

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

Office Use Only

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

12FE4M5

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) ▼

317 Massachusetts Avenue, NE

1st Floor

☐ Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343137

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

Signature of Treasurer

William J Robb III, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		1409935.15
(b) Cash on Hand at Beginning of Reporting Period.....	1409935.15	
(c) Total Receipts (from Line 19)	643785.56	643785.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2053720.71	2053720.71
7. Total Disbursements (from Line 31)	439226.87	439226.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1614493.84	1614493.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y Y
03 31 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

561747.00

561747.00

(ii) Unitemized

56963.00

56963.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

618710.00

618710.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) ▶

618710.00

618710.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

7040.87

7040.87

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

18000.00

18000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

34.69

34.69

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

643785.56

643785.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

643785.56

643785.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7226.87	7226.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7226.87	7226.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	432000.00	432000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	439226.87	439226.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	439226.87	439226.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	618710.00	618710.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	618710.00	618710.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	7226.87	7226.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	7040.87	7040.87
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	186.00	186.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kent H Chou MD

Mailing Address 13642 W Colter Ct

City

Litchfield Park

State

AZ

Zip Code

85340-4071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Canyon Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2012

Transaction ID : A9CF310C9A3B141B991D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald Patrick Condit MD

Mailing Address 1000 East Paris SE Ste 115

City

Grand Rapids

State

MI

Zip Code

49546-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2012

Transaction ID : A429264095B11472E9ED

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick W Cummings Jr, MD

Mailing Address 2424 S 90th St Ste 500

City

Milwaukee

State

WI

Zip Code

53227-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aspen Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2012

Transaction ID : A3F205E300AF141A7B26

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Arthur Detrisac MD

Mailing Address 3394 E Jolly Rd Ste A

City State Zip Code
 Lansing MI 48910-8595

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Lansing Orthopaedic Assoc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : A25D36CB1B23C4877BD4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cornelis M Elmes MD

Mailing Address PO Box 6807

City State Zip Code
 Vacaville CA 95696-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : A4916313F03A7422E932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Terence J Gioe MD

Mailing Address 13706 Dunbar Way

City State Zip Code
 Saint Paul MN 55124-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minneapolis VMAC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : AD4798C0B71FB4FE68FE

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas John Haverbush MD

Mailing Address 315 E Warwick Rd Ste A

City State Zip Code
Alma MI 48801-1083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2012

Transaction ID : A969185E1A479425DBFA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amy L Ladd MD

Mailing Address Hand and Upper Limb Ctr
770 Welch Rd Ste 400

City State Zip Code
Palo Alto CA 94304-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Stanford Univ

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2012

Transaction ID : A1BD17EA3057F479DB98

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Randall J Lewis MD

Mailing Address 2021 K St NW Ste 400

City State Zip Code
Washington DC 20006-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Washington Orthopaedic Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 04 / 2012

Transaction ID : AA7CDE21FB00A4195A34

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael Evan Margolis MD

Mailing Address 2862 Shoshone Trail

City

Lafayette

State

CO

Zip Code

80026-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2012

Transaction ID : AB8BCFB2B5A1F4352BDC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas Wendell Marshall MD

Mailing Address 940 N Marr Ste C

City

Columbus

State

IN

Zip Code

47201-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Indiana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 04 / 2012

Transaction ID : A50604BF97AAD461DBDA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gregory S McDowell MD

Mailing Address 2900 12th Ave N Ste 140W

City

Billings

State

MT

Zip Code

59101-7507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Montana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 04 / 2012

Transaction ID : A8DBC889113BB4992941

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gary W Misamore MD

Mailing Address 201 Pennsylvania Pkwy
Ste 100

City State Zip Code
Indianapolis IN 46280-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Sports Medicine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2012

Transaction ID : AC5FC914167564197A40

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Vincent N Oliviero MD

Mailing Address 1601 Congress St

City State Zip Code
Portland ME 04102-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2012

Transaction ID : ABB00BC1B352C443DA87

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert N Satterfield MD

Mailing Address 1019 Brookside Dr NW

City State Zip Code
Wilson NC 27893-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilson Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2012

Transaction ID : AC6C02CAC99B342C7A22

Amount of Each Receipt this Period

300.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Clark P Searle MD

Mailing Address N5390 Rancho Viejo Rd

City

Fond Du Lac

State

WI

Zip Code

54937-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fond Du Lac Regional Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AC31606D37E144E55935

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael B Strauss MD

Mailing Address 16811 Coral Cay Ln

City

Huntington Beach

State

CA

Zip Code

92649-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

LBMCC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : AE2AF0A54536E4E9DB70

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jerald P Waldman MD

Mailing Address 26401 Crown Valley Prkwy Ste 101

City

Mission Viejo

State

CA

Zip Code

92691-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Orthopedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : A1D54216634A041C988A

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David C Templeman MD

Mailing Address Dept of Orthopaedic Surgery, G2
701 Park Ave South

City State Zip Code
Minneapolis MN 55415-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hennepin County Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 06 / 2012

Transaction ID : A7267FB6038C9409E807

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kevin John Bozic MD, MBA

Mailing Address Dept of Orthopedic Surgery
500 Parnassus Ave MU-320W, Box 072

City State Zip Code
San Francisco CA 94143-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CA San Francisco

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 11 / 2012

Transaction ID : A6FE23F4C09AE4AB3B2B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joseph P Walls MD

Mailing Address 755 N Rop St Ste 101

City State Zip Code
Carson City NV 89701-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2012

Transaction ID : A33C357BAEB534F52B22

Amount of Each Receipt this Period

250.00

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

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James K Baker MD

Mailing Address 727 Belvin St

City

San Marcos

State

TX

Zip Code

78666-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lone Star Orthopedics, PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 14 / 2012

Transaction ID : AC4A57539D4564CEF9A6

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. James William Barber MD

Mailing Address 100 Doctors Dr Ste 103

City

Douglas

State

GA

Zip Code

31533-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 14 / 2012

Transaction ID : AB2E5D75B077F476A95E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher P Chiodo MD

Mailing Address 1153 Centre St
Suite 56

City

Jamaica Plain

State

MA

Zip Code

02130-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Women's Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 16 / 2012

Transaction ID : A7B485245C27B458AACD

Amount of Each Receipt this Period

1000.00

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

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

2300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen M McCollam MD

Mailing Address 2001 Peachtree Rd NE Ste 705

City State Zip Code
 Atlanta GA 30309-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peachtree Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 16 / 2012

Transaction ID : A7CE070AA4C4E4414B18

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David K Monson MD

Mailing Address 1491 LaChona Court NE

City State Zip Code
 Atlanta GA 30329-3481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 16 / 2012

Transaction ID : AB055C9DF5B7549D8A5E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ira Joel Singer MD

Mailing Address 725 Reservoir Ave, Ste 101

City State Zip Code
 Cranston RI 02910-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Assoc of RI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2012

Transaction ID : AA1F4DBB3B39446C5913

Amount of Each Receipt this Period

500.00

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William Gerard Cimino MD

Mailing Address 1830 Merwins Ln

City

Fairfield

State

CT

Zip Code

06824-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beach Road Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2012

Transaction ID : AA815F69667B641758F1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John W Adkison MD

Mailing Address 1211 N 16th Ave

City

Yakima

State

WA

Zip Code

98902-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedics Northwest

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2012

Transaction ID : ADB5B8BB406A8461EB3F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John K Bradway MD

Mailing Address 10213 N 92nd St Ste 101

City

Scottsdale

State

AZ

Zip Code

85258-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSNA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2012

Transaction ID : A915D0FC4F2FA40D7AFB

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 16 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Timothy Charles Fitzgibbons MD

Mailing Address 17030 Lakeside Hills Plz Ste 200

City State Zip Code
Omaha NE 68130-2396

FEC ID number of contributing
federal political committee.

C

Name of Employer

GKKK Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 18 / 2012

Transaction ID : A0B81A5CF5232400AB89

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Herbert J Louis MD

Mailing Address 5110 N 40th St Ste 236

City State Zip Code
Phoenix AZ 85018-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2012

Transaction ID : AC9E5E47F33CB4E678BC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Bradley James Nelson MD

Mailing Address 2512 S 7th St R200

City State Zip Code
Minneapolis MN 55454-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2012

Transaction ID : A52C0D439DA03467A9CF

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Karl E Rathjen MD

Mailing Address Dept of Orthopaedics
2222 Welborn St

City State Zip Code
Dallas TX 75219-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Scottish Rite Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2012

Transaction ID : ABBB5FC6ADFED452495E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jose A Rodriguez MD

Mailing Address 130 E 77th St 11th Fl

City State Zip Code
New York NY 10075-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2012

Transaction ID : A85352889B5BA4402B31

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard Stewart

Mailing Address 6300 N River Rd

City State Zip Code
Rosemont IL 60018-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Orthopaedic Surg

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2012

Transaction ID : ACCCDBC0068F6453CB01

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Junichi Tamai MD

Mailing Address 356 Warren Ave

City

Cincinnati

State

OH

Zip Code

45220-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cincinnati Childrens Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 18 / 2012

Transaction ID : A6ED0152C04F143ED91A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Gordon Veith MD

Mailing Address 4011 Talbot Rd S Ste 300

City

Renton

State

WA

Zip Code

98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2012

Transaction ID : AB6B8E76BDE484F7A908

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David L Waxman MD

Mailing Address 527 Medical Park Drive
Suite 302

City

Bridgeport

State

WV

Zip Code

26330-9009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2012

Transaction ID : A3912083395D64F7DA9C

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael P Weinstein MD

Mailing Address 360 San Miguel Dr Ste 701

City

Newport Beach

State

CA

Zip Code

92660-5927

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2012

Transaction ID : A28D001A3491A40B4800

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Thomas Whalen MD

Mailing Address 64 Brookside Dr

City

East Schodack

State

NY

Zip Code

12063-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2012

Transaction ID : A216FE7CA3208466F9A6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William H Seitz Jr, MD

Mailing Address 1730 W 25th St

City

Cleveland

State

OH

Zip Code

44113-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 19 / 2012

Transaction ID : A6B357B8E4FB34295830

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Anthony J Shaia MD

Mailing Address 7650 E Parham Rd Ste 100

City

Henrico

State

VA

Zip Code

23294-4376

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoVirginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 19 / 2012

Transaction ID : A01F49F3B445844AB98B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert S Adelaar MD

Mailing Address Dept of Ortho Surgery
Box 980153, MCV Station

City

Richmond

State

VA

Zip Code

23298-0153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Commonwealth University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A639EB25078C146158B4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Allen F Anderson MD

Mailing Address 4230 Harding Rd Ste 1000
St Thomas Medical Bldg

City

Nashville

State

TN

Zip Code

37205-2098

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A5649FD6AED464632B68

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 21 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael J Archibeck MD

Mailing Address 4409 Chinlee Ave

City

Albuquerque

State

NM

Zip Code

87110-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AB4C50418BCBB4793AB6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dennis L Armstrong MD

Mailing Address 6553 E Baywood Ave Ste 101B

City

Mesa

State

AZ

Zip Code

85206-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A3B36B79E4BED47559AE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven Joel Arsht MD

Mailing Address 14 Canterbury Rd

City

Livingston

State

NJ

Zip Code

07039-5104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A1209473A708B4C45885

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael J Axe MD

Mailing Address 4745 Ogletown Stanton Rd Ste 225

City State Zip Code
 Newark DE 19713-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AFEC503F05AA649FA854

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mark E Baratz MD

Mailing Address 1307 Federal St 2nd FL

City State Zip Code
 Pittsburgh PA 15212-4769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny General Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A4E55BAEB777F48778E8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert L Barrack MD

Mailing Address Dept of Orthopaedic Surgery
 660 S Euclid Ave, Campus Box 8233

City State Zip Code
 Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnes Jewish Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A0F334BF9F53C4F8EBD7

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William J Best

Mailing Address PO Box 3375

City

Jackson

State

WY

Zip Code

83001-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Lay Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A571FEA0D78AE464BA85

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daniel L Boyd MD

Mailing Address 497 Azalea Dr Ste 102

City

Oxford

State

MS

Zip Code

38655-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oxford Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AE232E7A4008D41E88BF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dennis R Bozarth MD

Mailing Address 8207 Northwoods Dr Ste 102

City

Lincoln

State

NE

Zip Code

68505-2093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A6EF7C69F4B1046F2B3C

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey B Burnette MD

Mailing Address 116 N Haven Dr

City

Macon

State

GA

Zip Code

31210-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : ACB8C13A1B6884321B05

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Edward L Cahill MD

Mailing Address 2488 N California St

City

Stockton

State

CA

Zip Code

95204-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alpine Orthopedic Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A5F6EFB5161854622AA9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Allen Cassidy MD

Mailing Address 4844 Summer Ridge Ct

City

Ada

State

MI

Zip Code

49301-8808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Helen Devoss Children's Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A7BE69193AC7346A695D

Amount of Each Receipt this Period

500.00

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

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

1800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David J Caucci MD

Mailing Address 3355 Lake Ariel Hwy

City

Honesdale

State

PA

Zip Code

18431-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Memorial Healthcare System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A0704A4BEA43E4EC889B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert A Caveney MD

Mailing Address 2115 Chapline St - VPC Suite 107

City

Wheeling

State

WV

Zip Code

26003-3859

FEC ID number of contributing
federal political committee.

C

Name of Employer

OVMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A2F01D20DF4294840BF0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Russell Cecil MD

Mailing Address 5010 St Hwy 30 Ste 205

City

Amsterdam

State

NY

Zip Code

12010-7532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A15D94E36BFDD40F1BCB

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark R Colville MD

Mailing Address 2375 NW Overton St.

City State Zip Code
 Portland OR 97210-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Surgical Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A81264211FAA34CD3927

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard Blake Curd MD

Mailing Address 810 E. 23rd St
 Po Box 5116

City State Zip Code
 Sioux Falls SD 57105-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Institute of Ohio

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A20A0D196D1BF4047A2B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas W Currey MD

Mailing Address 975 E 3rd St
 Hospital Box 260

City State Zip Code
 Chattanooga TN 37403-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Tennessee

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A705AE7CB66814FCD9C5

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey H DeClaire MD

Mailing Address 555 Gray Woods Ln

City

Lake Angelus

State

MI

Zip Code

48326-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AE8D26B246D744F50AB0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William G DeLong Jr, MD

Mailing Address 801 Ostrum St PPHP2

City

Bethlehem

State

PA

Zip Code

18015-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Lukes Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A0A27CCD6725544648F9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas L Erickson MD

Mailing Address 1780 E Florence Blvd Ste 106

City

Casa Grande

State

AZ

Zip Code

85222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sierra Orthopaedics PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AB931913E7AD24091804

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas M Florack MD

Mailing Address Prevea Clinic

1821 S Webster Ave

City

Green Bay

State

WI

Zip Code

54301-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prevea Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A5CB809CDB7884249BDF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David D Gallagher MD

Mailing Address 6105 Horizon Dr

City

Columbus

State

IN

Zip Code

47201-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Indiana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A9BB69A3DA6EA47748AA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James W Gallentine MD

Mailing Address 3121 Sheridan Blvd

City

Lincoln

State

NE

Zip Code

68502-5232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : ABC07014A2E7042059A7

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven R Garfin MD

Mailing Address 350 Dickinson St
Ste 121

City State Zip Code
San Diego CA 92103-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : AD6E27F0211344839911

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Tarsem Garg MD

Mailing Address 1929 E High St

City State Zip Code
Springfield OH 45505-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : AABA8D2C82B53496EB6B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Victor Goldberg MD

Mailing Address PO Box 578
1710 County Line

City State Zip Code
Gates Mills OH 44040-9801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : AB07C5C52820842CCB25

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gautham Gondi MD

Mailing Address 2405 Atherholt Dr

City

Lynchburg

State

VA

Zip Code

24501-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Center of Central Virginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AE49CAFB38F4745D8BBC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey A Greenberg MD

Mailing Address 8501 Harcourt Rd

City

Indianapolis

State

IN

Zip Code

46260-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hand & Shoulder Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : ABE02841A94FE4B858FA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert A Gurtler MD

Mailing Address 2192 Wagon Trail Rd

City

White Heath

State

IL

Zip Code

61884-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carle Clinic Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AC5ED2C1A08064598AD4

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas R Hackett MD

Mailing Address The Steadman Clinic

181 W Meadow Dr Ste 400

City

State

Zip Code

Vail

CO

81657-5058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Steadman Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A776ED7FF98CE409483C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James J Hamilton MD

Mailing Address 8736 Cherokee Ct

City

State

Zip Code

Leawood

KS

66206-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University Physician Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AA604CF624FB249589C8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mary Haus MD

Mailing Address 4050 Briarwood Dr

City

State

Zip Code

Jeannette

PA

15644-4054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio Valley Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AD4F4FD7AAEE94F33A80

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Eugene Lewis Heiman MD

Mailing Address Medical & Surgical Arts Plaza
1441 Woodstead Ct Ste 300

City Spring State TX Zip Code 77380-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Woodlands Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A41B9A22A08FB4E2DBBF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alan S Hilibrand MD

Mailing Address 925 Chestnut St
5th Fl

City Philadelphia State PA Zip Code 19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reconstruction Orthopaedic Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A972B2F80D36E48F5939

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jan Pieter Hommen MD

Mailing Address 155 Morningside Dr

City Coral Gables State FL Zip Code 33133-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AD1B13EA1BF8C408E9DA

Amount of Each Receipt this Period

750.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Fredrick Huang MD

Mailing Address 4448 138th Ave SE

City State Zip Code
Bellevue WA 98006-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : AB506D1BB5F984BD3826

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stanley C Jones MD

Mailing Address 7500 Beechnut Ste 150

City State Zip Code
Houston TX 77074-4393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : A4273D185AE28429B97B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. E Michael Keating MD

Mailing Address 1199 Hadley Rd

City State Zip Code
Mooresville IN 46158-1788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Joint Replacement Surgeons of Indiana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : A3F25672F94E04D06A77

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Harpal Singh Khanuja MD

Mailing Address 14023 Greencroft Lane

City

Cockeysville

State

MD

Zip Code

21030-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lifebridge Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A9AF34F6211C54E84B6F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David J King MD

Mailing Address 12243 Ladue Woods Dr

City

Saint Louis

State

MO

Zip Code

63141-8135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates of St Louis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A936AF92D0774887BB8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert C Kramer MD

Mailing Address 3650 Laurel Ave

City

Beaumont

State

TX

Zip Code

77707-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beaumont Bone & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A36934F1594D547099F1

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Douglas W Lundy MD

Mailing Address 61 Whitcher #1100

City

Marietta

State

GA

Zip Code

30060-1177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AC3AA2F0E428841C6982

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Randall Evan Marcus MD

Mailing Address 11100 Euclid Ave

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AF8CE10494C3C44A1AA6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott W McCall MD

Mailing Address 1215 White Rock Rd

City

Spring Hill

State

TN

Zip Code

37174-6169

FEC ID number of contributing
federal political committee.

