Date of Disburs	: BB85F2BB1F8474AB
Mailing Address P.O. Box 41964				1 2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Amount of Eacl	n Disbursement this Period
Houston	TX 77241			
Purpose of Disbursement				1000.00
Candidate Name Rep. John Abney Culberson		Category/ Type		
Office Sought: X House Disburse Senate President	ement For: 2010 Primary X General Other (specify)			
State: TX District: 07				
Full Name (Last, First, Middle Initial) Friends of Joe Pitts			Date of Disburs	
Mailing Address P.O. Box 775			04 / D	12 [′] ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y
City Unionville	State Zip Code PA 19375		Amount of Eacl	n Disbursement this Period
Purpose of Disbursement		· · ·		1000.00
Candidate Name Rep. Joseph R. Pitts		Category/ Type		
	ement For: 2010 Primary General Other (specify)	~~		
State: PA District: 16				
Full Name (Last, First, Middle Initial) Grassley Committee Inc			Date of Disburs	
Mailing Address P.O. Box 1000			0 4 ^D	
City Des Moines	State Zip Code IA 50304		Amount of Eacl	n Disbursement this Period
Purpose of Disbursement		· · ·	<u> </u>	5000.00
Candidate Name Sen. Chuck E. Grassley		Category/ Type		
Office Sought: House Disburse X Senate President	ement For: 2010 Primary X General Other (specify)	-		
State: IA District:				
SUBTOTAL of Disbursements This Page (optional)		►		7000.00

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Full Name (Last, Hawkeye PAC	First, Middle Initial) , The								Date o	f Disbur	seme		3E99A		3420
Mailing Address	Po Box 7255								04		1 ^D	/ Y	201	0	
City Des Moines			itate A	Zip C 5030					Amour	nt of Ead	h Di	sburse	ment this	-	od
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City Alexandria			itate /A	Zip C 2230					Amour	nt of Ead	h Di	burse	ment this	s Peri	od
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Candidate Name Sen. John Cor							egory/ /pe								
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Internation copiel from such Reports and Statements may not be sold or used by lang person for the purpose of calciling contributions from such committee NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Inilial) Visclosky for Congress Mailing Address P.O. Box 10003 City State Periode In Neuropee of Disbursement Calegory: Transaction ID: BC005497939AC41 Periode Initial Other (specify) ▼ Office Sought: Senate President Calegory: Transaction ID: BC005497939AC41 Det Unsame (Last, First, Middle Inilial) Transaction ID: Willows CA 35988 Purpose of Disbursement Calegory: Type Other (specify) ▼ Full Name (Last, First, Middle Inilial) Disbursement For: 2010 Candidate N	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b	/ one) 22 X 23 24 25
Full Name (Last, First, Middle Initial) Transaction ID: BB54917716D9B483 Visclosky for Congress Date of Disbursement Mailing Address P.O. Box 10003 City State Zip Code Merrillville IN 45411 Purpose of Disbursement Category' Candidate Name President Disbursement For: Candidate Name President Disbursement For: President Disbursement For: 2010 Xate: IN District: 01 Transaction ID: BC005497939AC41 Date of Disbursement Disbursement For: 2010 City State: Zip Code Amount of Each Disbursement this Period Mailing Address P.O. Box 1007 Transaction ID: BC005497939AC41 Date of Disbursement Disbursement For: 2010 City State Zip Code Willows CA 95988 Purpose of Disbursement Disbursement For: 2010 Category Transaction ID: BED1E18E178C045 Date of Disbursement City Senale President Disbursement For: State: CA District: 02	r for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to sol	or the purpose of soliciting contributions licit contributions from such committee
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Rep. Pete Visclosky Type Office Sought: X House State: IN Disbursement For: 2010 X Primary General Other (specify) Y Full Name (Last, First, Middle Initial) Transaction ID: BC005497939AC41: Mailing Address P.O. Box 1007 Tate of Disbursement City State: Zip Code Willows CA 95988 Purpose of Disbursement Category/ Type Candidate Name Rep. Wally Herger Disbursement For: 2010 Office Sought: X House Senate Disbursement For: 2010 Y Y president X Primary General President X Primary General State Other (specify) V State Zip Code Mailing Address C/o The Gula Graham Group 700 12th St NW, Suite 700 Transaction ID: BED1E18E178C045 Disbursement Disbursement Category/ Type Y 2 0 1 0 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2010 Amount of Each Disbursement this Period C	Purpose of Disbursement			2500.00
