

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Dan10</p> <p>Mailing Address 1088 Bishop Street Suite 1009</p> <p>City Honolulu State HI Zip Code 96813</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other0</p>	<p>Transaction ID: BB1D6F756B7284E82976</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) David Scott for Congress</p> <p>Mailing Address P.O. Box 960821</p> <p>City Riverdale State GA Zip Code 30296</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. David A. Scott Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 13</p>	<p>Transaction ID: B35FCBEB36D2C4333B3A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Joe Pitts</p> <p>Mailing Address P.O. Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Joseph R. Pitts Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 16</p>	<p>Transaction ID: B2CB1EA38435F46CEA0F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>