C

Name of Employer

MTBJ

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A29B72D31712E46908A8

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Edward R McDevitt MD

Mailing Address 3116 Drogue Ct

City State Zip Code
Annapolis MD 21403-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : A2F65DCC7E3C6496EBC9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Patricia C McKeever MD

Mailing Address 139 S Plymouth Blvd

City State Zip Code
Los Angeles CA 90004-3835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : AF9F79660C4094A69BCF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas M McQuail MD

Mailing Address 4125 Oberon Dr

City State Zip Code
Smyrna GA 30080-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : A1AEB6AE834D646A8B58

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. J Wesley Mesko MD

Mailing Address 2815 S Pennsylvania Ave Ste 204

City State Zip Code
 Lansing MI 48910-3496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AAA28D7C31C7A4C7DAD

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. David P Mesna MD

Mailing Address 3704 Camino Codorniz

City State Zip Code
 Calabasas CA 91302-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AD20DA85A6AEC4CD0B71

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Rodney Alan Miller MD

Mailing Address 1776 W Highland Ave

City State Zip Code
 Wooster OH 44691-9070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wooster Orthopaedic & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A678AD4720B8F4AA088A

Amount of Each Receipt this Period

250.00

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

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

850.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas Edward Mroz MD

Mailing Address 9500 Euclid Ave S-40

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AA9CA8D36DA78430F898

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard W Naylor DO

Mailing Address 5040 Sweet Water Circle

City

Waterloo

State

IA

Zip Code

50701-9397

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AE3EF60BB147640A9879

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul E Papierski MD

Mailing Address 913 S Dryden Pl

City

Arlington Heights

State

IL

Zip Code

60005-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A1E9919C8DBB645A4BD9

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 39 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel D Rhoads MD

Mailing Address 1240 Jesse Jewell Pkwy Ste 300

City State Zip Code
Gainesville GA 30501-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCG Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A506AA6A59FF649E3850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy M Risko MD

Mailing Address 1100 South Coulter

City State Zip Code
Amarillo TX 79106-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AAAD2679365D844A9A85

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ronald K Robinson MD

Mailing Address 2545 W Hammer Ln

City State Zip Code
Stockton CA 95209-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Gould Med Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A526E8703CEDA4715A0A

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John Sargent Rogerson MD

Mailing Address 2 Science Ct #101

City

Madison

State

WI

Zip Code

53711-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AECD3F744099D4A7F88B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marc J Rosen MD

Mailing Address 5605 W Eugie Ste 111

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Surgeons Network of North

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AC5A886C15F4341E198B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark Ruoff MD

Mailing Address 15-01 Broadway Ste 20

City

Fair Lawn

State

NJ

Zip Code

07410-6003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A41DA909918594BB2BC4

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 41 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Vinitha V Shenava MD

Mailing Address 13418 Pristine Park Dr

City State Zip Code
Houston TX 77041-5514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor University Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A4B5E25B9664A4E06A18

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hewatt M Sims MD

Mailing Address 442 Ray Taylor Rd

City State Zip Code
Tifton GA 31793-6866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optim Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AA12BD1FEF94E4DE4924

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory S Slaphey MD

Mailing Address 139 Fairway Dr

City State Zip Code
Carrollton GA 30117-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carrollton Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A4EE9AC9F82F847F0AD6

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven Brent Smith MD

Mailing Address 8811 N Sycamore Ave

City

Kansas City

State

MO

Zip Code

64157-6223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northland Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : ADE76A578200A43CCA65

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark A Snyder MD

Mailing Address 4701 Creek Rd Ste 110

City

Blue Ash

State

OH

Zip Code

45242-8330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellington Orthopaedic & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A5F79E217209D490B9CC

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Daniel Jordan Solomon MD

Mailing Address 7100 Redwood Blvd
Suite 200

City

Novato

State

CA

Zip Code

94945-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A56F51765250B473D9B4

Amount of Each Receipt this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Scott P Steinmann MD

Mailing Address 200 First St SW

City
Rochester

State
MN

Zip Code
55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AD56095EE3A064519A18

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Susan E Stephens MD

Mailing Address 1776 Chartley

City

Gates Mills

State

OH

Zip Code

44040-9725

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Institute for Spine, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A3FAF6628A85B40EEAA5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cooper L Terry MD

Mailing Address 497 Azalea Dr Ste 102

City

Oxford

State

MS

Zip Code

38655-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AAE7E6F0E42184B0BA99

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 44 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark Monroe Theiss MD

Mailing Address 3300 Gallows Rd

City

Falls Church

State

VA

Zip Code

22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : A3F0D98F7C738425E8EC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David B Thordarson MD

Mailing Address 1520 San Pablo St Ste 2000

City

Los Angeles

State

CA

Zip Code

90033-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer

USC Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : AF53713485939496F801

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John D Tomasin MD

Mailing Address 1310 Prentice Dr Ste G

City

Healdsburg

State

CA

Zip Code

95448-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern California Medical Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : A8824D53A246B4728A1A

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John R Tongue MD

Mailing Address 6485 SW Borland Rd
Ste A

City State Zip Code
Tualatin OR 97062-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A569CBC7C72D94905A1A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven Tradonsky MD

Mailing Address 7485 Mission Valley Rd #104

City State Zip Code
San Diego CA 92108-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

California Orthopaedic Institute

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A9F81B4AE35AA46849DE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. George B Verghese MD

Mailing Address 1385 E 3130 N Rd

City State Zip Code
Chebanse IL 60922-8111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A642E4B977FAD4A21BB0

Amount of Each Receipt this Period

375.00

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

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

1625.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Vittetoe MD

Mailing Address 717 55th St

City

Des Moines

State

IA

Zip Code

50312-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A1FD911986AD74651A43

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven B Wertheim MD

Mailing Address 70 Old Stratton Chase NW

City

Atlanta

State

GA

Zip Code

30328-3652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A71789DBC409A44108CD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Alan H Wilde MD

Mailing Address 8542 Windsor Way

City

Broadview Heights

State

OH

Zip Code

44147-1790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AA8A98D9A61534DE68C9

Amount of Each Receipt this Period

350.00

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andrew Barrett Wolff MD

Mailing Address 904 Lawton St

City

Mc Lean

State

VA

Zip Code

22101-1558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nirschl Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A5DD26582E3CE4221982

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph H Wombwell MD

Mailing Address 2405 Atherholt Rd

City

Lynchburg

State

VA

Zip Code

24501-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCCV

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AE752746015DF47F8B49

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. S Dale Yakish MD

Mailing Address 1030 Beaner Hollow Rd

City

Beaver

State

PA

Zip Code

15009-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Association of Specialty Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A8A13BE88B49E4AEA82F

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ken Yamaguchi MD

Mailing Address 2105 Brook Hill Ridge Dr

City State Zip Code
 Chesterfield MO 63017-7959

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Washington University, St. Louis

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 21 / 2012

Transaction ID : AAF66193932534DE883B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cassim M Igram MD

Mailing Address Iowa Orthopaedic Ctr
 450 Laurel St Ste A

City State Zip Code
 Des Moines IA 50314-3045

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Iowa Orthopaedic Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2012

Transaction ID : A4EE2F3CD3294407296C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frank V Aluisio MD

Mailing Address 6 Nolen Ct

City State Zip Code
 Greensboro NC 27408-3184

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Greensboro Orthopaedic Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AC3CE2A5884884FB6A55

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 49 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stanley Robert Askin MD

Mailing Address 2 Surrey Rd

City State Zip Code
 Elkins Park PA 19027-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : A3A4DCD992FF64F289FC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael J Bercik MD

Mailing Address 711 Westminster Ave

City State Zip Code
 Elizabeth NJ 07208-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : AE3E7D9D242D24A19A20

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kent R Biddinger MD

Mailing Address The Ortho Center
 420 W Wackerly St

City State Zip Code
 Midland MI 48642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : A3205E6A4E2F449378BD

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen E Blythe MD

Mailing Address 1403 N Green Way Dr

City State Zip Code
Coral Gables FL 33134-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AA7C3C3268F1E4581910

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jefferson C Brand Jr, MD

Mailing Address 111th Ave, Suite 101

City State Zip Code
Alexandria MN 56308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Douglas County Hospital

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AB1A57DCB0BF9406B9A3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Julius Stephen Brecht MD

Mailing Address 25 Chatham Rd

City State Zip Code
Longmeadow MA 01106-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

New England Ortho Surgeons

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A393ECD4A932B4E5AB7B

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James McMaster Bryan MD

Mailing Address 1075 Mason Ave

City

Daytona Beach

State

FL

Zip Code

32117-4611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Clinic of Daytona

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A05EEEC5EC4854C679DE

Amount of Each Receipt this Period

475.00

Full Name (Last, First, Middle Initial)

B. Bruce R Buhr MD

Mailing Address 1947 Founders Circle

City

Wichita

State

KS

Zip Code

67206-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wichita Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A1AB50441D97A4463ACC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph J. Calandra MD

Mailing Address 2514 Harriet's Island Ct

City

Mount Pleasant

State

SC

Zip Code

29466-8048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Performance Consultants

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A8BE440D043A54E39B26

Amount of Each Receipt this Period

250.00

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

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

975.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John J Callaghan MD

Mailing Address Dept of Orthopaedics

200 Hawkins Dr / 01029 JPP

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AF4D28A03C0E643DBA15

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. George F Chimento MD

Mailing Address 2405 Chester St

City

Metairie

State

LA

Zip Code

70001-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AD838865EBB534201BE1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas G Craven MD

Mailing Address 7395 S 26th West Ave

City

Tulsa

State

OK

Zip Code

74132-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central States Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A3263DE560C3B4B89BF4

Amount of Each Receipt this Period

270.00

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

5770.00

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:
(check only one)

PAGE 53 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Eugene D DellaMaggiore MD

Mailing Address 333 O'Connor Dr

City

San Jose

State

CA

Zip Code

95128-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A73BDE473BE56483EAD5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. A N Diodene MD

Mailing Address 21860 Talbot Dr

City

Plaquemine

State

LA

Zip Code

70764-5211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AD3604DEBC7F6427393D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronald E DiSimone MD

Mailing Address 266 Spook Hollow Rd

City

Cogan Station

State

PA

Zip Code

17728-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Susquehanna Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A29EA5DA9F8CB4799B73

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas F Dwyer MD

Mailing Address 910 S 4th St

City

Montrose

State

CO

Zip Code

81401-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Slope Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A4F075E0A8E8A48A6A00

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott P Fischer MD

Mailing Address 34 Cape Andover

City

Newport Beach

State

CA

Zip Code

92660-8402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AA018E883B7CC4EBCA09

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Thomas Fisher MD

Mailing Address 52 Thomas Johnson Dr

City

Frederick

State

MD

Zip Code

21702-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frederick Memorial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AFB63A89901A64867A17

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 55 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Douglas Bentley Freedberg MD

Mailing Address 6818 E Valley Vista Ln

City

Paradise Valley

State

AZ

Zip Code

85253-5349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona State Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A8618028E869D420FBDF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Vincent P Genovese MD

Mailing Address 400 Burkley Dr

City

Greenville

State

KY

Zip Code

42345-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muhlenbeuro Community Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AE419EE3D54E843F49AA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter W Gilmer MD

Mailing Address 3211 Moore's Mill Rd

City

Rougemont

State

NC

Zip Code

27572-7539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Triangle Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A9A7195F3262048039B1

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

PAGE 56 OF 366

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel F Haber MD

Mailing Address 221 E Hacienda Ave Ste C

City	State	Zip Code
Campbell	CA	95008-6625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : AF4C94CFCAB494B2F9D7

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Paul Alan Kammerlocher MD

Mailing Address 1110 N Lee

City	State	Zip Code
Oklahoma City	OK	73103-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

McBride Clinic Inc

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : A9263DF92E54B439194C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas W Kiburz MDMailing Address West Central Missouri Ortho
2301 S Ingram Ave

City	State	Zip Code
Sedalia	MO	65301-8121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : A8FCEF55263DE4458947

Amount of Each Receipt this Period

500.00

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

1050.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Neal D Lintecum MD

Mailing Address 1112 W 6th St Ste 124

City

Lawrence

State

KS

Zip Code

66044-2249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Kansas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A726A9B0D8B4D489F877

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph Andrew Mannino MD

Mailing Address 124 Tamarack Lane

City

Trumansburg

State

NY

Zip Code

14886-9769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cayuga Medical Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AAF6ABFA881DA4359880

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Douglas S McFarlane MD

Mailing Address 4140 Ferncreek Dr Ste 801

City

Fayetteville

State

NC

Zip Code

28314-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Fear Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : ACD8EB59C149A4EFC8F6

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jay M Minorik MD

Mailing Address 4924 Silentwind Way

City

Appleton

State

WI

Zip Code

54913-6840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : ABF1CCB7ADB604073A1C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey G Mokriss MD

Mailing Address 2001 Vail Ave Ste 200A

City

Charlotte

State

NC

Zip Code

28207-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A49088499E01145EBBBE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edward L Morgan MD

Mailing Address 420 Regency Blvd

City

Shreveport

State

LA

Zip Code

71106-7675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Med South Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A8EEE37C997804E2E9E6

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Daniel Nedeff MD

Mailing Address 8075 Arlington Dr.

City

Richmond

State

VA

Zip Code

23225-1085

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoVirginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AFD322B8E4080489D84D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Fairfax Pell IV, MD

Mailing Address 13510 SW 73rd CT

City

Miami

State

FL

Zip Code

33156-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Florida Int'l Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A18FCFB2C597B44D9BAD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Johnathan Richard Perry MD

Mailing Address 6703 W Rio Grande

City

Kennewick

State

WA

Zip Code

99336-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri City Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AC8427C1BABD240BFAD7

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Farrington Pope MD

Mailing Address 224 Pecan Park Ave

City

Alexandria

State

LA

Zip Code

71303-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho & Sports Medicine Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AECA6E5C6E46D46C78CF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James J Purtill MD

Mailing Address 925 Chestnut St 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A29285DC5A6534B95A1F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott Gunnar Quisling MD

Mailing Address 758 Old Norcross Rd Suite 100

City

Lawrenceville

State

GA

Zip Code

30046-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A7B74D38539514D52A8A

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John F Ritterbusch MD

Mailing Address 1050 Mydland Rd

City
Sheridan

State
WY

Zip Code
82801-2186

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A4E6C0F726A0E4BCCB66

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

B. Richard A Rosa MD

Mailing Address 741 Northfield Ave Suite 200

City

West Orange

State

NJ

Zip Code

07052-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Orthopaedic Centers

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A695F5FD530804A348BB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Samuel R Rosenfeld MD

Mailing Address 1310 W Stewart Dr Ste 508

City

Orange

State

CA

Zip Code

92868-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A6DF57A56D6574184ABD

Amount of Each Receipt this Period

500.00

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

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

1380.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard L Rouhe MD

Mailing Address 341 Magnolia Ave Ste 101

City State Zip Code
 Corona CA 92879-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : AF8B15DAE15494225B52

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott P Schemmel MD

Mailing Address 1160 Pamela Ct

City State Zip Code
 Dubuque IA 52003-8728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical Associates Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : AB3E606378E444FDF99F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Philip Schrank MD

Mailing Address 5 Schooners Cove

City State Zip Code
 Setauket NY 11733-3951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : A8394B7EB6E0448B193A

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James W Scott MD

Mailing Address PO Box 7630

City
Tifton

State
GA

Zip Code
31793-7630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A1299057456774D73ACC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian A Shaw MD

Mailing Address 8340 Westwood Rd

City

Colorado Springs

State

CO

Zip Code

80919-3243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Colorado

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A6F44DF38546E4B2195C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David M Shein MD

Mailing Address 7 Random Farms Circle

City

Chappaqua

State

NY

Zip Code

10514-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nyconn Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A5B9348E0756C44D383A

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John E Spieker MD

Mailing Address 17005 Old Orchard Rd

City

Lewes

State

DE

Zip Code

19958-4828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Assoc of RI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A744F4A5CEE2647E08FB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael A Thorpe MD

Mailing Address 2979 Squalicum Pkwy Ste 203

City

Bellingham

State

WA

Zip Code

98225-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Rim Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A16243087FBCF4D05974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Steven J Triantafyllou MD

Mailing Address 1706 Country Manor Drive

City

York

State

PA

Zip Code

17408-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSS Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AD7C224A2F7D74020AA8

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Arthur L Valadie III, MD

Mailing Address 526 56th St

City

Holmes Beach

State

FL

Zip Code

34217-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A8CC1688D81BE4ADB851

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James John Verner MD

Mailing Address 23075 Nottingham

City

Beverly Hills

State

MI

Zip Code

48025-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A873CFE10810847A1A72

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Stephen C Weber MD

Mailing Address 2801 K St Ste 310

City

Sacramento

State

CA

Zip Code

95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A2839BF9C5FA74995B73

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. George W Westin MD

Mailing Address 2488 N California St

City

Stockton

State

CA

Zip Code

95204-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alpine Orthopedic Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AC8904EDFC4BE487AA7D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark A Wolgin MD

Mailing Address Orthopaedic Associates
619 Pointe North Blvd

City

Albany

State

GA

Zip Code

31721-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A257FD1228B3C47B3B78

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

C. Mark W Woolf MD

Mailing Address 800 Orthopedic Way

City

Arlington

State

TX

Zip Code

76015-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arlington Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A81D14034D3A44FDDBBE

Amount of Each Receipt this Period

1000.00

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

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

1730.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Rick W Wright MD

Mailing Address Ste 11300 West Pavilion Ortho
One Barnes Jewish Hospital Plaza

City State Zip Code
Saint Louis MO 63110-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : A227481F8FD7A4D549DC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jon D Zoltan MD

Mailing Address 2222 E Highland Ave Ste 300

City State Zip Code
Phoenix AZ 85016-4879

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 23 / 2012

Transaction ID : AB75372765E02407092D

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Matthew Austin MD

Mailing Address 925 Chestnut St 5th Fl

City State Zip Code
Philadelphia PA 19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AB8FDA802867246F69F1

Amount of Each Receipt this Period

1000.00

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

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

1650.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert A Bartosh MD

Mailing Address 3 Magnolia Ct

City State Zip Code
Moultrie GA 31768-6764

FEC ID number of contributing
federal political committee.