Senate Preident District: 01 Other (specify) Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee Mailing Address P.O. Box 1007 City State: Zip Code Willows CA Category/ Rep. Wally Herger Disbursement Cardidate Name Rep. Wally Herger Disbursement For: Office Sought: X House Senate Disbursement For: Other (specify) Transaction ID: BED1E18E178C045 Mailing Address C/o The Gula Graham Group 700 12th St NW, Suite 700 City State Mailing Address C/o The Gula Graham Group 700 12th St NW, Suite 700 City State Purpose of Disbursement Disbursement For: Category/ Type 13 (2010) City State Mailing Address C/o The Gula Graham Group 700 12th St NW, Suite 700 City Senate President Disbursement For: Category/ Type 5000.00 Office Sought: House Disbursement For: 2010 Ca		L		
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City State Zip Code Willows CA 95988 Purpose of Disbursement Category/ Candidate Name Category/ Rep. Wally Herger Disbursement For: 2010 Senate President Other (specify) Image: Code of Disbursement for: State: CA District: 02 Image: Code of Disbursement for: Full Name (Last, First, Middle Initial) DOC PAC Image: Code of Disbursement for: 2010 Mailing Address C/o The Gula Graham Group 700 12th St NW, Suite 700 Image: Code Of Disbursement for: Zip Code Of Disbursement for: Zip Code Of Disbursement for: Purpose of Disbursement DC 20005 Amount of Each Disbursement this Period Of Office Sought: House Disbursement For: 2010 Category/ Type Office Sought: House Disbursement For: 2010 Amount of Each Disbursement this Period Office Sought: Office Sought: House Disbursement For: 2010 Category/ Type Office Sought: House Disbursement For: 2010 Senate Office Offi				Date of Disbursement
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Full Name (Last, First, Middle Initial) American Victory Fund 2010						ction IE Disburs			EAAFD	C432	4F9
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City Waco	State Zip Code TX 76702			Am	ount	of Eac	h Dis	burse	ment thi	s Peri	od
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SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMENT	- Use separate schedule(s) (check onl	E NUMBER: PAGE 176 / 201 ly one) 22 X 23 24 25 26 28a 28b 28c 29 30b
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Full Name (Last, First, Middle Initial) Friends of John Barrasso			Transaction ID: BAB9EC2513FD84427 Date of Disbursement
Mailing Address P.O. Box 52008			
City Casper	State Zip Code WY 82605		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name Sen. John Barrasso		Category/ Type	
Office Sought: House X Senate President	Disbursement For: 2012 X Primary Genera Other (specify) ▼		
State: WY District: Full Name (Last, First, Middle Initial) Lewis For Congress Committee			Transaction ID: BD9C3ED9E14E44E6A
Mailing Address Po Box 247			$ \begin{array}{c} M & M \\ 0 & 4 \end{array} \begin{array}{c} I \\ I $
City Redlands	State Zip Code CA 92373		Amount of Each Disbursement this Period
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Candidate Name Rep. Jerry Lewis		Category/ Type	
Office Sought: X House Senate President State: CA District: 41	Disbursement For: 2010 X Primary Genera Other (specify)	1	
Full Name (Last, First, Middle Initial) Moderate Democrats PAC			Transaction ID: BA1A900DD55E84740 Date of Disbursement
Mailing Address 426 C Street, NE			
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement		· · · ·]	5000.00
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Office Sought: House Senate President	Disbursement For: 2010 Primary Genera X Other (specify) ▼		
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Full Name (Last, First, Middle Initial) Ranger PAC			Transaction I Date of Disbu	D: BF9D40D88F85D45E
Mailing Address 700 12th St NW Suite 700			04 / C	
City Washington	StateZip CodeDC20005		Amount of Ea	ch Disbursement this Period
Purpose of Disbursement				2500.00
Candidate Name		Category/ Type		
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State: District: Other0 Full Name (Last, First, Middle Initial)			Transaction	D: B6987FE1CF6134E2
Team Emerson for Jo Ann Emerson			Date of Disbu	rsement
Mailing Address P.O. Box 822			04	