C

Name of Employer

DW Adcock Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A3D6F1EE4FEA8492D863

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Howard L Berg MD

Mailing Address 13 Medical Dr

City State Zip Code
Amarillo TX 79106-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AD253B902436C47E49D9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles M Blitzer MD

Mailing Address 7 Marsh Brook Dr Ste 205

City State Zip Code
Somersworth NH 03878-6523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seacoast Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : ACA779008A20A4B90ABB

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey Evan Budoff MD

Mailing Address 6560 Fannin Ste 1016

City

Houston

State

TX

Zip Code

77030-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A2445651F360E47E7A9E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles D Cardenas MD

Mailing Address 14317 Northwest Blvd Ste A

City

Corpus Christi

State

TX

Zip Code

78410-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AFD9153FAAB044FD68E9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Alfred Ainsley Durham MD

Mailing Address 2954 Lockridge Rd

City

Roanoke

State

VA

Zip Code

24014-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lewis Gale Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A3DEB6AF99C634194850

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael J Fracchia MD

Mailing Address 635 Belle Terre Rd Ste 204

City

Port Jefferson

State

NY

Zip Code

11777-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AF33CA20B114946D1BBC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kimberly Lee Furry MD

Mailing Address One Mercado St Ste 202

City

Durango

State

CO

Zip Code

81301-7307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Durango Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AA8A1C95CC39941098CF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robin Michael Gehrmann MD

Mailing Address 3 Strawberry Ln

City

Warren

State

NJ

Zip Code

07059-7050

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMDNJ

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A2B24AFFAD05F4624ACE

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ronald G Hayter MD

Mailing Address 1660 Gulf to Bay Blvd

City

Clearwater

State

FL

Zip Code

33755-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Knee & Ortho Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A893B46CB277A46E48AA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Edward J Hellman MD

Mailing Address Orthopaedics Indianapolis
8450 Northwest Blvd

City

Indianapolis

State

IN

Zip Code

46278-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Indy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A98D9E89588FB479798F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Paul Houde MD

Mailing Address 241 Elm St

City

Claremont

State

NH

Zip Code

03743-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Regional Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A8271AB20465F4CA5B5D

Amount of Each Receipt this Period

300.00

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

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

2300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Amir Alex Jahangir MD

Mailing Address MCE South Tower Ste 4200

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A0C041F1F2C3C462A953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Wayne Anthony Johnson MD

Mailing Address 904 SW 38th St

City

Lawton

State

OK

Zip Code

73505-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A3B94041A88EA4E9086C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Abbott Kagan II, MD

Mailing Address 8710 College Pky

City

Fort Myers

State

FL

Zip Code

33919-4811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A01FEC2A53E8849229FA

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bryan Scott Kamps MD

Mailing Address 1900 Redrock Dr

City
Gallup

State
NM

Zip Code
87301-5682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rehoboth McKinley Christian Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : ADFE7FA1885914DD6891

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Craig T Kerins MD

Mailing Address 1521 Anthony Rd

City
Augusta

State
GA

Zip Code
30904-4821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champion Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A72E540125B6D4D06BC3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cyrus S Kump II, MD

Mailing Address 118 Tempsford Ln

City
Richmond

State
VA

Zip Code
23226-2319

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AAE3904B7C1314A89ACD

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark S Leslie MD

Mailing Address 701 W Front St #100

City

Traverse City

State

MI

Zip Code

49684-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A869BED8194D84B7D8BC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matthew E Mitchell MD

Mailing Address 4140 Centennial Hills Blvd Ste A

City

Casper

State

WY

Zip Code

82609-3265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Casper Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A697D49CB0D14454BAB0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Douglas W Pahl MD

Mailing Address 6500 -1 Green Island Dr

City

Columbus

State

GA

Zip Code

31904-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AE6183AECC88F4896913

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. R William Petty MD

Mailing Address 2320 NW 66th Ct

City

Gainesville

State

FL

Zip Code

32653-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Exactech, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A056117350486492E992

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark C Pinto MD

Mailing Address 775 S Main St

City

Chelsea

State

MI

Zip Code

48118-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : ACC1045FF9F17469392E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Louis Charles Rose MD

Mailing Address Throgs Neck Multicare, PC
3058 E Tremont Ave

City

Bronx

State

NY

Zip Code

10461-5726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Throgs Neck Multicare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : ABD85A0F664894841BF8

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Randall Duane Roush MD

Mailing Address 12266 Depaul Dr Suite 110

City State Zip Code
 Bridgeton MO 63044-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer

SSM Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A2B3153CE94BB4C479A3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J R Rudzki MD

Mailing Address 2021 K St NW
 Ste 516

City State Zip Code
 Washington DC 20006-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AAA1561CC2D70413085A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas S Samuelson MD

Mailing Address Corporate Medical Plaza Bldg 1
 10701 Nall Ave Ste 200

City State Zip Code
 Leawood KS 66211-1358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas City Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A30C79D29EEEE42A9A72

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 77 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert S Schultz MD

Mailing Address 2702 8th Ave North

City State Zip Code
 Billings MT 59101-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : A2CBACFC6B47C4D469A6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas P Sculco MD

Mailing Address Attn: Carol Ibsen
 535 E 70th St

City State Zip Code
 New York NY 10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : A82B96826B88F43E9A2A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Babak Sheikh MD

Mailing Address 2532 Hunters Run Way

City State Zip Code
 Weston FL 33327-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : AA750F82C40994BF58EC

Amount of Each Receipt this Period

750.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard J Simon MD

Mailing Address 2485 Poinciana Dr

City

Weston

State

FL

Zip Code

33327-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Center of South Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A83511047AAAA438E88C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Garth Robert Smith MD

Mailing Address 875 Mallard Circle

City

Arnold

State

MD

Zip Code

21012-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A8406AE83ABAA4498BEC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter J Stern MD

Mailing Address Dept of Orthopaedic Surgery
231 Albert Sabin Way, MSB-5508

City

Cincinnati

State

OH

Zip Code

45267-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Cincinnati College of Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A306213FBBFF647C8BD0

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Benjamin C Tam MD

Mailing Address 707 S Garfield Ave Ste 201

City State Zip Code
 Alhambra CA 91801-5861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A7DDD39B028A440AAAE4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph C Tauro MD

Mailing Address 9 Hospital Dr Suite B7

City State Zip Code
 Toms River NJ 08755-6425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A89C386119A96408886A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. George Harry Theodore MD

Mailing Address MGH Orthopaedic Sports Center
 175 Cambridge St Ste 400

City State Zip Code
 Boston MA 02114-2797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A659DAD0918CF492CA62

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Franco Edward Vigna MD

Mailing Address 6932 Williams Rd Ste 1600

City

Niagara Falls

State

NY

Zip Code

14304-3072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AFACF008AAE8F492E9C6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lawrence R Walker MD

Mailing Address PO Box 925

294 N Fairway

City

Lake Arrowhead

State

CA

Zip Code

92352-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arrowhead Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2012

Transaction ID : A2CA6A0EA670C4A73966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel M Ward MD

Mailing Address 830 Boylston St Suite 106

City

Chestnut Hill

State

MA

Zip Code

02467-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Longwood Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2012

Transaction ID : AAC6D4DA2D956469F82F

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James A Albright MD

Mailing Address 51 Brookside Blvd

City

West Hartford

State

CT

Zip Code

06107-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : ABCBB6BBC1C00430E956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey John Anderson MD

Mailing Address 333 O'Connor Dr

City

San Jose

State

CA

Zip Code

95128-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AE17C570076E140A9B8D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas Atkins MD

Mailing Address 5N105 Burr Rd

City

Saint Charles

State

IL

Zip Code

60175-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fox Valley Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A9DBC324F780B4D0A8A3

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Powell Britain Auer MD

Mailing Address 1455 East Bert Kouns

City

Shreveport

State

LA

Zip Code

71105-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A06D2491A984A4C53AFA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Norberto Baez MD

Mailing Address PO Box 1019

City

Sabana Grande

State

PR

Zip Code

00637-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A5328A79FEE2E432682C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Willie J Banks Jr, MD

Mailing Address 2705 S 19th St

City

Arlington

State

VA

Zip Code

22204-5263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept of Veterans Affairs

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A8061FB5E9EA74351A14

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Manuel Tablan Banzon MD

Mailing Address Bldg 300 Suite 100

301 Professional View Dr

City

State

Zip Code

Freehold

NJ

07728-7904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AOSMI

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A7C80A7BAB6874A75BD3

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. William Lamont Bargar MD

Mailing Address 1020 29th St Ste 450

City

State

Zip Code

Sacramento

CA

95816-5173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AACF1E2400F1946CA81F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William P Barrett MD

Mailing Address 4011 Talbot Rd S Ste 300

City

State

Zip Code

Renton

WA

98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Valley Orthopedic Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AB70A96981EE3433496F

Amount of Each Receipt this Period

1000.00

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

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

1800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Christopher Paul Beauchamp MD

Mailing Address 5777 E Mayo Blvd MCSB Bldg

City State Zip Code
Phoenix AZ 85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A0637831B903D4A13931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carl E Becker MD

Mailing Address Westphal Group
2150 Harrisburg Pike #200

City State Zip Code
Lancaster PA 17601-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westphal Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A94D3A1653F9A4D1CA12

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Gregory Michael Behm MD

Mailing Address 1190 Westwood Dr

City State Zip Code
Hamilton MT 59840-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A78527414C61E4A22B57

Amount of Each Receipt this Period

300.00

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

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

2550.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert J Benz MD

Mailing Address 2500 E Prospect Rd

City

Fort Collins

State

CO

Zip Code

80525-9718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho & Spine Ctr of Rockies

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A9A8C66EFDB244FBFB1A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stefano Alec Bini MD

Mailing Address 444 Arkansas St

City

San Francisco

State

CA

Zip Code

94107-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Redwood City

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A9EE640C846AE434CB9F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin P Black MD

Mailing Address Dept of Ortho & Rehab
PO Box 859, EC-089

City

Hershey

State

PA

Zip Code

17033-0859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Hershey Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A3EDD320D54724D90A48

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Melbourne D Boynton MD

Mailing Address 3 Albert Cree Dr

City

Rutland

State

VT

Zip Code

05701-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vermont Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A80E944D1DD6A47F1961

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew T Brooks MD

Mailing Address 1412 Exeter Ct

City

Davis

State

CA

Zip Code

95618-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AFE58CB95A23C495D979

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Knute C Buehler MD

Mailing Address 2200 NE Neff Rd Ste 200

City

Bend

State

OR

Zip Code

97701-4281

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Center: Ortho & Neuro Care and Res

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A69E63450772444BDB88

Amount of Each Receipt this Period

1000.00

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

1800.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael A Chang MD

Mailing Address 13604 E Mainsgate St

City State Zip Code
 Wichita KS 67228-8046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Via Christi Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AABC2B8DB77D4428C83E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ronald C Childs MD

Mailing Address Commonwealth Orthopaedics
 8501 Arlington Blvd Ste 400

City State Zip Code
 Fairfax VA 22031-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A9B1BA4BD3734402F8CC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin Bron Cleveland MD

Mailing Address 150 E. Goodwyn

City State Zip Code
 Memphis TN 38111-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Campbell Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : ADE81DAA6968E44A6991

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Wayne Anthony Colizza MD

Mailing Address 160 Hanover Ave
PO Box 1446

City State Zip Code
Morristown NJ 07962-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A1486D05E400B4998AA4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph F Curtis Jr, MD

Mailing Address PO Box 250450

City State Zip Code
Montgomery AL 36125-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Orthopaedic Specialists

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AD4ADE4DB9638473EAAE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Donald A Deinlein MD

Mailing Address Faculty Tower 901
510 20th Street South

City State Zip Code
Birmingham AL 35233-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of Alabama Health Foundation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AE114A1927A1F4304A9C

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John Kirk Drake MD

Mailing Address 3635 Bienville Blvd

City

Ocean Springs

State

MS

Zip Code

39564-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bienville Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : A4472359C56D848DA875

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Pierre Durand MD

Mailing Address 375 Rolling Oaks Dr Ste 200

City

Thousand Oaks

State

CA

Zip Code

91361-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : A4C7369C42A444B758FA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James R Dyreby MD

Mailing Address Northland Orthopaedic Assoc, S C

444 E Timber Dr

City

Rhineland

State

WI

Zip Code

54501-2852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northland Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : AD7A454A3E9C24CFDA8C

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert E Eberhart MD

Mailing Address 150 US Hwy 1 Bypass

City

Portsmouth

State

NH

Zip Code

03801-5332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sports Medicine Atlantic Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A6B521C631A124CCD836

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey K Evans MD

Mailing Address 7001 Rogers Ave Ste 601

City

Fort Smith

State

AR

Zip Code

72903-4073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cooper Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AADD1AEE3BE364AB18F4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Colleen M Fay MD

Mailing Address 2 Overlook Rd Apt 2A4

City

White Plains

State

NY

Zip Code

10605-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronx-Lebanon Hospital Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A66998204BD80411B929

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 91 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hugh A Frederick MD

Mailing Address 9301 N Central Expy Ste 350

City State Zip Code
 Dallas TX 75231-0808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : A9A71728C5AC246F6A2B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kurt A Gasner MD

Mailing Address 801 S Orlando Ave

City State Zip Code
 Winter Park FL 32789-4867

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Jewett Orthopaedic Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : A09FC87C8E5434A3D98B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy Allen Gibbons MD

Mailing Address 250 S Crescent Dr

City State Zip Code
 Mason City IA 50401-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mason City Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : AAFE0D3AF3D6B42449CB

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pamela E Glennon MD

Mailing Address 4050 Ashland Ave

City

Wausau

State

WI

Zip Code

54403-8129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : ACC72F5641BE843B48D7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James P Gutheil MD

Mailing Address 4102 24th St Ste 301

City

Lubbock

State

TX

Zip Code

79410-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AE4BA5A35E5C04938811

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert H Harrington MD

Mailing Address 7 Marsh Brook Dr Suite 205

City

Somersworth

State

NH

Zip Code

03878-6523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seacoast Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A016F6AE1A9F545CE81E

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Shepard R Hurwitz MD

Mailing Address 400 Silver Cedar Ct Suite 100

City State Zip Code
 Chapel Hill NC 27514-1585

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A490BEA5B5E50446396A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas J Kane III, MD

Mailing Address 550 S Beretania St Ste 402

City State Zip Code
 Honolulu HI 96813-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A59A3436556454FEC801

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew Peter Kant MD

Mailing Address 2240 Looscan Lane

City State Zip Code
 Houston TX 77019-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer

KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AE54471B0D4B4493EBBE

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James A Keeney MD

Mailing Address 660 S Euclid Ave
Campus Box 8233

City State Zip Code
Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AB2D3CD8C22A44B08AE0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert A Kelly MD

Mailing Address 270 Chastain Rd NW

City State Zip Code
Kennesaw GA 30144-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A43A45F5A6AFE41BA978

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kurt F Konkell MD

Mailing Address N 84 W 16889 Menomonee Ave

City State Zip Code
Menomonee Falls WI 53051-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer

FMG

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A9B5031D7D433473DBA7

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Edward C Littlejohn MD

Mailing Address 14911 National Ave Ste 3A

City State Zip Code
 Los Gatos CA 95032-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AD964D7EA7F5A4BD39A2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Baron Lonner MD

Mailing Address 820 Second Avenue Suite 7A

City State Zip Code
 New York NY 10017-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AC14E2C1E908945FDAE6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James B MacDougall MD

Mailing Address Ortho Surgery Specialists
 701 8th Ave NW Ste A

City State Zip Code
 Aberdeen SD 57401-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopedic Surgery Specialists

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A151B5D395BA74B99AD4

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 96 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David C Markel MD

Mailing Address 22250 Providence Dr Ste 401

City

Southfield

State

MI

Zip Code

48075-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Porretta Ctr for Orthopaedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A885A2D85D0DD4752997

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas M Matelic MD

Mailing Address 7084 Riverwood Lane SE

City

Grand Rapids

State

MI

Zip Code

49546-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A59341903495E49FEB1D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard F McKay MD

Mailing Address 8 Medical Dr

City

Amarillo

State

TX

Zip Code

79106-4168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AB2B1272770F34D6CB56

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 97 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John D Mertz MD

Mailing Address 1101 Horsebarn Rd

City

Rogers

State

AR

Zip Code

72758-8237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A03AE26FB0437464891A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Cameron More MD

Mailing Address 6 Sandhill Rd Suite 102

City

Flemington

State

NJ

Zip Code

08822-4946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A0B6C368F723A4856996

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David Alan Moss MD

Mailing Address Center For Orthopaedic
1524 Atwood Ave Ste 140

City

Johnston

State

RI

Zip Code

02919-3288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedic Service

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A7A60CD2FCD59462890B

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Joseph E Mumford MD

Mailing Address 3110 SW Briarwood Circle

City State Zip Code
 Topeka KS 66611-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont Vail Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A5124DE710C8F412EA52

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark G Murphy MD

Mailing Address 111 S 5th

City State Zip Code
 Douglas WY 82633-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thunder Basin Orthopaedics & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A511FE1D6E9324F3B878

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory G Orson MD

Mailing Address 2049 Rose Creek Blvd

City State Zip Code
 Fargo ND 58104-6878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A934524F0EA22420BB1D

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gerald J Ortiz MD

Mailing Address 5010 State Hwy 30 Ste 205

City State Zip Code
 Amsterdam NY 12010-7532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mohawk Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AA76EF1AD7B8D4BDCA31

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neal L Rockowitz MD

Mailing Address Rockowitz Orthopaedic Center
 3815 North 32nd St

City State Zip Code
 Phoenix AZ 85018-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A406424CA4ABB41A2BD3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Craig H Rosen MD

Mailing Address 1802 Champlain Dr

City State Zip Code
 Voorhees NJ 08043-2870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A1D3C08973BD84F23810

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Vincent J Russo MD

Mailing Address 10290 N 92nd St Ste 103

City

Scottsdale

State

AZ

Zip Code

85258-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A551425A0B0694B41996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steve G Salyers MD

Mailing Address 1060 Rossvie Rd

City

Clarksville

State

TN

Zip Code

37043-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : AED2587FA657C4A1FA82

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kent M Samuelson MD

Mailing Address 324 10th Ave Ste 100

City

Salt Lake City

State

UT

Zip Code

84103-2870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Specialty Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : ACF5EEDF4870F47449A6

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John C Steinmann DO

Mailing Address 1901 W Lugonia Ave Ste 230

City State Zip Code
Redlands CA 92374-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arrowhead Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A9ACFB674DF3B44E6902

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gregory William Stocks MD

Mailing Address 7401 S Main St

City State Zip Code
Houston TX 77030-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fondren Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A7EC497F074CB42B0923

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brereton B Strafford MD

Mailing Address Cascade Orthopaedics
122 3rd St NE

City State Zip Code
Auburn WA 98002-4013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A8BC9A88669C44A4FB97

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Joseph E Trader MD

Mailing Address 1021 Memorial Dr

City

Manitowoc

State

WI

Zip Code

54220-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Assoc of Manitowoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A8AC5478964D7402A840

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lorence W Trick MD

Mailing Address PO Box 509

City

Elmendorf

State

TX

Zip Code

78112-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A14A9BC0B5F9F4867863

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy Patrick Tymon MD

Mailing Address 231 Granite Run Dr Ste 100

City

Lancaster

State

PA

Zip Code

17601-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A67D2953DF18B420EB68

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Eugene Michael Wolf MD

Mailing Address 3000 California St 3rd Fl

City

San Francisco

State

CA

Zip Code

94115-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sportsmed Ortho Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2012

Transaction ID : A13E62C6FD9C64A3F876

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas W Wright MD

Mailing Address 8929 SW 40th Ave

City

Gainesville

State

FL

Zip Code

32608-8699

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2012

Transaction ID : ADD7741A9CE53456E9EB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey T Adams MD

Mailing Address 1050 N James Campbell Blvd Ste 200

City

Columbia

State

TN

Zip Code

38401-2754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middle Tennessee Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2012

Transaction ID : AF36318E1523A44539D8

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 104 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Peter C Amadio MD

Mailing Address 200 1st St SW

City
Rochester

State Zip Code
MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A72A2B68665D8482CAA1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey W Cook MD

Mailing Address 3310 Aspen Grove Dr Ste 102

City
Franklin

State Zip Code
TN 37067-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franklin Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2012

Transaction ID : AB6D8D5B6682B4A58BC1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven D Glassman MD

Mailing Address 210 E Gray St Ste 900

City
Louisville

State Zip Code
KY 40202-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norton Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A229A74662581448CBBB

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert J Hagen MD

Mailing Address 1411 S Creasy Ln Ste 120

City State Zip Code
 Lafayette IN 47905-7433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lafayette Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2012

Transaction ID : AE52CDD3352994182A03

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas John Haverbush MD

Mailing Address 315 E Warwick Rd Ste A

City State Zip Code
 Alma MI 48801-1083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A0A6430F4FD7E42B9BCE

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. James P Jamison MD

Mailing Address 6470 Tiptecanoe Rd

City State Zip Code
 Canfield OH 44406-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Youngstown Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A958FAA4441FA46AFBA7

Amount of Each Receipt this Period

500.00

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

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

1625.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kenneth J Kress MD

Mailing Address 655 Blakenham Ct

City

Alpharetta

State

GA

Zip Code

30022-7952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A4F9FFD16E5E0458CB08

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Allen G Lang MD

Mailing Address VAMC

3600 30th St

City

Des Moines

State

IA

Zip Code

50310-5753

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A1B2DE27EE2B24D3F953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Roger M Lyon MD

Mailing Address 9000 W. Wisconsin Ave #C360

City

Milwaukee

State

WI

Zip Code

53226-4874

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A416786A72C8048898D6

Amount of Each Receipt this Period

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Larry Benz Marti MD

Mailing Address 12110 State Route CC

City State Zip Code
Rolla MO 65401-5959

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Johns Mercy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2012

Transaction ID : A12A3BD0A00504C189E7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Leland R Mayer MD

Mailing Address S 5841 County Rd B

City State Zip Code
Eau Claire WI 54701-8664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2012

Transaction ID : A1288DF5BF4A049F78AC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sean E McCance MD

Mailing Address 1155 Park Ave

City State Zip Code
New York NY 10128-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spine Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2012

Transaction ID : A28C14F58CE2A4EA2A58

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory A Mencio MD

Mailing Address 2200 Children's Way
Ste 4202 DOT

City Nashville State TN Zip Code 37232-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt University

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A40C6710EBF6148369BA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven M Mulawka MD

Mailing Address 3113 Joyce St

City Saint Cloud State MN Zip Code 56303-0430

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Cloud Orthopaedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A492352B86ECA4C8C949

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brian A Murphy MD

Mailing Address 3803 Highknob Circle

City Naperville State IL Zip Code 60564-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
M&M Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A9095F963A5BA45ABBD6

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas G Padanilam MD

Mailing Address 528 Forest Lake Dr

City

Holland

State

OH

Zip Code

43528-9028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A144A8CB CF8EC4CB5A1C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Douglas Palma MD

Mailing Address 1096 Old Churchmans Rd

City

Newark

State

DE

Zip Code

19713-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaware Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A2EF5F8EEF2D046A6892

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John H Shim MD

Mailing Address Suite 200

12780 Race Track Rd

City

Tampa

State

FL

Zip Code

33626-1395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A28D327073D28494AADD

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Christopher Joseph Spieles MD

Mailing Address 735 S Shoop Ave

City

Wauseon

State

OH

Zip Code

43567-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Ohio Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : ACB5CDEBEEB834EAE8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick M Sullivan MD

Mailing Address 6001 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer

DMOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2012

Transaction ID : AB6FC6CB93FFD45228E1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark R Wilson MD

Mailing Address 5315 Elliott Dr Ste 202

City

Ypsilanti

State

MI

Zip Code

48197-8634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2012

Transaction ID : A19C8F5A907444D9783A

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard J Barry MD

Mailing Address 3906 Solar Hills Dr

City

Vacaville

State

CA

Zip Code

95688-9754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Solano County

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A189C1CA07BB5483DBE3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas E Baumgarten MD

Mailing Address 115 Ridgeland Dr

City

Greenville

State

SC

Zip Code

29601-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A513A68B76CC34FB0AC8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul L Benfanti MD

Mailing Address 7172 9th St S.

City

Saint Petersburg

State

FL

Zip Code

33705-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer

COSSA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A16931E60F7EE466B9BB

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Anthony L Brown MD

Mailing Address 3235 Vollmer Rd Ste 147

City

Flossmoor

State

IL

Zip Code

60422-2040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : AA9C723B1F0C64981BC1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert L Burke MD

Mailing Address 10223 Broadway Ste A

City

Pearland

State

TX

Zip Code

77584-7881

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : ABCCA2820140E421D92D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Champine MD

Mailing Address 2928 Stanford Ave.

City

Dallas

State

TX

Zip Code

75225-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : ADF0E3E6AA78F4F589FE

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Charles H Classen MD

Mailing Address 2104 N Heritage St

City

Kinston

State

NC

Zip Code

28501-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lenoir Memorial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A9E6FB378DDB64C578D6

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ralph M Costanzo MD

Mailing Address 2364 Park Ridge Ln S

City

Billings

State

MT

Zip Code

59106-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Montana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A311FB8AA5F954FD2889

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nick M DiGiovine MD

Mailing Address 435 S Crystal St Ste 400

City

Butte

State

MT

Zip Code

59701-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : AAEA46A222F804E13AE1

Amount of Each Receipt this Period

500.00

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

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

1800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John S Early MD

Mailing Address 8210 Walnut Hill Ln Ste 130

City State Zip Code
 Dallas TX 75231-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A8922D7F0F6854EF1A15

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas W Fell MD

Mailing Address 4910 Van Nuys

City State Zip Code
 Sherman Oaks CA 91403-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A9C3E20DF7A26400DAAA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William D Fritz MD

Mailing Address 207 Foote Ave
 262857

City State Zip Code
 Jamestown NY 14701-7077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Bone & Joint Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : AA782545B24EF467C89B

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel R Gaccione MD

Mailing Address 45 Wells St Suite 204

City

Westerly

State

RI

Zip Code

02891-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Soundview Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : AD71C96A1CC384E5EA08

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Harrison Gilbert MD

Mailing Address 5301 N Dixie Hwy Ste 203

City

Oakland Park

State

FL

Zip Code

33334-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broward Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A51FC5F8FE1C646AF863

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael L Gordon MD

Mailing Address 201 Kings Pl

City

Newport Beach

State

CA

Zip Code

92663-5704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newport Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A57357F30C6F54A5892E

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Timothy L Gordon MD

Mailing Address 34950 Chardon Rd Ste 104

City

Willoughby Hills

State

OH

Zip Code

44094-9162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : AAF422D48537A488DBC5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gerald Q Greenfield Jr, MD

Mailing Address 5282 Medical Dr, Suite 200

City

San Antonio

State

TX

Zip Code

78229-4986

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A2D068C5117F04F9D9EF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William L Green MD

Mailing Address 3838 California St Ste 715

City

San Francisco

State

CA

Zip Code

94118-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer

CPOSM

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A0B6AE276A8044585947

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen Burke Gunther MD

Mailing Address 808 Club Dr

City

Keswick

State

VA

Zip Code

22947-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A6A14E087EA6A4230BF6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Melburn K Huebner MD

Mailing Address 1901 Medi Park Dr Ste 10

City

Amarillo

State

TX

Zip Code

79106-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A668CFC5D4D9A4EE1998

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Kourosh Korsh Jafarnia MD

Mailing Address 617 Little John

City

Houston

State

TX

Zip Code

77024-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : AB51859DFE7E442CABB8

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 118 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Haik G Kavookjian MD

Mailing Address 555 Newfield Ave

City State Zip Code
Stamford CT 06950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : AFB5E8E47ECFB43ED863

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. D Kay Kirkpatrick MD

Mailing Address 5671 Peachtree Dunwoody Rd Ste 700

City State Zip Code
Atlanta GA 30342-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : A7D59055F7D0F4205BD9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Ignatius Kung MD

Mailing Address 19801 Governor's Hwy Ste 160

City State Zip Code
Flossmoor IL 60422-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Premier Ortho & Hand Ctr

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : A1DEB98E4A1F44432A67

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Neal J Labana MD

Mailing Address 19801 Governors Hwy, Ste 160

City State Zip Code
 Flossmoor IL 60422-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Ortho & Hand Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A7496676A7E9247729CB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen D Landaker MD

Mailing Address 1600 Esplanade Ste C

City State Zip Code
 Chico CA 95926-3369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A38F629BEADC240B7ADC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Malumed MD

Mailing Address 506 Van Lears Run

City State Zip Code
 Villanova PA 19085-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A661E9188A49C49DE873

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Roland Y Nakata MD

Mailing Address 815 S Fairmont Ave

City State Zip Code
Lodi CA 95240-5116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A39030187439241E4975

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. A Bruce Reid MD

Mailing Address 717 S 8th St

City State Zip Code
Griffin GA 30224-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Orthopaedic & Sports Injury Ctr

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : AAE3E2B4822EB4897B49

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gerald M Rieber MD

Mailing Address PO Box 170

City State Zip Code
Watertown SD 57201-0170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : AC64174CA80634D04AA6

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David B Robie MD

Mailing Address 6585 Plesenton Dr S

City

Worthington

State

OH

Zip Code

43085-3090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Orthopedic Center of Excellence

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A0B06BA4D3EAC49088D6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jon F Robinson MD

Mailing Address 1450 Ellis St Ste 201

City

Bozeman

State

MT

Zip Code

59715-8813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bridger Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A0A1ACBEDCE3E4814AA2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Benjamin Shaffer MD

Mailing Address 4522 Lingan Way NW

City

Washington

State

DC

Zip Code

20007-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A231F1FF3BAEA42B3BDD

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

PAGE 122 OF 366

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jorge E Tijmes MD

Mailing Address PO Box 6209

City

McAllen

State

TX

Zip Code

78502-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Bone & Joint Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	2

Transaction ID : AFF124E9E61984B538FB

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Laura Lowe Tosi MDMailing Address Orthopaedic Surgery
111 Michigan Ave NW

City

Washington

State

DC

Zip Code

20010-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	2

Transaction ID : A5233C9C1B9A54EBC903

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James C Vailas MDMailing Address New Hampshire Orthopedic Center
17 Riverside Street Ste 101

City

Nashua

State

NH

Zip Code

03062-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	2

Transaction ID : A4D6F2C6DC6A3416EB6A

Amount of Each Receipt this Period

1000.00

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

2750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael Vener MD

Mailing Address 401 9th. Ave. N.W.

City

Watertown

State

SD

Zip Code

57201-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : A9790FCC7ACC040E9AF7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph Fredrick Wade MD

Mailing Address 205 Alcott Ct

City

Franklin

State

TN

Zip Code

37069-6564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Tennessee Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : AD328B73357B14B9AB15

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. J Michael Wiater MD

Mailing Address Beverly Hills Orthopaedic Surgery
17877 W Fourteen Mile Rd

City

Beverly Hills

State

MI

Zip Code

48025-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : ABFC44FF929C84AF8BBA

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Carey E Winder MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City State Zip Code
 Baton Rouge LA 70810-7827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2012

Transaction ID : A71280ACBEF7C44249A7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. COL (Ret.) Theodore W Parsons MD, FACS

Mailing Address Department of Orthopaedic Surgery
 2799 W Grand Blvd CFP6

City State Zip Code
 Detroit MI 48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Henry Ford Health System

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2012

Transaction ID : A9897937C9FF44379BFB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Benjamin James Hackett MD

Mailing Address 5200 Hummingbird Rd Suite 100

City State Zip Code
 Wausau WI 54401-6316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bone & Joint Clinic S.C.

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2012

Transaction ID : A78511CB373444E439A2

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory J Austin MD

Mailing Address 725 Reservoir Ave Suite 101

City State Zip Code
 Cranston RI 02910-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Assoc Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A247909117531402F823

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Basil R Besh MD

Mailing Address 39180 Farwell Dr Ste 110

City State Zip Code
 Fremont CA 94538-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2012

Transaction ID : AA32820427F5E47E683A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Louis U Bigliani MD

Mailing Address PH 11-1130 Center
 622 W 168th St

City State Zip Code
 New York NY 10032-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A55E703A1E9AF497EAAF

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Timothy J Bonatus DO

Mailing Address 1485 N Turquoise Dr Ste 200

City

State

Zip Code

Flagstaff

AZ

86001-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Arizona Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A022C9DA24CBE40DA865

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Edward V Fehringer MD

Mailing Address 981080 Nebraska Medical Center

City

State

Zip Code

Omaha

NE

68198-1080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A72BD3EC9FF974BB6B30

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edward Jay Goldberg MD

Mailing Address 1611 W Harrison Suite 300

City

State

Zip Code

Chicago

IL

60612-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A480DFED1FB8A4E888EC

Amount of Each Receipt this Period

300.00

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

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

2550.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Paul R Gregory MD

Mailing Address 6620 Coyle Ave
Suite 212

City State Zip Code
Carmichael CA 95608-6337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A558DED2915804F31880

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Hall MD

Mailing Address 3801 Lake Otis Pkwy Ste 300

City State Zip Code
Anchorage AK 99508-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : AA6D7D6AB1D734A8BB85

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick J Halpin MD

Mailing Address 3125 Anchor Ln NW

City State Zip Code
Olympia WA 98502-3929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Olympia Orthopaedic Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A83DCE57701DB4C80B29

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Larry D Herron MD

Mailing Address 1304 Ella St Ste B1

City

San Luis Obispo

State

CA

Zip Code

93401-4100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Coast Orthopaedic Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : AD606796676E5489FB90

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. G Brian Holloway MD

Mailing Address 260 Ft Sanders West Blvd

City

Knoxville

State

TN

Zip Code

37922-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Tennessee

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A676B2DD7519A40C0AE7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory M Hrasky MD

Mailing Address PO Box 2767

City

Scottsdale

State

AZ

Zip Code

85252-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cactus Pediatric Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2012

Transaction ID : AFB688FDA4FEA4890AB5

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Lowry Jones Jr, MD

Mailing Address 3651 College Blvd Ste 100C

City

Leawood

State

KS

Zip Code

66211-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dickson Diveley Midwest Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 30 / 2012

Transaction ID : ADC5AF8C22D2B4CCF920

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jonathan P Kieve MD

Mailing Address 601 W. 5th Ave Suite 500

City

Spokane

State

WA

Zip Code

99204-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NWOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : ABE79F16B97134D8188C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Daryl Sheldon Larke MD

Mailing Address 60 Laurel Ridge Rd

City

Prestonsburg

State

KY

Zip Code

41653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highlands Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 30 / 2012

Transaction ID : AFB3AB37A5F9C43489B2

Amount of Each Receipt this Period

2000.00

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

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

4250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Patricia McHale MD

Mailing Address 15819 Glenmiro Dr

City

Huntsville

State

NC

Zip Code

28078-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2012

Transaction ID : AEBC20D9EB0504E5E827

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. R Scott Oliver MD

Mailing Address Plymouth Bay Orthopedic Associates
95 Tremont Ste One

City

Duxbury

State

MA

Zip Code

02332-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A28DAB123B2734E71A30

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey A Rodgers MD

Mailing Address Des Moines Orthopaedic Surgeons
6001 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Des Moines Ortho Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A24DC2C4242184B46804

Amount of Each Receipt this Period

250.00

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

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Marc J Rosen MD

Mailing Address 5605 W Eugie Ste 111

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Surgeons Network of North

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A079DCD48526E4E91994

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David W Shenton Jr, MD

Mailing Address 3134 Sycamore Ln

City

Billings

State

MT

Zip Code

59102-0524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Montana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

01 / 30 / 2012

Transaction ID : AAE62B435042F4FDE9A6

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

C. David H Watt MD

Mailing Address 27650 Ferry Rd Ste 100

City

Warrenville

State

IL

Zip Code

60555-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer

OAD Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : A6F4CFDD0088A4BFEB31

Amount of Each Receipt this Period

250.00

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

730.00

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:
(check only one)

PAGE 132 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stuart L Weinstein MD

Mailing Address 200 Hawkins Dr Ste 1181RC

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2012

Transaction ID : AB2ABDF63881244AE9E8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Afshin Aminian MD

Mailing Address 1310 W. Stewart Dr
Ste 508

City

Orange

State

CA

Zip Code

92868-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : ADAB6905F30C84CBBACA

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Elizabeth A Arendt MD

Mailing Address Ortho Surgery
2512 S 7th St Ste 200

City

Minneapolis

State

MN

Zip Code

55454-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Minnesota Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : AA4517340490A47D4B58

Amount of Each Receipt this Period

1000.00

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

2300.00

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 133 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William V Arnold MD

Mailing Address 1881 Harte Rd

City State Zip Code
Jenkintown PA 19046-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A9A119B7746324F669D5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Craig T Arntz MD

Mailing Address 4011 Talbot Rd S Ste 300

City State Zip Code
Renton WA 98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A4AD7E2178565482BAD7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David E Attarian MD

Mailing Address Duke Medical Plaza- Page Rd
4709 Creekstone Drive, Suite 200

City State Zip Code
Durham NC 27703-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : AB7765B8CE4264566895

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John M Aversa MD

Mailing Address 2408 Whitney Ave

City

Hamden

State

CT

Zip Code

06518-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AB023CDBA76F248A6855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Adam D Bernstein MD

Mailing Address 28-04 Broadway

City

Fair Lawn

State

NJ

Zip Code

07410-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garden State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A876EA853B8154B5C9D3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sarah D Beshlian MD

Mailing Address 1231 20th Ave E

City

Seattle

State

WA

Zip Code

98112-3530

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Sports Medicine Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A3D6271931CE847728D2

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John Thomas Bolger MD

Mailing Address W287 S4485 Woods Rd

City

Waukesha

State

WI

Zip Code

53189-9050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : AF43C63128E094DA3B8F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Hayden Boothby MD

Mailing Address 119 Hidden Lake Ranch Rd

City

Aledo

State

TX

Zip Code

76008-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : AD220E46A512246AAB57

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Leigh Brezenoff MD

Mailing Address 245 Alvord Park Rd Ste A2

City

Torrington

State

CT

Zip Code

06790-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Litchfield Hills Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2012

Transaction ID : AE8CB4D3A34064B5D9FD

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matthew J Bueche MD

Mailing Address 1259 Rickert Dr Ste 101

City
Naperville

State Zip Code
IL 60540-8904

FEC ID number of contributing
federal political committee.