City Cape Girardeau	State Zip Code MO 63702		Amount of Ea	ch Disbursement this Period
Purpose of Disbursement				2500.00
Candidate Name Rep. Jo Ann Emerson	1	Category/ Type		
	ement For: 2010 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Vern Buchanan For Congress			Transaction I Date of Disbu	D: B5762D0370B8E4B9
Mailing Address P. O. Box 48928			04 ^{//}	
City Sarasota	State Zip Code FL 34230		Amount of Ea	ch Disbursement this Period
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Candidate Name Rep. Vern Buchanan		Category/ Type		
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Candidate Name Rep. Zachary T. Space Type																
Office Sought: X House Disbursement For: 2010 Senate X Primary General President Other (specify) ▼																
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Candidate Name Rep. Joseph R. Pitts				Cate Ty	gory/ pe					
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State: PA District: 1 Full Name (Last, First, Middle	-					T				044405
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Mailing Address P.O. Bo	ox 16128					05	/ ^D 1	^D / Y	ž o ľ	0 ^Y
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Candidate Name Rep. Gene Green				Cate Ty	gory/ pe					
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City Ft Mitchell		tate (Y	Zip Code 41017			Amount	t of Each	Disburse	ment this	Period
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Candidate Name Rep. Geoff Davis				Cate Ty	gory/ pe					
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Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committe Mailing Address P.O. Box 87	9e		Transaction ID: B8E7861E45DBB49E79 Date of Disbursement $0^{\circ}5^{\circ}$ / $0^{\circ}1^{\circ}2$ / $2^{\circ}0^{\circ}1^{\circ}$
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Candidate Name Rep. Jim W. Gerlach		Category/ Type	
Office Sought: X House C Senate President State: PA District: 06	Disbursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Latham for Congress			Transaction ID: BF63CD0772D8B467F8 Date of Disbursement
Mailing Address P.O. Box 71			
City Clarion	State Zip Code IA 50525		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name Rep. Tom Latham		Category/ Type	_
Office Sought: X House Senate President State: IA District: 04	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Whitfield for Congress Committee			Transaction ID: BA338D947FAB94B4D Date of Disbursement
Mailing Address P.O. Box 391			
City Hopkinsville	State Zip Code KY 42241		Amount of Each Disbursement this Period
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Candidate Name Rep. Ed Whitfield		Category/ Type	
Office Sought: X House E Senate President State: KY District: 01	Disbursement For: 2010 X Primary General Other (specify) ▼		
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wy Information copied from such Reports and Statements may not be add or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee MARE OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) MeNorrey for Congress Second Floor City Distoursement Second Floor City Second Floor City Second Floor Category Type Office Sought: X House Second Floor Category Type Office Sought: X House Second Floor Category Type Office Sought: X House Second Prosident Second Floor Category Type Office Sought: X House Second Po. Box 10003 City Visclosky for Congress Mailing Address P.O. Box 10003 City Second P.O. Box 10003 City Second Prosident Second P.O. Box 10003 City Second President Second Provesident Second Price Mame Rep. Peter Visclosky Other (specify) Visclosky for Congress Second Price Mame Rep. Peter Visclosky Other (specify) Visclosky Other (specify) Visclosky Second Price Mame Rep. Peter Visclosky Second Price Mame Rep. Peter Visclosky Second Price Mame Rep. Peter Visclosky Previsiont Second Price Mame Rep. Peter Visclosky Previsiont Second Primay Second Category Type Other (specify) Visclosky Previsiont Second Price Mame Rep. Reir Seco	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 1 (check only 21b	one)	PAGE 189/201 24 25 26
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Full Name (Last, First, Middle Initial) Friends of John McCain Inc			Transaction ID: BD36C4196DC544AD
Mailing Address Po Box 16664			$\begin{array}{c} M & M \\ 0 & 6 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 & 3 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 1 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