C

Name of Employer
M & M Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A90B4BB0B286A40A0A60

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Constantine Charoglu MD

Mailing Address 3688 Veterans Memorial Dr Ste 200

City
Hattiesburg

State Zip Code
MS 39401-8246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Bone & Joint Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : ABC3E1FD0010044F4888

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. George Cierny III, MD

Mailing Address 7910 Frost St Ste 120

City
San Diego

State Zip Code
CA 92123-2776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : AD7E4F5C29B144DA19B2

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Doreen DiPasquale MD

Mailing Address 2103 Murcia Ct

City

La Jolla

State

CA

Zip Code

92037-6942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A542B0FF73D934A03A7A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Evander F Fogle MD

Mailing Address 4162 N Stratford Rd NE

City

Atlanta

State

GA

Zip Code

30342-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A99F82E87C4B0485A80F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Clarence H Fossier MD

Mailing Address 1050 Hattie's View

City

Greensboro

State

GA

Zip Code

30642-5270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AD79A63E76E8A472BB2E

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andrew A Freiberg MD

Mailing Address 55 Fruit St Suite 3700

City
Boston

State
MA

Zip Code
02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AC53ED72DC67A4E39BB9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Scott Goldberg MD

Mailing Address 5867 Whisperwood Ct

City
Naples

State
FL

Zip Code
34110-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A8A29E6BFF22048B0AA1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel Guy MD

Mailing Address 1805 Vernon Rd Ste B

City
Lagrange

State
GA

Zip Code
30240-3871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Specialty Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A6D3E6C504BFA4F6F892

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Geoffrey F Haft MD

Mailing Address 1210 W 18th St Ste G-01

City State Zip Code
Sioux Falls SD 57104-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A217B20ACE6D6455BABE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter B Hanson MD

Mailing Address 5565 Grossmont Center Dr Ste 256

City State Zip Code
La Mesa CA 91942-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A424DD2D8DEF946C28FC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David E Hassinger MD

Mailing Address 7979 W. Rifleman St

City State Zip Code
Boise ID 83704-9066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A6283D1DD7AE24ACFB23

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William J Hozack MD

Mailing Address 925 Chestnut St 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : AB981F23E501545A2A1F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph P Iannotti MD, PhD

Mailing Address Dept of Orthopaedic Surgery
9500 Euclid Ave A-41

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A8968FFC3C9E14C37B78

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas N Joseph MD

Mailing Address 1112 Mill St

City

Camden

State

SC

Zip Code

29020-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Camden Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A544F5F5BAFB645C2A76

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Penny J Lawin MD

Mailing Address 1325 E Fortification St

City State Zip Code
Jackson MS 39202-2442

FEC ID number of contributing
federal political committee.

C

Name of Employer

MS Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AD247D338305D41CD842

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Shannon Lawler MD

Mailing Address 7100 Redwood Blvd, Suite 200

City State Zip Code
Novato CA 94945-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AA3DEF4C34A80458DB08

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William A Leone MD

Mailing Address 3111 NE 27th Ave

City State Zip Code
Lighthouse Point FL 33064-8107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holy Cross Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AA4B8C365D99B4A47BE1

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 142 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Yuri Michael Lewicky MD

Mailing Address 6050 S Amethyst Rd

City State Zip Code
 Flagstaff AZ 86001-6842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Arizona Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A446050DE0F954184852

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter A Looby MD

Mailing Address 810 E. 23rd St Suite 5000

City State Zip Code
 Sioux Falls SD 57105-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A9F243B868A714801AE6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rafael Antonio Lopez MD

Mailing Address 198 Zorzal St
 Montehiedra

City State Zip Code
 San Juan PR 00926-7110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A3C76E7C82B044A6F81A

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matthew J McKenzie MD

Mailing Address 810 E 23rd St

City

Sioux Falls

State

SD

Zip Code

57105-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A46A26EE0DBEE485285B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gilbert R Meadows MD

Mailing Address 18626 Hardy Oaks Blvd Ste 300

City

San Antonio

State

TX

Zip Code

78258-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A001C77332F024E6C8BB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Manuel M Monasterio MD

Mailing Address PO Box 7401

City

Ponce

State

PR

Zip Code

00732-7401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A2DA3AC2ED2954A4FBA1

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Cass K Nakasone MD

Mailing Address 3758 Old Pali Rd

City

Honolulu

State

HI

Zip Code

96817-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Straub Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A5B3694814E9443F79BB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James W Nichols DO

Mailing Address 1112 Mill St

City

Camden

State

SC

Zip Code

29020-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Camden Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : ABC4EC318D9AF494A882

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Florian Nickisch MD

Mailing Address 1454 Yale Ave

City

Salt Lake City

State

UT

Zip Code

84105-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 01 / 2012

Transaction ID : AEF459978F5724D90B3A

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 145 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Elizabeth A Ouellette MD

Mailing Address 3150 SW 38th Ave

City

Miami

State

FL

Zip Code

33146-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : AF2A25DAD0F4142C695B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lorenzo Pacelli MD

Mailing Address 10666 N Torrey Pines Rd

City

La Jolla

State

CA

Zip Code

92037-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scripps Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A5888E8226D7347BAACE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew W Parker MD

Mailing Address 4700 E Hale Pkwy Ste 550

City

Denver

State

CO

Zip Code

80220-4053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A60FF136541064F91876

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 146 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ira M Parsons IV, MD

Mailing Address 19 Shearwater St

City

Durham

State

NH

Zip Code

03824-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seacoast Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A08C716EB07F642339E9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Harris Perlman MD

Mailing Address 5995 S Paris Place

City

Englewood

State

CO

Zip Code

80111-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A15BDEB97090745B4BE2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anthony V Petrosini MD

Mailing Address 310 Passaic Ave

City

Spring Lake

State

NJ

Zip Code

07762-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Institute of Central Jersey

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A9AA2BD9109B94292B6B

Amount of Each Receipt this Period

2000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 147 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Eric D Phillips MD

Mailing Address 13616 California St Ste 100

City

Omaha

State

NE

Zip Code

68154-5336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AEA1BFA5F76B447B59B0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. George A Pugh MD

Mailing Address 1124 Longridge Rd

City

Oakland

State

CA

Zip Code

94610-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Bay Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A4672D947781441A0A73

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Fred C Redfern MD

Mailing Address 600 Whitney Ranch Dr
Ste D22

City

Henderson

State

NV

Zip Code

89014-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AD473BB749FE942E4816

Amount of Each Receipt this Period

250.00

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

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

1550.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 148 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David W Romness MD

Mailing Address Commonwealth Orthopaedics

1635 N George Mason Dr Ste 310

City

Arlington

State

VA

Zip Code

22205-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : AB577E87B73E94C5A8B9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John R Schurman II, MD

Mailing Address 2778 N. Webb Rd

City

Wichita

State

KS

Zip Code

67226-8112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Orthopaedics PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A38AF0103834B40AF888

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Arnold M Schwartz MD

Mailing Address 206 E Jericho Turnpike

City

Huntington Station

State

NY

Zip Code

11746-7330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Spine Care of Long Island

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A8BAEE3EDEFF540B5890

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 149 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Scott Beecher Scutchfield MD

Mailing Address 1591 Lexington Rd

City

Danville

State

KY

Zip Code

40422-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Kentucky

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : AF190F9A0B6584804BF8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert T Semba MD

Mailing Address 7600 W College Dr

City

Palos Heights

State

IL

Zip Code

60463-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A6DE925E8ADE7497D87C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gary Michael Sherman MD

Mailing Address 9705 Redamar Dr

City

Hagerstown

State

MD

Zip Code

21740-8943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Robinwood Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : A51B691A990AF4D83A54

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 150 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David W Stevens MD

Mailing Address 1551 S Renaissance Towne Dr
Ste 400

City Bountiful State UT Zip Code 84010-7676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A0C83C06E3D0840AAB33

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott J Tarantino MD

Mailing Address 1105 Justa Ln

City Cockeysville State MD Zip Code 21030-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Towson Orthopaedic Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A5D7E0E40DC9849C986A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael R Ugino MD

Mailing Address 1910 Blanding St

City Columbia State SC Zip Code 29201-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Midlands Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : A3C4CD11ABF964C889E6

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Russell S VanderWilde MD

Mailing Address 601 W 5th Ave Ste 400

City

Spokane

State

WA

Zip Code

99204-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 01 / 2012

Transaction ID : A420F501E1EB544378D0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christopher Edward Emond MD

Mailing Address 2359 Railroad St Apt 3302

City

Pittsburgh

State

PA

Zip Code

15222-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 05 / 2012

Transaction ID : A73E5D1D2B1F14CE3BCC

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Animesh Agarwal MD

Mailing Address Dept of Orthopaedics
7703 Floyd Curl Dr MC 7774

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 06 / 2012

Transaction ID : ACFC2E3F0E5DB4A8A945

Amount of Each Receipt this Period

500.00

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

1800.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 152 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Brayton R Shirley MD

Mailing Address 22 Poinsett Ave

City

Greenville

State

SC

Zip Code

29601-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2012

Transaction ID : A8C6BEED38FC04EB1AE2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Samuel E Smith MD

Mailing Address 1551 Professional Ln Ste 200

City

Longmont

State

CO

Zip Code

80501-6964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2012

Transaction ID : ADD40180BAE2041E5A62

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Angelo DiFelice Jr, MD

Mailing Address 1285 Hembree Rd Ste 200A

City

Roswell

State

GA

Zip Code

30076-4995

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2012

Transaction ID : A31BEA47E0C5C43C4A9F

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 153 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Lauren Parkhill Adey MD

Mailing Address 10 Bridle Path

City

Falmouth

State

ME

Zip Code

04105-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Maine Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AE49F67DEB1BF4D1BA86

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gerard G Adler MD

Mailing Address 305 Woodland Ln

City

Oconomowoc

State

WI

Zip Code

53066-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AD5238CBEBF4244A2996

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Anthony J Adrignolo III, MD

Mailing Address 24965 Rivermere Dr

City

Eden

State

MD

Zip Code

21822-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penninsula Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : ADAA3856F38584A7293E

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 154 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Amit Agarwala MD

Mailing Address 660 Golden Ridge Rd Suite 250

City State Zip Code
 Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Panorama Ortho & Spine Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A044B1AA4FA8744C1A84

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Champ L Baker Jr, MD

Mailing Address 6262 Veterans Pkwy

City State Zip Code
 Columbus GA 31909-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hughston Orthopaedic Clinic

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A1C2A34EF00D443D7874

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David L Bankoff MD

Mailing Address 53880 Carmichael Dr

City State Zip Code
 South Bend IN 46635-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Bend Orthopaedics

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A21874F374DEE430486E

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 155 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John A Barrasso MD

Mailing Address 4140 Centennial Hills Blvd Ste A

City State Zip Code
Casper WY 82609-3265

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Government

Occupation
United States Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A6FE3D66DB24444D3BDB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard W Barth MD

Mailing Address 2021 K St Ste 400

City State Zip Code
Washington DC 20006-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Orthopaedics & Sports Med

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A397F2B497B604CA895D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Clifford K Boese MD

Mailing Address One Edmundson PI Ste 500

City State Zip Code
Council Bluffs IA 51503-4619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller Orthopedic Affiliates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A5EDC3D5BB3DA4503AEE

Amount of Each Receipt this Period

750.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 156 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Peter M Bonutti MD

Mailing Address 1303 W Evergreen Ave

City State Zip Code
 Effingham IL 62401-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bonutti Orthopedic Services

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A341C6FE01E7A499CB97

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Christopher M Brian MD

Mailing Address 6 White Birch

City State Zip Code
 Littleton CO 80127-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Panorama Ortho & Spine Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A5EE324FE8A4C4BF6ABD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard A Brown MD

Mailing Address 9850 Genesee Ave Ste 210

City State Zip Code
 La Jolla CA 92037-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Torrey Pines Orthopaedics

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A5D42D2AA6A904B5B919

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 157 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas E Brown MD

Mailing Address 412 Rookwood Dr

City

Charlottesville

State

VA

Zip Code

22903-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer

UVA Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A5680FFF293524BB1A6B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert William Bucholz MD

Mailing Address Dept of Ortho Surgery
5323 Harry Hines Blvd, G8.238

City

Dallas

State

TX

Zip Code

75390-7208

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A80DDF1DF242C4915ABE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven L Buckley MD

Mailing Address 6007 Macon Ct

City

Huntsville

State

AL

Zip Code

35802-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : ADA93183B60B3414B821

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 158 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. E Bruce Bynum DO

Mailing Address 4292 SW Agate Ave

City State Zip Code
Corvallis OR 97333-1178

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Corvallis Clinic PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A39FF800982704D36B8A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Brick Campbell MD

Mailing Address 1849 Old Donation Parkway

City State Zip Code
Virginia Beach VA 23454-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA Inst for Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : ADFEED84D1F74B65A03

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Henry G Chambers MD

Mailing Address 3030 Children's Way
Ste 410

City State Zip Code
San Diego CA 92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A9B97090AA03B4D7FA09

Amount of Each Receipt this Period

250.00

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

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 366
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John R Chase MD

Mailing Address 701 Platinum Pt

City

Lake Mary

State

FL

Zip Code

32746-4871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jewett Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2012

Transaction ID : A763ED6DD6FE5430DA7A

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Alan W Christensen MD

Mailing Address 1011 Lincoln Circle

City

Winter Park

State

FL

Zip Code

32789-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2012

Transaction ID : AF08C6FD6627E42DF803

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick E Clare MD

Mailing Address 575 S 70th St Ste 200

City

Lincoln

State

NE

Zip Code

68510-2471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Orthopaedic & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2012

Transaction ID : A299C4001925542CAAD6

Amount of Each Receipt this Period

500.00

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

1125.00

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:
(check only one)

PAGE 160 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bruce Rodney Comisar Jr, MD

Mailing Address 323 E Town St Ste 100

City State Zip Code
Columbus OH 43215-4753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sports Med Grant & Ortho Assoc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : AEBFCC08D03794C6BB90

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark J Conklin MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Ortho & Spine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : A4D592216CED0445991E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. C Perry Cooke III, MD

Mailing Address 6797 Knollwood Rd

City State Zip Code
Fayetteville NY 13066-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Syracuse Orthopedic Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : A52514BF5D70D416C91C

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 161 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark A Coppes MD

Mailing Address 1 High St

City State Zip Code
Wakefield RI 02879-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
South County Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A0950673DC0F449F892D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen A Cord MD

Mailing Address 4110 22nd Pl

City State Zip Code
Lubbock TX 79410-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AB11E418EDF054381B6C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kevin Coupe MD

Mailing Address 10333 Kuykendahl Ste D

City State Zip Code
Spring TX 77382-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fondren Ortho Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A928A83CA8EDB417F8B2

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 162 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David B Coward MD

Mailing Address 2801 K St Ste 310

City

Sacramento

State

CA

Zip Code

95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacramento Knee & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A7494E2061AE240CEA5C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Lewis Craig III, MD

Mailing Address 4240 Foxbury Ct

City

Winston Salem

State

NC

Zip Code

27104-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Specialists of the Carolinas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A661ECF1D63FC4874B97

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. James P Crutcher Jr, MD

Mailing Address 601 Broadway

City

Seattle

State

WA

Zip Code

98122-5330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A403F06ACB5A14C949B3

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 163 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen L Curtin MD

Mailing Address 5810 N Moccasin Trl

City State Zip Code
Tucson AZ 85750-0801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tucson Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A96FF4A50B2D94BC7A2E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Premjit Deol DO

Mailing Address 1690 Bassett St Unit 11

City State Zip Code
Denver CO 80202-1880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A9EA4537D60F24A4AA2C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bharat M Desai MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A06E88092153A460C887

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 164 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pat D Do MD

Mailing Address 8300 Steeplechase St

City State Zip Code
 Wichita KS 67206-4423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid America Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : A0CD04E53FCB74C9F9AE

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. J Ollie Edmunds MD, FACS

Mailing Address 1440 Canal St Ste 1500

City State Zip Code
 New Orleans LA 70112-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : A3ED88A02C5414F5D90E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cornelis M Elmes MD

Mailing Address PO Box 6807

City State Zip Code
 Vacaville CA 95696-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : A75FFDE519527492186D

Amount of Each Receipt this Period

250.00

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

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

1550.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 165 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Vernon Sims Esplin MD

Mailing Address 560 Memorial Dr

City

Pocatello

State

ID

Zip Code

83201-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A803D274A82914873A35

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chris P Ethridge MD

Mailing Address 709 Welford Ct

City

Madison

State

MS

Zip Code

39110-7583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Sports Med & Ortho Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AFCBDE89D6AA84C879F6

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

c. Stephen Paul Falatyn MD

Mailing Address 362 Little Creek Dr

City

Nazareth

State

PA

Zip Code

18064-8575

FEC ID number of contributing
federal political committee.