City Arlington	State Zip Code VA 22215		Amount of Each Disbursement this Period
Purpose of Disbursement			3000.00
Candidate Name Sen. John McCain		Category/ Type	
X Senate President	ursement For: 2010 X Primary General Other (specify)		
State: AZ District: Full Name (Last, First, Middle Initial)			Transaction ID: B594AAEBD25E24F4
Stivers For Congress			Date of Disbursement
Mailing Address 4679 Winterset Drive			$ \begin{array}{c} M & M \\ 0 & 6 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 & 3 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 2 & 3 \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 & 0 \\ 1 & 0 \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 1 & 0 \end{array} \begin{array}{c} Y \\ Y \end{array} $
City Columbus	State Zip Code OH 43220		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name Steve Stivers		Category/ Type	
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Full Name (Last, First, Middle Initial) Westmoreland for Congress			Transaction ID: BC95BF10D64D94E8 Date of Disbursement
Mailing Address P.O. Box 458			$\begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Sharpsburg	State Zip Code GA 30277		Amount of Each Disbursement this Period
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Candidate Name Rep. Lynn A. Westmoreland		Category/ Type	
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Full Name (Last, First, Middle Initial) New Pioneers PAC			Transaction ID: BB880C4DAA9C34C9 Date of Disbursement
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City Alexandria	StateZip CodeVA22314		Amount of Each Disbursement this Period
Purpose of Disbursement Walden Leadership PAC			5000.00
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Full Name (Last, First, Middle Initial)			Transaction ID: B7D2286B7BFC84E6
Richard Burr 2010 Victory Committee			Date of Disbursement
Mailing Address PO Box 5456			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 6 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & 2 & D \\ 2 & 5 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y \\ 2 & 0 & 1 & 0 \end{array} \\ \end{array} \\ \end{array} $
City Winston-Salem	State Zip Code NC 27113		Amount of Each Disbursement this Period
Purpose of Disbursement Burr Joint Fundraising Committee		· · ·	5000.00
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Full Name (Last, First, Middle Initial) Duncan D. Hunter For Congress			Transaction ID: B7FDAA08622EC4EE Date of Disbursement
Mailing Address 9340 Fuerte Drive Suite	302		$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City La Mesa	State Zip Code CA 91941		Amount of Each Disbursement this Period
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for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons Political Action Committee of the American Association of Orthopaedic Surgeons Transaction ID: B11A2631 Disbursement Matling Address PO Box 1597 City State Zip Code Purpose of Disbursement MT Speale Amount of Each Disbursement Category/ Pep. Denny R. Rehberg Disbursement For: 2010 Amount of Each Disbursement Matling Address Senate Disbursement For: 2010 Transaction ID: B193E458 Matling Address 201 State Zip Code Mailing Address 201 State Zip Code Mailing Address 201 State Zip Code Mailing Address 201					
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SUBTOTAL of Disbursements This Page (optional)	isbursements This Page (optional)		►		10000.00

	SCHEDULE B (FEC Form 3X)			NUMBER:	PAGE 201 / 201					
	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only							
	II EMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28						
	Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name									
	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the American	Association of Orthopaedi	c Surgeons	3						
-	Full Name (Last, First, Middle Initial)			Transaction ID: B45	E85894DA4E49F0ADB					
Α.	Upton For All Of Us		Date of Disbursement							
	Mailing Address P.o. Box 490				° 2010°					
	City	State Zip Code		Amount of Each Disbur	rsement this Period					
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SUBTOTAL of Disbursements This Page (optional)	►	1000.00
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FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)