C

Name of Employer

OAA Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A36061750F13040B6AC5

Amount of Each Receipt this Period

250.00

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 166 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel C Farber MD

Mailing Address 2200 Kernan Drive Rm 1132

City State Zip Code
Gwynn Oak MD 21207-6665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Of Maryland School Of Med

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A1B8A03B7C6F94D09832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Clyde Alan Farris MD

Mailing Address 444 Marylhurst Dr

City State Zip Code
West Linn OR 97068-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A29706C6874EF4127B7A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John F Fatti MD

Mailing Address Attn: Judy
5824 Whitewaters Parkway

City State Zip Code
East Syracuse NY 13057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Syracuse Orthopedic Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AAC31CF754ECF4A64830

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 167 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. **Bruce T Faure MD**

Mailing Address 6849 W Ridgeview Dr

City State Zip Code
 Thiensville WI 53092-1008

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A2B870D1811B54DBCA52

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **John Derrell Foote MD**

Mailing Address 1050 SW 3rd St Ste 1200

City State Zip Code
 Ontario OR 97914-4550

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Riverside Orthopaedic Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A746E97243213416BB3D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **Jared R H Foran MD**

Mailing Address 660 Golden Ridge Rd, Suite 250

City State Zip Code
 Golden CO 80401-9541

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Panorama Ortho & Spine Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A274C17F0F2B941DCAC9

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 168 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Douglas A Foulk MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
 Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A15C6074DF27B4A3188D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John R Frankeny II, MD

Mailing Address 3399 Trindle Rd

City State Zip Code
 Camp Hill PA 17011-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Institute of PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A6CB3CBF42A574739AA6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Keith Frazier MD

Mailing Address 5801 Norris Canyon Rd Ste 210

City State Zip Code
 San Ramon CA 94583-5440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Webster Orthopaedic Med Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A4D193E9E0F174FD5A9A

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 169 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas G Frierhood MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A70461CE20E8540B4AEB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew H Glassman MD

Mailing Address 1492 East Broad Street
Suite 1403

City State Zip Code
Columbus OH 43205-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AC5D7D428803B4ECF80A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Tyler D Goldberg MD

Mailing Address 2413 Never Bend Cv

City State Zip Code
Austin TX 78746-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AAE3C664998CD4C9B8A8

Amount of Each Receipt this Period

1000.00

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

1550.00

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:
(check only one)

PAGE 170 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard D Goldner MD

Mailing Address Box 3480, Ortho Division

City State Zip Code
Durham NC 27702-3480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke Medical Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A0A37FFD9E8E34B529F4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Adam Gottlob MD

Mailing Address Panorama Orthopedics
660 Golden Ridge Rd #250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Ortho & Spine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A94AEF1B2FA904D35BAA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas P Gross MD

Mailing Address 1910 Blanding St

City State Zip Code
Columbia SC 29201-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A8DA5C96F00994DB2B58

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 171 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andrew P Gutow MD

Mailing Address 741 Westminster Ln

City

Los Altos

State

CA

Zip Code

94022-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : A658AA51C0B7D4DED94F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James F Harris MD

Mailing Address 8404 Hideaway Ln NW

City

Silverdale

State

WA

Zip Code

98383-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Navy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : AF3EAFDC94B1B4E1F911

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Robert S Heidt Jr, MD

Mailing Address 7575 Five Mile Rd

City

Cincinnati

State

OH

Zip Code

45230-4346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellington Orthopaedic & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : A5B0D2E60A2B24C06BBE

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 172 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David M Henneghan MD

Mailing Address 2111 Shadow View Circle

City State Zip Code
Plover WI 54467-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Klasinski Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A834FCEFE9FB4BB1AC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark W Hollmann MD

Mailing Address 740 W Plymouth Ave

City State Zip Code
Deland FL 32720-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AA5E0C2E56C4E400FB74

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul Conrad Horn MD

Mailing Address 212 E Central Ste 140

City State Zip Code
Spokane WA 99208-6289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AF145EDAA11D64DB9925

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 173 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jim K Hudson MD

Mailing Address 13904 West El Bonito

City

Ocean Springs

State

MS

Zip Code

39564-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bienville Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A421AD1593E114A329C7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. A Lee Hunter Jr, MD

Mailing Address 1050 N Jms Campbell Blvd #200

City

Columbia

State

TN

Zip Code

38401-2754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Tennessee Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A1F7162A4AD3F44849AE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dolf R Ichtertz MD

Mailing Address 1803 W Charles St

City

Grand Island

State

NE

Zip Code

68803-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Hand & Shoulder Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A7E004834C1ED4EBF8CF

Amount of Each Receipt this Period

1250.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Irvine MD

Mailing Address 13012 Sunny Dawn Ct

City State Zip Code
 Saint Louis MO 63127-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AF1D7C1A21474446DBEE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John F Irving MD

Mailing Address 199 Whitney Ave

City State Zip Code
 New Haven CT 06511-3786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Orthopaedic Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AE807726984CD4F509A9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kenneth K Ishizue MD

Mailing Address 12705 Corte Cordillera

City State Zip Code
 Salinas CA 93908-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A97E5B8FCAD0A4A379C8

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 175 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Antoine I Jabbour MD

Mailing Address 4802 S 109 East Ave

City State Zip Code
Tulsa OK 74146-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulsa Bone & Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A419DDA240BAA4976A5D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William J Jarvis MD

Mailing Address 5200 Hummingbird Rd Ste 100

City State Zip Code
Wausau WI 54401-6316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A752446B728C34BAFB64

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William John Jason MD

Mailing Address 120 Medical Blvd Ste 109

City State Zip Code
Spring Hill FL 34609-0221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A8165D8D52ED54F2885F

Amount of Each Receipt this Period

380.00

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

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

1630.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 176 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William James Jekot MD

Mailing Address 1029 N Highland Ave

City

Murfreesboro

State

TN

Zip Code

37130-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AE4433A60849545DDB97

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. D Marshall Jemison MD

Mailing Address 979 E 3rd St Ste 920

City

Chattanooga

State

TN

Zip Code

37403-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plastic Surgery Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A121EBC1CFFB240F987A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Raeburn M Jenkins MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A348CF6CE5C3F4037A2A

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 177 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James T Johnson MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Ortho & Spine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A5B8231DEC14C4A689DE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Derek L Jones MD

Mailing Address 127 Warrenton

City State Zip Code
Houston TX 77024-6223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hermann Medical Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A743033A4D8574C76A2B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Samuel Joseph MD

Mailing Address 5008 W. Leona St

City State Zip Code
Tampa FL 33629-7623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moreno Joseph Spine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A18627792D5264568A79

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 178 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Randeep S Kahlon MD

Mailing Address 4745 Ogletown-Stanton Rd
Ste 225

City State Zip Code
Newark DE 19713-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : ABD6D9020ADE547A59BF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alan T Kawaguchi MD

Mailing Address Alpine Orthopaedic Med Grp
2488 N California St

City State Zip Code
Stockton CA 95204-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alpine Orthopedic Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AF3114656677049DFBB9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. James C Kelly MD

Mailing Address 59 Faire Harbour Pl

City State Zip Code
New London CT 06320-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A4A1D7278ECF2409EBB8

Amount of Each Receipt this Period

500.00

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

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

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 366
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James D Kelly II, MD

Mailing Address 2351 Clay St Ste 510

City

San Francisco

State

CA

Zip Code

94115-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	13	/	2012

Transaction ID : AEF3190B23A9241EFA99

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew J Kirsch MD

Mailing Address 801 36th St NW

City

Austin

State

MN

Zip Code

55912-6662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	13	/	2012

Transaction ID : A4A4D8B0B23B8490EA89

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert V Knowlan MD

Mailing Address 5803 Neal Ave N.

City

Stillwater

State

MN

Zip Code

55082-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Croix Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	13	/	2012

Transaction ID : A70FB7FEE546C4310BBA

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 180 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matthew J Kraay MD

Mailing Address 11100 Euclid Ave

City State Zip Code
 Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital Medical Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 13 2012

Transaction ID : A41DD162241BC4ADD9C1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kenneth A Krackow MD

Mailing Address 100 High St Ste B-276

City State Zip Code
 Buffalo NY 14203-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 13 2012

Transaction ID : A6002708B8D9F406D9CE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marc R Labbe MD

Mailing Address 6624 Fannin St Ste 2600

City State Zip Code
 Houston TX 77030-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bone & Joint Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 13 2012

Transaction ID : A8A3608A7AD1C4F2DA45

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 181 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Peter Lammens MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
 Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Panorama Ortho & Spine Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : A3741667B72E74002BF1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald S Lederman MD

Mailing Address 3227 Woodview Lake Rd

City State Zip Code
 West Bloomfield MI 48323-3572

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : AC21DCCF9872C4100A39

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Lee MD

Mailing Address 9808 Winter Palace Dr

City State Zip Code
 Las Vegas NV 89145-8638

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : A7F68B0DF10B0400B816

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 182 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Christopher Lawrence Lee MD

Mailing Address 23829 Little Mack Ste 100

City

Saint Clair Shores

State

MI

Zip Code

48080-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AED0FB01C864F324A92

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alexander Benton LeGrand MD

Mailing Address 1450 Ellis St Ste 201

City

Bozeman

State

MT

Zip Code

59715-8813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bridger Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AA0D7C31B1D0C43BEA7B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frederick R Lemley MD

Mailing Address 7783 Rolling Ridge Dr

City

Manlius

State

NY

Zip Code

13104-9657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Syracuse Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AEA5DD5972E5E466DA6A

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 183 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matthew Eric Levy MD

Mailing Address 33001 Solon Rd
Suite 112

City State Zip Code
Solon OH 44139-2864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuyahoga Physicians Network

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AA3827530CD97401C826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lonnie E Loutzenhiser MD

Mailing Address 1411 Wynkoop St Unit 702

City State Zip Code
Denver CO 80202-1789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A5F96398FAA5E478EA6C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Neil J Maki MD

Mailing Address 525 St Mary St

City State Zip Code
Thibodaux LA 70301-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thibodaux Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A3749EE3A0314426DA51

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas A Malvitz MD

Mailing Address 1111 Leffingwell NE Ste 100

City State Zip Code
 Grand Rapids MI 49525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Orthopaedic Associates of Michigan

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : AFB85D082F094330819

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Louis J Mariorenzi MD

Mailing Address 725 Reservoir Ave Suite 101

City State Zip Code
 Cranston RI 02910-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Orthopaedic Associates

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : A04F32ACF9F3442609AD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William A Matarese MD

Mailing Address 342 Hamburg Tpke Suite 205

City State Zip Code
 Wayne NJ 07470-2166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : AB89ACE9DC31C4CF4A9B

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 185 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David S Matthews MD

Mailing Address 3010 N Circle Dr Ste 100A

City State Zip Code
 Colorado Springs CO 80909-1182

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Colorado Springs Ortho Group

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : A0FC64698E08E43FD91F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. N Tucker Mattox Jr, MD

Mailing Address 2119 E. South Blvd
 #200

City State Zip Code
 Montgomery AL 36116-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : AA8A9DA9498BB4FD293E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David A McGuire MD

Mailing Address 4100 Lake Otis Pkwy Ste 320

City State Zip Code
 Anchorage AK 99508-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2012

Transaction ID : A0E3EA2DE1C0D4E2C853

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 186 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James K McKechnie MD

Mailing Address 103 Professional Plz

City State Zip Code
 Mattoon IL 61938-9252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

LTOC SC

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 13 2012

Transaction ID : A0AD0527963ED4B78834

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael R McLean MD

Mailing Address PO Box 632749
 1300 Mound Street

City State Zip Code
 Nacogdoches TX 75961-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 13 2012

Transaction ID : A3E840FB8E3244969A42

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Patrick McNair MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
 Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Panorama Ortho & Spine Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 13 2012

Transaction ID : AFEB0D9A1D1924D80959

Amount of Each Receipt this Period

250.00

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

1550.00

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 187 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Frederick N Meyer MD

Mailing Address 6505 Sugar Pointe Ct

City State Zip Code
 Mobile AL 36695-2741

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 University of South Alabama Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 13 2012

Transaction ID : A8E41FD283B2C411AABD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marc J Michaud MD

Mailing Address 11 Cherry Ln

City State Zip Code
 Bedford NH 03110-4339

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 NH Orthopaedic Center Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 13 2012

Transaction ID : A117802CB490342029F5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Drew V Miller MD

Mailing Address 465 Windship Place

City State Zip Code
 Atlanta GA 30327-4967

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 13 2012

Transaction ID : A279D7D260A6C47F7B00

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 188 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark F Mills MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Ortho & Spine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A52839840F2E547A9BD8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James A Moore MD

Mailing Address 425 E 63rd St W2d

City State Zip Code
New York NY 10065-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AFCE6362CC75A4381B69

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian D Mulliken MD

Mailing Address 8322 Bellona Ave Ste 100

City State Zip Code
Towson MD 21204-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AB5D69E1973AC40B1B7C

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 189 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Roger E Murken MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Ortho & Spine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AAB1A56DC37064A76BCC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel J Murphy MD

Mailing Address 5719 Widewaters Pkwy Suite 3

City State Zip Code
Syracuse NY 13214-1987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Syracuse Orthopedic Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A59E1845069CC474382C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David L Nelson MD

Mailing Address 1363 S Eliseo Dr Ste B

City State Zip Code
Greenbrae CA 94904-2012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A65692F42F1B847448D4

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 190 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Peter O Newton MD

Mailing Address 3030 Children's Way Ste 410

City State Zip Code
 San Diego CA 92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AFF73A6F75FFB406BBF5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eric M Orenstein MD

Mailing Address 1809 Connemara Ct

City State Zip Code
 Lafayette IN 47905-7941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clarian Arnett

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A741ADFE0426542F1B57

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James R Parker MD

Mailing Address 7000 W 9th Ave

City State Zip Code
 Amarillo TX 79106-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parker Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AD74143A241004CD69ED

Amount of Each Receipt this Period

2500.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 191 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nimesh Patel MD

Mailing Address 570 Eagle Nest Ct

City
Golden

State
CO

Zip Code
80401-0907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A40BE2508D5F64D0884B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan Pechacek MD

Mailing Address 616 W Forest Ave

City
Jackson

State
TN

Zip Code
38301-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A1FA86EF45391476189C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John H Peloza MD

Mailing Address 5858 W. Main St Suite 120

City
Frisco

State
TX

Zip Code
75033-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A9A3C38A72C344A378F8

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 192 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Brad L Penenberg MD

Mailing Address 120 S Spalding Dr Ste 400

City State Zip Code
 Beverly Hills CA 90212-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A1DB02184DE6B4C2D81A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter D Pizzutillo MD

Mailing Address Section of Orthopaedics
 Erie Ave at Front St

City State Zip Code
 Philadelphia PA 19134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tenet Healthcare

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A2F745DBE097F41A98E5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Joseph Puschak MD

Mailing Address 5275 Dunraven Circle

City State Zip Code
 Golden CO 80403-2059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Panorama Ortho & Spine Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A73483700CDD14B86B5D

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 193 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matthew C Reckmeyer MD

Mailing Address Lincoln Ortho Ctr
PO Box 6939

City Lincoln State NE Zip Code 68506-0939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AA9C8AA7CAA1A4A7DB5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John A Repicci MD

Mailing Address 4510 Main St

City Buffalo State NY Zip Code 14226-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AC48B3A7A17914549B71

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John C Richmond MD

Mailing Address 125 Parker Hill Ave

City Roxbury Crossing State MA Zip Code 02120-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Baptist Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A8A0C6044022C47C2A79

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 194 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Craig S Roberts MD, MBA

Mailing Address 550 S. Jackson St
1st Floor

City State Zip Code
Louisville KY 40202-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Louisville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A8C62E5612A1D42A1972

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. T Clark Robinson MD

Mailing Address PO Box 1942

City State Zip Code
Nampa ID 83653-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saltzer Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AE52858E95DDC471284C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Walter G Robinson Jr, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A619C2AB38CE24BF68CD

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 195 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mitchel S Robinson MD

Mailing Address 5021 East Oxford Ave

City

Englewood

State

CO

Zip Code

80113-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A7A2E5768F40D49B9872

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Douglas K Ross MD

Mailing Address 555 Wildhorse

City

Orange

State

CA

Zip Code

92869-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A1594565F596C4B358C1

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

C. Edmund B Rowland Jr, MD

Mailing Address Panorama Orthopedics

660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A584DD0500C144E398CE

Amount of Each Receipt this Period

250.00

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

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

880.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 196 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Harry E Rubash MD

Mailing Address Harvard Affl Hospitals
55 Fruit St Yaw 3700

City State Zip Code
Boston MA 02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A5F67488C8C9841168CE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward H Saer III, MD

Mailing Address 600 S. McKinley St Suite 210

City State Zip Code
Little Rock AR 72205-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Specialty Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AD8D157B6E88D47C1819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Anthony Andres Sanchez MD

Mailing Address 869 Inverness Circle

City State Zip Code
Spartanburg SC 29306-6680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Specialties of Spartanburg

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AC0589D811CA94D3880F

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 197 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael Blake Sanders MD

Mailing Address 12311 Bend Creek Ln

City

Pearland

State

TX

Zip Code

77584-9728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A9130C34DB0D84ECBB45

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James L Scales MD

Mailing Address 280 Newton Sparta Rd Ste 4

City

Newton

State

NJ

Zip Code

07860-2775

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andover Orthopaedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A00CCF61C33FA4341981

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher C Schmidt MD

Mailing Address 1307 Federal St

City

Pittsburgh

State

PA

Zip Code

15212-4769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alleghany Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : ACB6836F55CB64AEB8CC

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 198 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael R Schuck MD

Mailing Address 8010 Orchard Path Rd

City State Zip Code
 Colorado Springs CO 80919-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A084789D595BE4C579A2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carl Y Seon MD

Mailing Address 100 Peach St Ste 400

City State Zip Code
 Erie PA 16507-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopedic & Sports Medicine of Erie

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A791F60874C494B58AE3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James A Shapiro MD

Mailing Address 6308 8th Ave Ste 1020

City State Zip Code
 Kenosha WI 53143-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

United Hospital Systems

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A5A1DDE41C531471E9AA

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 199 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark J Sinnreich MD

Mailing Address 4308 Alton Rd
Suite 780

City State Zip Code
Miami Beach FL 33140-4559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Extremity Preservation, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AEDB33A5B578543E0841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. C Daniel Smith DO

Mailing Address 2501 Gene Field Rd

City State Zip Code
Saint Joseph MO 64506-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ortho & Sports Medicine Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A5FF3B511B6ED451AB40

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peter J Spohn MD

Mailing Address Ambulatory Care Center, Suite 202
400 Fairview Heights Road

City State Zip Code
Summersville WV 26651-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summersville Regional Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : AAB9A0DBFC9724D52B0C

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 200 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Eric J Stahl MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Ortho & Spine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : A5E810D138B264DEFA2F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert S Sterling MD

Mailing Address 5 Stream Valley Garth

City State Zip Code
Owings Mills MD 21201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Maryland

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : A192E25432E6F4D73998

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William B Stetson MD

Mailing Address 191 S Buena Vista St Ste 470

City State Zip Code
Burbank CA 91505-4541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : A1AF3A01BCB38405485A

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 201 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Edward A Stokel MD

Mailing Address PO Box 616

City

Petoskey

State

MI

Zip Code

49770-0616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A31058445F4B543FDB7F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael T Stowell MD

Mailing Address 1120A Professional Court

City

Hagerstown

State

MD

Zip Code

21740-5852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Atlantic Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A2328AEDCC48D4B19B97

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas J Straehley MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A3B8413C07FA4483DAD9

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 202 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James W Strickland MD

Mailing Address 4621 Summersong Rd

City

Zionsville

State

IN

Zip Code

46077-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rush Memorial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A81B990EBCAEE4C9F9B0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Allen Sugar MD

Mailing Address 1921 Waldemere St Ste 610

City

Sarasota

State

FL

Zip Code

34239-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : ACDC82B13CCF446BDA04

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edward F W Swan MD

Mailing Address 257 Harmony Ln

City

Titusville

State

FL

Zip Code

32780-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A4E72B97A3C1B4F3EB19

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 203 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hans Robert Tuten MD

Mailing Address PO Box 71690

City

Henrico

State

VA

Zip Code

23255-1690

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuckahoe Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A45B01E2739AA49E4A4B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Anthony Vann II, MD

Mailing Address 7789 Southwest Fwy
Suite #410

City

Houston

State

TX

Zip Code

77074-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A6D20D6559FC84111A10

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas M Walsh MD

Mailing Address 1575 Edgcombe Rd

City

Saint Paul

State

MN

Zip Code

55116-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Nicollet Health Services

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : AC800525B78C44EE28E2

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 204 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Keith L Wapner MD

Mailing Address University of Penn Health System
230 W Washington Square

City Philadelphia State PA Zip Code 19106-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Penn Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A18D2BB78242F4DEBB85

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. J Michael Wattenbarger MD

Mailing Address OrthoCarolina
1915 Randolph Rd

City Charlotte State NC Zip Code 28207-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A1723B2D6BF8D4AE7A2A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel C Wnorowski MD

Mailing Address 4309 Hepatica Hill Rd

City Manlius State NY Zip Code 13104-8714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2012

Transaction ID : A81EF6909FAFB4237B8A

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 205 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Douglas Cabot Wong MD

Mailing Address 660 Golden Ridge Rd #250

City State Zip Code
Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Ortho & Spine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A75E17B404CC54B5E80C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kent E Woo MD

Mailing Address 309 Mcalpin Dr

City State Zip Code
Savannah GA 31406-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Orthopedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A92B95C8EE9944AB78BF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven G Wynder MD

Mailing Address 2003 Stults Rd Ste 210

City State Zip Code
Huntington IN 46750-1291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview Health

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A742C174529544E74811

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 206 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael J Yaszemski MD, PhD

Mailing Address 200 First St SW

City
Rochester

State Zip Code
MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A374FB666894E4859850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hugh Bassewitz MD

Mailing Address 2800 E Desert Inn Ste 100

City
Las Vegas

State Zip Code
NV 89121-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2012

Transaction ID : A73982D0DD9354F85A8B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kieran Daniel Cody MD

Mailing Address 800 W State St Ste 202

City
Doylestown

State Zip Code
PA 18901-5842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2012

Transaction ID : A870E8037755E407E9C9

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 207 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Brian L Davison MD

Mailing Address 170 Taylor Station Rd

City

Columbus

State

OH

Zip Code

43213-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardinal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2012

Transaction ID : AFBEO508DC329434F9B1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark A Dodson MD

Mailing Address 3351 Masonic Dr

City

Alexandria

State

LA

Zip Code

71301-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-State Orthopaedics & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2012

Transaction ID : A0E90D916FC8140BD86B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John Drkulec MD

Mailing Address 2800 E Broad St #124

City

Mansfield

State

TX

Zip Code

76063-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arlington Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 15 / 2012

Transaction ID : A2313A6E1C2B243F381D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David J Flesher MD

Mailing Address 3301 NW 50th St

City State Zip Code
Oklahoma City OK 73112-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Associates, LLC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : AF03E885EE0F44D1392D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eric L Freedman MD

Mailing Address 81812 Dr Carreon Blvd Ste D

City State Zip Code
Indio CA 92201-5594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Hand Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : A5DA9A6D3E7F04732895

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rudolf Hoellrich MD

Mailing Address Slocum Orthopedics
55 Coburg Rd

City State Zip Code
Eugene OR 97401-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Slocum Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : A40C03C05ACB64CA3B76

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 209 OF 366
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Brian E Kozar MD

Mailing Address PO Box 975

City	State	Zip Code
Zachary	LA	70791-0975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zachary Orthopaedic Care CenterOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	15	/	2012

Transaction ID : A3259C92C65844425B7C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard J Mason MD

Mailing Address 510 Idlewild Ave

City	State	Zip Code
Easton	MD	21601-3881

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Orthopedic CenterOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	15	/	2012

Transaction ID : AB87CCC5987CD4299A00

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frank R Noyes MD

Mailing Address 10663 Montgomery Rd 1st Fl

City	State	Zip Code
Cincinnati	OH	45242-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Sports MedicineOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	15	/	2012

Transaction ID : A89B816BA64F2499085A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 210 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andrew W Piasecki MD

Mailing Address 1112 Mill St

City

Camden

State

SC

Zip Code

29020-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Camden Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 15 / 2012

Transaction ID : A6152B01ABEA148E4B74

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard Mills Roberts MD

Mailing Address 2120 N MacArthur Blvd Ste 100

City

Irving

State

TX

Zip Code

75061-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer

IOSM

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 15 / 2012

Transaction ID : AA484D122C3304BF0A44

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kenneth Sabbag MD

Mailing Address 800 S Raymond St Ste 300

City

Pasadena

State

CA

Zip Code

91105-3256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 15 / 2012

Transaction ID : A08023527C4A7457A83D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 211 OF 366

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Vincent J Williams MD

Mailing Address 2200 Whitney Ave Suite 140

City

Hamden

State

CT

Zip Code

06518-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	1	2

Transaction ID : A46860D6AF2CD4C569D2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dirk H Alander MDMailing Address Dept of Ortho Surgery
3635 Vista Ave PO Box 15250

City

Saint Louis

State

MO

Zip Code

63110-0250

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Louis University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	2

Transaction ID : AA01237121D4548F7903

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard A Brown MD

Mailing Address 9850 Genesee Ave Ste 210

City

La Jolla

State

CA

Zip Code

92037-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Torrey Pines Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	2

Transaction ID : A5E8DFE38CDB04B6A995

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 212 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dwight W Burney III, MD

Mailing Address 201 Cedar SE Ste 6600

City

Albuquerque

State

NM

Zip Code

87106-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 16 / 2012

Transaction ID : A302D75D89F3D4A53B93

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark K Chang MD

Mailing Address 1100 Joliet St Ste 104

City

Dyer

State

IN

Zip Code

46311-1995

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Spine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 16 / 2012

Transaction ID : A0E94F73E6F104C9B831

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alberto D Cuellar MD

Mailing Address 17270 Red Oak Dr Ste 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 16 / 2012

Transaction ID : ADEA870BE96A84E65921

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 213 OF 366

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Juliet M DeCampos MD

Mailing Address 9400 University Pkwy Ste 309

City	State	Zip Code
Pensacola	FL	32514-5485

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : A3E1930D5943A4200B5E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Allen Geline MD

Mailing Address 1225 Central Rd

City	State	Zip Code
Glenview	IL	60025-4349

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : A726C9ADDAF054709A55

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank A B Gottschalk MDMailing Address Dept Of Ortho Surgery
1801 Inwood Rd

City	State	Zip Code
Dallas	TX	75235-7202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

UT Southwestern Medical Ctr

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Transaction ID : A5FB56799A2AD4DBF8CE

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. E Jeff Kennedy MD

Mailing Address 290 East Layfair Dr Ste A

City State Zip Code
Flowood MS 39232-9526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2012

Transaction ID : A4C2963D532254758B61

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christopher Kontogianis MD

Mailing Address 911 S. Washington Street, Suite B

City State Zip Code
Kennewick WA 99336-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Benton Franklin Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2012

Transaction ID : A30FFCFAF7D0547DA812

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. K William Kumler III, MD

Mailing Address 903 Ridgewood Dr

City State Zip Code
Maysville KY 41056-9765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Meadowview Ortho Care Ctr

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2012

Transaction ID : AC56A21BE1DA946059BD

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael Marks MD, MBA

Mailing Address 34 Maple St

City

Norwalk

State

CT

Zip Code

06850-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norwalk Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : A2446548DE4254BC8AF4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wade P McAlister MD

Mailing Address 4899 Montrose Blvd #1206

City

Houston

State

TX

Zip Code

77006-6168

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : A40BE27E6F7144552940

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher B Michelsen MD

Mailing Address 5141 Broadway Rm 3-029

City

New York

State

NY

Zip Code

10034-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYOHA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : AED3E2F4F333D4C35BBA

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

2750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Amer J Mirza MD

Mailing Address 3181 SW Sam Jackson Park Rd

City State Zip Code
 Portland OR 97239-3011

FEC ID number of contributing federal political committee.

C

Name of Employer

Oregon Health & Science University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 16 2012

Transaction ID : AFEFB8F490AE04277804

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Akio Mitamura MD

Mailing Address 20 Beacon Hill Dr Suite 2A

City State Zip Code
 Dobbs Ferry NY 10522-2402

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 16 2012

Transaction ID : ABB4780D38C584D60939

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Barry J Snyder MD

Mailing Address 1609 Woodbourne Rd Ste 301

City State Zip Code
 Levittown PA 19057-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 16 2012

Transaction ID : A3982B03D3FE34067B2D

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 217 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Melvin Wahl Jr, MD

Mailing Address 1278 White Bluffs St

City

Richland

State

WA

Zip Code

99352-9111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kadlec Neuroscience Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : AFB21A8BAEE94C73A19

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. P Merrill White MD

Mailing Address 909 Woodside St

City

Knoxville

State

TN

Zip Code

37919-7764

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : A9F2DA447370C434DB9F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rick Wilkerson DO

Mailing Address 1200 1st Ave E.

Ste C

City

Spencer

State

IA

Zip Code

51301-4342

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Iowa Bone, Joint & Sports Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : A316F6C838C2E4863934

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Roland H Winter MD

Mailing Address 5660 E Acorn Ct

City State Zip Code
Stockton CA 95212-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : A29235C91AFB946F3B60

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Adolph J Yates Jr, MD

Mailing Address Shadyside Medical Bldg Ste 415
5200 Centre Ave

City State Zip Code
Pittsburgh PA 15232-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of Pittsburgh Med Ctr

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : A5E6518FB552E4F0B96A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Joseph D Zuckerman MD

Mailing Address 301 E 17th St Ste 1402

City State Zip Code
New York NY 10003-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NYU Hospital for Joint Diseases

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : ACEFF7E6CF20D4253A80

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 219 OF 366
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Anthony J DiStasio II, MDMailing Address Sentara Division of Ortho Trauma
600 Gresham Dr

City	State	Zip Code
Norfolk	VA	23507-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : A3B1E2AA078634E5AA21

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gerald F Dreher MD

Mailing Address 2006 Elk Trail

City	State	Zip Code
Harker Heights	TX	76548-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept of Veterans Affairs

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : A958ED425712D4135A2F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul Grutter MD

Mailing Address 1374 Rozella Way

City	State	Zip Code
Gallatin	TN	37066-7466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grutter Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : AB672A2AACBF4466594A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 220 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Eugene Harris MD

Mailing Address 444 S San Vicente Blvd Ste 603

City State Zip Code
 Los Angeles CA 90048-4178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 17 / 2012

Transaction ID : AE5D3F897CA5A4AAE838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul Henrys MD

Mailing Address 3127 Jackson Ave

City State Zip Code
 Miami FL 33133-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 17 / 2012

Transaction ID : AB185B39CB2844F91951

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

c. Charles A Hope II, MD

Mailing Address Southeastern Orthopedic Center
 210 E DeRenne Ave

City State Zip Code
 Savannah GA 31405-6736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southeastern Orthopedic Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 17 / 2012

Transaction ID : A8419D2F596774161817

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 221 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nestor J Javech MD

Mailing Address 9165 SW 87th Ave

City

Miami

State

FL

Zip Code

33176-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2012

Transaction ID : A945BF5F67F7C4B59850

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bryan William Kaiser MD

Mailing Address 31 Blue Thorn Trl

City

San Antonio

State

TX

Zip Code

78256-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2012

Transaction ID : A788B56E23E3E4D0C8A7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard A Kube MD

Mailing Address 212 W Ravinswood Rd

City

Peoria

State

IL

Zip Code

61615-1382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2012

Transaction ID : A4A673C9B612D474F884

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 222 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matthew J Landfried MD

Mailing Address 33 Chandler Ave

City State Zip Code
Batavia NY 14020-1684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesee Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2012

Transaction ID : A137CBCC8F07B4BECA27

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kenneth M Morrison MD

Mailing Address 3394 E Jolly Rd Ste A

City State Zip Code
Lansing MI 48910-8595

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Lansing Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2012

Transaction ID : A7204C03DD1584704B72

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

C. Pasquale Petrera MD

Mailing Address 1675 Woodbrooke Dr

City State Zip Code
Salisbury MD 21804-8502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2012

Transaction ID : A25199F58907F42AF918

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1785.00

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 223 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory H Portland MD

Mailing Address 2401 Ravine Way

City State Zip Code
Glenview IL 60025-7645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Bone & Joint Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 17 2012

Transaction ID : AA4F09C8554464FD5862

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John David Ramsay MD

Mailing Address 400 22nd Ave

City State Zip Code
Brookings SD 57006-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Brookings Medical Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 17 2012

Transaction ID : A2CFDA8F811AF4F21A00

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul Saiz MD

Mailing Address Las Cruces Orthopaedic Associates
675 Avenida de Mesilla

City State Zip Code
Las Cruces NM 88005-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Las Cruces Ortho Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 17 2012

Transaction ID : A2887EF2E45574FF1B30

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 224 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Lee Spencer MD

Mailing Address 1875 W Dempster Ste 425

City State Zip Code
Park Ridge IL 60068-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 17 / 2012

Transaction ID : A52EDB0168D254ADA89F

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. William J Robb III, MD

Mailing Address Walgreen Bldg, Dept of Ortho
2650 Ridge Ave Ste 2505

City State Zip Code
Evanston IL 60201-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Illinois Bone & Joint Institute

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2012

Transaction ID : A740C0E12000C4BB5B60

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. LeRoy Scott Atkins Jr, MD

Mailing Address PO Box 2447

City State Zip Code
Tuscaloosa AL 35403-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University Orthopaedic Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 22 / 2012

Transaction ID : AD7871E4195844379B0A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John W Barnard MD

Mailing Address 129 Sanders Ln

City

Lynchburg

State

VA

Zip Code

24503-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Center of Central Virginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : AB45764AC65744EFE980

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. H Chester Boston Jr, MD

Mailing Address 305 Bryant Dr East
Po Box 2447

City

Tuscaloosa

State

AL

Zip Code

35403-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : AA897BF03E22F4D0FBEE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Kristoffer Meyers Breien MD

Mailing Address 8959 Springwood Dr

City

Saint Paul

State

MN

Zip Code

55125-4914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : AC0592A2ABCA34108968

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John P Buckley MD

Mailing Address 305 Bryant Dr E

City

Tuscaloosa

State

AL

Zip Code

35401

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : A6D1E33DC718F4BB59F9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph A Buckwalter MD

Mailing Address Dept of Ortho 01008 JPP
200 Hawkins Dr

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : A11CEAD0338EB4E3C8F3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John J Callahan Jr, MD

Mailing Address 3925 Sheridan Dr Ste 100

City

Buffalo

State

NY

Zip Code

14226-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excelsior Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : A975291B1DC0C411C91D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 227 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Leslie P Dean MD

Mailing Address 3831 Piper St Suite S220

City State Zip Code
Anchorage AK 99508-4680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anchorage Fracture & Ortho Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 22 2012

Transaction ID : A17810956B68C49E7A68

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas J Dowling Jr, MD

Mailing Address 763 Larkfield Rd 2nd Fl

City State Zip Code
Commack NY 11725-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island Spine Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 22 2012

Transaction ID : A51FF93078DE54A1C818

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Russell A Hudgens MD

Mailing Address 3610 Springhill Memorial Dr N

City State Zip Code
Mobile AL 36608-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Orthopaedic Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 22 2012

Transaction ID : A93E26D23F0FC423CB06

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 366

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen S Hurst MD

Mailing Address 77 N San Mateo Dr

City	State	Zip Code
San Mateo	CA	94401-2889

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Mateo Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2012

Transaction ID : AF4A4B0CD1308422B802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen T Ikard MD

Mailing Address PO Box 2447

City	State	Zip Code
Tuscaloosa	AL	35403-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2012

Transaction ID : A52FE1123C9C74818BA3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jamil Jacobs-EI MD

Mailing Address 157 S Commonwealth Ave

City	State	Zip Code
Aurora	IL	60506-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dryer Medical Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2012

Transaction ID : AEFBA2191BE1245288C8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 229 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey Einer Johnson MD

Mailing Address 660 South Euclid Ave
Campus Box 8233 - Oc

City State Zip Code
Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2012

Transaction ID : A34C69DF1D87B44DA9EF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John W Klekamp MD

Mailing Address 206 Bedford Way

City State Zip Code
Franklin TN 37064-5526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2012

Transaction ID : A906D973AF0BD4CBA944

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

C. Michael Leathers MD

Mailing Address 2801 K St Ste 330

City State Zip Code
Sacramento CA 95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2012

Transaction ID : AE3AAB252784E4350952

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

880.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 230 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Vijay John Mani MD

Mailing Address 240 E 47th St #21-D

City

New York

State

NY

Zip Code

10017-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island College Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2012

Transaction ID : ADC18ED392AD14DC5856

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth A Martin MD

Mailing Address 8907 Kanis Rd Ste 330

City

Little Rock

State

AR

Zip Code

72205-6451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Knee & Sports Med Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2012

Transaction ID : A9A6CA6A60EFC47F8943

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David F Sitler MD

Mailing Address 12701 Sagecrest Dr

City

Poway

State

CA

Zip Code

92064-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sharp Rees Stealy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2012

Transaction ID : ADBD984C79B1E47CABAE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 231 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven Marc Stoller MD

Mailing Address 30 W Century Rd Ste 320

City

Paramus

State

NJ

Zip Code

07652-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 22 / 2012

Transaction ID : AD01A244AC7C9493FB27

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Todd V Swanson MD

Mailing Address 2800 E Desert Inn Rd Ste 100

City

Las Vegas

State

NV

Zip Code

89121-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 22 / 2012

Transaction ID : ACD9237D1636F4280863

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott W Trenhaile MD

Mailing Address 324 Roxbury Rd

City

Rockford

State

IL

Zip Code

61107-5090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2012

Transaction ID : A9FE0902E457542E1B9C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 232 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David J Yasgur MD

Mailing Address 111 Bedford Rd

City

Katonah

State

NY

Zip Code

10536-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Kisco Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2012

Transaction ID : A6CF6E11E44D2472E95E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cary B Chapman MD

Mailing Address 1534 Victory Blvd

City

Staten Island

State

NY

Zip Code

10314-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 26 / 2012

Transaction ID : AC3E0C0126FD14E509AC

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Daniel William Green MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

334.00

Date of Receipt

02 / 26 / 2012

Transaction ID : AD708B075C8A9452A91C

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

817.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 233 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daryl Sheldon Larke MD

Mailing Address 60 Laurel Ridge Rd

City

Prestonsburg

State

KY

Zip Code

41653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highlands Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

02 / 26 / 2012

Transaction ID : A2527A07189D645AB955

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Marc J Rosen MD

Mailing Address 5605 W Eugie Ste 111

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Surgeons Network of North

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / 26 / 2012

Transaction ID : A2ADE9C0B63584CE38BC

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Donnis K Harrison MD

Mailing Address 3615 Hospital Rd

City

Pascagoula

State

MS

Zip Code

39581-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bienville Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 27 / 2012

Transaction ID : A042A0B4E40004E919A2

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David C Baker MD

Mailing Address 19 Brookwood Ave
Ste 104

City State Zip Code
Carlisle PA 17015-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hershey Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : AC099C26972204C9883A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. E Jeffrey Donner MD

Mailing Address 3810 N Grant Ave

City State Zip Code
Loveland CO 80538-8412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : A1453FE125BC04AED990

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert L Garrison MD

Mailing Address 117 Sierra Valley Loop

City State Zip Code
Mauwelle AR 72113-5945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : ABCFB6F86F0D94F7AA07

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 235 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Goodman MD

Mailing Address 1336 W Hwy 54 Bldg 500

City State Zip Code
 Fayetteville GA 30214-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : A9941175C659E4FBDB31

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Glenn Hessing MD

Mailing Address 901 N. Curtis Suite 501

City State Zip Code
 Boise ID 83706-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : A09E21A52E52D4C7AAF8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Subramanyan Jayasankar MD

Mailing Address 74 Country Dr

City State Zip Code
 Weston MA 02493-1165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : A3D07041C692E44F8A9F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Neil Thomas Katz MD

Mailing Address Pob 62076

City State Zip Code
 Irvine CA 92602-6069

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Katz Ortho Surgery & Sports Medicine

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : A4B5A85B7074E4126AE8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter G Larcom MD

Mailing Address 5323 S Woodrow St #200

City State Zip Code
 Salt Lake City UT 84107-5844

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : A80299FDA4B8D46F8A19

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James B Manning MD

Mailing Address 2680 Crimson Canyon Dr

City State Zip Code
 Las Vegas NV 89128-0841

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bone & Joint Specialists

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : A04C5C23728CC43F4B85

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 237 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Joseph R O'Brien MD

Mailing Address Dept of Orthopaedic Surgery, 7th F
2150 Pennsylvania Ave NW

City Washington State DC Zip Code 20037-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer

George Washington Univ

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2012

Transaction ID : A436FF9B142764105A98

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tye Ouzounian MD

Mailing Address 5620 Wilbur Ave
Ste 216

City Tarzana State CA Zip Code 91356-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2012

Transaction ID : AB43A0F7C293B4503AE3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul W Phillips Jr, MD

Mailing Address 1683 Hyde St

City Minden State NV Zip Code 89423-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2012

Transaction ID : A1EEF1A1FD74B42F39C1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 238 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael L Pryce MD

Mailing Address 174 Currie Hall Pkwy

City State Zip Code
Kent OH 44240-4387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : AC5DF671A63AB482E8CF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Mark Roberts V, MD

Mailing Address 9250 Blue Ash Rd

City State Zip Code
Blue Ash OH 45242-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cincinnati Spine Institute

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : A1D6E2DA8CCD245B6AC6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark Kuehner Robinson MD

Mailing Address 275 Wagon Wheel Rd

City State Zip Code
Mammoth Lakes CA 93546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sierra Park Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : A5D0B65B472F94C3996D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel M Seybold MD

Mailing Address 3200 Westhill Dr Ste 201

City State Zip Code
Wausau WI 54401-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of Wausau

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : ABB1A0330DFC840E4A70

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kevin G Shea MD

Mailing Address 600 N Robbins Rd Ste 401

City State Zip Code
Boise ID 83702-4566

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Lukes Health System

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : AD8BA04E8E4694AF3BD2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Carl T Talmo MD

Mailing Address 125 Parker Hill Ave Suite 580

City State Zip Code
Roxbury Crossing MA 02120-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : AFE3E6C3DE4BC4359B62

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 240 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Anthony S Melillo MD

Mailing Address 1051 Pineloch Dr
Suite 100

City Houston State TX Zip Code 77062-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Oaks Orthopaedics & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 01 / 2012

Transaction ID : A52CF01C4A97F4F8C868

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Harry E Rubash MD

Mailing Address Harvard Affl Hospitals
55 Fruit St Yaw 3700

City Boston State MA Zip Code 02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 01 / 2012

Transaction ID : A59F181967690458EB1B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew M Star MD

Mailing Address 2400 Maryland Rd Suite 20
Attn: Carolyn Amato

City Willow Grove State PA Zip Code 19090-1732

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 02 / 2012

Transaction ID : A966951E0727C4D72A1B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 241 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John W Durham MD

Mailing Address 1485 N Turquoise Dr Ste 200

City State Zip Code
Flagstaff AZ 86001-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Arizona Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 03 / 2012

Transaction ID : AE7D1824E08D746FCB84

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mats Agren MD

Mailing Address 20 Northbrook Dr

City State Zip Code
Falmouth ME 04105-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Falmouth Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : ABDD1F7FB4ACC4562AAC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles H Alexander MD

Mailing Address 5549 Green Oak Dr

City State Zip Code
Los Angeles CA 90068-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A3AA042F91E0944A2ADB

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Joseph S Barr Jr, MD

Mailing Address 0 Emerson Pl Ste 120

City State Zip Code
 Boston MA 02114-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AA6B9BE3CC7144DDE862

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen O Berthelsen MD

Mailing Address 2010 Knollwood Dr

City State Zip Code
 Fairmont MN 56031-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mayo Health Systems

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A0676D0CB85E849D8937

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David F Bindelglass MD

Mailing Address 75 Kings Hwy Cutoff Ste 100

City State Zip Code
 Fairfield CT 06824-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopaedic Specialty Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AD2E36A2FED644A08B6A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 243 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert Brent Blake MD

Mailing Address 1450 Ellis St Ste 201

City

Bozeman

State

MT

Zip Code

59715-8813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bridger Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AE7C96F94BD714514BFC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph P Burns MD

Mailing Address 289 Beloit Ave

City

Los Angeles

State

CA

Zip Code

90049-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AEE80F6ADEA384EC59E8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Craig Alan Butler MD, MBA

Mailing Address Orthopaedic Center
1911 Miccosukee Rd

City

Tallahassee

State

FL

Zip Code

32308-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida Sports Med & Ortho Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AFF0934A95F264E75A69

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 244 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John J Cambareri MD

Mailing Address 5719 Widewaters Pkwy
Ste 3

City State Zip Code
Syracuse NY 13214-1987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Syracuse Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A2FA6E95C0ADC4E8D819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Capecci MD

Mailing Address 109 U.S. Hwy 46 Suite 1

City State Zip Code
Denville NJ 07834-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris County Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AA0F43457844543978A0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard A Cautilli Jr, MD

Mailing Address Cautilli Orthopaedic Surgical Spec
115 Floral Vale Blvd Ste C

City State Zip Code
Morrisville PA 19067-5522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A436272442A414396B6E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 245 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Cautilli MD

Mailing Address 115 Floral Vale Blvd Ste C

City State Zip Code
 Morrisville PA 19067-5522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cautilli Orthopaedic Surgical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : AF6366345FB6E46FFA08

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert E Clemency Jr, MD

Mailing Address 53880 Carmichael Dr

City State Zip Code
 South Bend IN 46635-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : AEB063A3EF5524F0B899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ronald Emilio Delanois MD

Mailing Address Sinai Medical Off Bldg 5th Fl
 2401 West Belvedere Ave

City State Zip Code
 Baltimore MD 21215-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : A54CF81EA17CE4E02B3C

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey C Dick MD

Mailing Address 18709 Ridgewood Rd

City State Zip Code
Wayzata MN 55391-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A0AAFBE4715B84183A93

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph W Dryer MD

Mailing Address 5 Winchip Rd

City State Zip Code
Summit NJ 07901-4140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spine Care, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AE97EF1F53F0C49F89DF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David W Duffner MD

Mailing Address Suite W201
1180 N Indian Canyon Dr

City State Zip Code
Palm Springs CA 92262-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AEE4766897D4440B685A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 247 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen G J Eckrich MD

Mailing Address PO Box 6850

City State Zip Code
 Rapid City SD 57709-6850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Black Hills Orthopaedic & Spine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : A50914282BDEE45DBBA5

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

B. Bryan T Edwards MD

Mailing Address 13518 Robert Walker Drive

City State Zip Code
 Davidson NC 28036-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Novant Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : A32C63A988DC244AA84E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Howard R Epps MD

Mailing Address 7401 S Main

City State Zip Code
 Houston TX 77030-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : A88BB7F00C4024816A21

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert Henry Fain Jr, MD

Mailing Address 6400 Fannin St Ste 2200

City

Houston

State

TX

Zip Code

77030-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A18E6489796B4475DA7D

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey S Fischgrund MD

Mailing Address 26025 Lahser Rd Fl 2

City

Southfield

State

MI

Zip Code

48033-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Weissman, Gitlin, Herkowitz MD

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A0E43C031186A4C46BAD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Evan L Flatow MD

Mailing Address 5 E 98th St Box 1188

City

New York

State

NY

Zip Code

10029-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt Sinai Medical School

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2012

Transaction ID : ACD4FB5D90F034E7397C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 249 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John M Flynn MD

Mailing Address 2nd Fl Wood Bldg Rm 2309
34th and Civic Center Blvd

City Philadelphia State PA Zip Code 19104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Surgical Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A0D17C0804D764BDEB77

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Andrew Forsythe MD

Mailing Address 101 Silverwood Ln

City Silverton State OR Zip Code 97381-9739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A608D8951E711496EB82

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David H Godfried MD

Mailing Address 89 Remington Rd

City Manhasset State NY Zip Code 11030-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Hospital for Joint Diseases

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A867419B9B75F4C6C9B2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 250 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory D Gramstad MD

Mailing Address 6702 SW Canyon Crest Dr

City

Portland

State

OR

Zip Code

97225-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rebound Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A839D212F25F642BA918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher D Hamilton MD

Mailing Address 2400 Bahamas Dr, #200

City

Bakersfield

State

CA

Zip Code

93309-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AA3401F8BBB8C47DD837

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark C Hermann MD

Mailing Address 428 Maple Ln

City

Danville

State

VA

Zip Code

24541-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Danville Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AA5CC8235BFA34EA8902

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 251 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Rodney J Herrin MD

Mailing Address 1301 S Koke Mill Rd

City

Springfield

State

IL

Zip Code

62711-9252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A5BAFDfEE90E9411FB25

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul M Huddleston MD

Mailing Address 200 1st Street SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A925570DADDCA44C6B83

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Timothy H Izant MD

Mailing Address 8227 Meadowview Court

City

Manlius

State

NY

Zip Code

13104-9659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Syracuse Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AC32F10FD9F39470E8DA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 252 OF 366

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James C Karegeannes MD

Mailing Address 123 Skyview Dr

City

Asheville

State

NC

Zip Code

28804-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

Transaction ID : AD6DA135F59EF4950BBC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Frank R Kolisek MDMailing Address 1260 Innovation Pkwy
Ste 100

City

Greenwood

State

IN

Zip Code

46143-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Indy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

Transaction ID : A58D092F2A22A44D2A78

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gerald J Lang MD

Mailing Address 1685 Highland Ave

City

Madison

State

WI

Zip Code

53705-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

Transaction ID : AF0B71F655BA941F081D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

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:
(check only one)

PAGE 253 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Darin T Leetun MD

Mailing Address 2700 W. 9th Ave
Suite 125

City State Zip Code
Oshkosh WI 54904-7864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennedy Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A8BDBC64C2CAC40AEA0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew R Lindaman DO

Mailing Address Orthopaedic Rheumatology Associate
2300 53rd Ave Ste 100

City State Zip Code
Bettendorf IA 52722-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORA Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AC6991B549D3A47CCA16

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John P Lyden MD

Mailing Address Rm 355 West
535 E 70th St

City State Zip Code
New York NY 10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AA5D73CC71EB74CC6903

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 254 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Garrett J Lynch MD

Mailing Address 2003 Medical Pkwy Ste 400

City State Zip Code
Annapolis MD 21401-3088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anne Arundel Orthopaedic Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AD0F1382C3D864C849F4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott K McClelland MD

Mailing Address 1501 Louisville Ave

City State Zip Code
Monroe LA 71201-6025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast LA Ortho & Sports Med Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A45D8B2DB539149E9AF1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Patrick V McMahon MD

Mailing Address 266 White Plains Rd Ste C-1

City State Zip Code
Eastchester NY 10709-4423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A7184A1BDAB0946B3A6F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 255 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael P Nancollas MD

Mailing Address 5183 Candlewood Dr

City State Zip Code
 Fayetteville NY 13066-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : ACDDF47D2B39647EDA7E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. P James Newman MD

Mailing Address 4637 E Lake Rd

City State Zip Code
 Cazenovia NY 13035-9357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Syracuse Orthopedic Specialists

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AAD2C99C9E5F94C17ADB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter G Noordsij MD

Mailing Address Concord Orthopaedics PA
 264 Pleasant St

City State Zip Code
 Concord NH 03301-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Concord Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A77D4EC591BB249CD89C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 256 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James Albert Nunley II, MD

Mailing Address Box 2923

Orthopaedic Department

City

Durham

State

NC

Zip Code

27715-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A16CFF054F46741F0B40

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Jose Antonio Ortiz Jr, MD

Mailing Address 1400 Bellinger St

City

Eau Claire

State

WI

Zip Code

54703-5222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AE4346175DC4B450BAC2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John F Parker MD

Mailing Address 5719 Widewaters Pkwy Ste 3

City

Syracuse

State

NY

Zip Code

13214-1987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Syracuse Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A516B1D70CFFA43E58D6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 257 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Frank A Pettrone MD

Mailing Address 8035 Georgetown Pike

City State Zip Code
 Mc Lean VA 22102-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : ABDD6650A33DC4B44888

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Douglas R Phillips MD

Mailing Address 811 13th St Ste 20

City State Zip Code
 Augusta GA 30901-2771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates of Augusta

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A960631BE5E4A46EA865

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher S Proctor MD

Mailing Address 511 Bath St

City State Zip Code
 Santa Barbara CA 93101-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alta Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AA834245BE3454C06849

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 258 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John David Ramsay MD

Mailing Address 400 22nd Ave

City

Brookings

State

SD

Zip Code

57006-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Brookings Medical Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AEB35DCFA484049E385A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Roberts MD

Mailing Address 24723 Detroit Rd

City

Westlake

State

OH

Zip Code

44145-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AB39D3E533AA74C188C6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stephen Cunningham Robinson MD

Mailing Address 5824 Widewaters Parkway

City

East Syracuse

State

NY

Zip Code

13057-3072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Syracuse Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AA13FD79DF5F144C8BDE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 259 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. S Robert Rozbruch MD

Mailing Address 535 E 70th St

City
New York

State Zip Code
NY 10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AC716D7DE106C4CAFBBE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert L Shackleton MD

Mailing Address 4633 Wichers Dr

City
Marrero

State Zip Code
LA 70072-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A6BC57405679D4973B95

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Todd Shapiro MD

Mailing Address 9113 Cross Water Dr

City
Bakersfield

State Zip Code
CA 93312-6276

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : ACA658195522740A1808

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 260 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Srinivasa Sridhar MD

Mailing Address 1020 Mason Ave

City

Daytona Beach

State

FL

Zip Code

32117-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : ADF0388558F254AA5B2B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David J Stapor MD

Mailing Address 1200 Brooks Ln Ste 240

City

Clairton

State

PA

Zip Code

15025-3750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A75C158A4113F4845959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William R Sterba MD

Mailing Address 137 Stuarton Dr

City

Wheaton

State

IL

Zip Code

60189-7399

FEC ID number of contributing
federal political committee.

C

Name of Employer

OAD Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AF15048FFC98F4ACBB0B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 261 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard W Tobin MD

Mailing Address 3415 Eagle Crest Rd. NW

City
Salem

State
OR

Zip Code
97304-9563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2012

Transaction ID : A076309DBCE3249EA9CE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Urrea MD

Mailing Address 6211 Edgemere Blvd Ste 1

City
El Paso

State
TX

Zip Code
79925-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AD3194A243FC845AC8C1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nikhil N Verma MD

Mailing Address Midwest Orthopaedics At Rush
1611 W. Harrison, Suite 300

City
Chicago

State
IL

Zip Code
60612-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Midwest Orthopaedics at Rush

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 05 / 2012

Transaction ID : AEC77FA45E0334BD0AE5

Amount of Each Receipt this Period

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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 262 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael G Vitale MD

Mailing Address 60 Pineapple St
Apt 1d

City State Zip Code
Brooklyn NY 10032

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYOH

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A9A4DF957270E4F3FB02

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard E White Jr, MD

Mailing Address 201 Cedar St SE Ste 6600

City State Zip Code
Albuquerque NM 87106-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A81C311CF7F764D7A9B8

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Kevin Earl Wright MD

Mailing Address 303 East 33rd Street
Apt. 11D

City State Zip Code
New York NY 10016-7614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : AB7A5C755D8B342B5B37

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. George Joseph Zambetti Jr, MD

Mailing Address 343 W 58th St

City

New York

State

NY

Zip Code

10019-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A94A1D566BFDE4BAAA4C

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Robert J Zehr MD

Mailing Address Ste 1110

2659 Professional Circle

City

Naples

State

FL

Zip Code

34119-8092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Zehr Center for Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A600FFC4D7731489A874

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Jon D Zoltan MD

Mailing Address 2222 E Highland Ave Ste 300

City

Phoenix

State

AZ

Zip Code

85016-4879

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A34F3F316284B43B0878

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 264 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Tomasz W Borowiecki MD

Mailing Address 49 Linden Ln

City

Springfield

State

IL

Zip Code

62712-8965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Springfield Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : A3BB2EE4C8FDB412C8E1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel E Gelb MD

Mailing Address 22 S Greene St
S11B

City

Baltimore

State

MD

Zip Code

21201-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : AFA56E2E5D28A42C8A25

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven G Glasgow MD

Mailing Address 2111 Midlands Ct Ste 100

City

Sycamore

State

IL

Zip Code

60178-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedic Consultants

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : ADB1C51D2033447A0AFE

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 265 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michele T Glasgow MD

Mailing Address 3085 Wolf Ct

City
Dekalb

State
IL

Zip Code
60115-8257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedic Consultants

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2012

Transaction ID : AED7A386BB38F442798E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Edward G Law MD

Mailing Address 2751 Northgate Dr

City
Iowa City

State
IA

Zip Code
52245-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steindler Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2012

Transaction ID : A37FD432D64DA4FE6B0A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael F Schafer MD

Mailing Address Dept of Ortho Surgery
676 N Saint Clair St Ste 1350

City
Chicago

State
IL

Zip Code
60611-4795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Univ Medical School

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2012

Transaction ID : A885A8082C92C4F1EB53

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

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:
(check only one)

PAGE 266 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Martin E Wolpin MD

Mailing Address 1301 57th St

City

Brooklyn

State

NY

Zip Code

11219-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 12 / 2012

Transaction ID : A58CB66B4AB21477B96F

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Paul Robert Alongi MD

Mailing Address 206 E Jericho Turnpike

City

Huntington Station

State

NY

Zip Code

11746-7330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Spine Care of Long Island

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A1728446B3D30443DA67

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Annunziato Amendola MD

Mailing Address UI Sports Medicine Center
2701 Prairie Meadow Drive

City

Iowa City

State

IA

Zip Code

52242-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A0B99F6C2DF4049D5B4D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 267 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hyun W Bae MD

Mailing Address 444 S. San Vicente Blvd
Ste 910

City State Zip Code
Los Angeles CA 90048-4165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : AB0C777ED59F44029824

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Bryce Bederka MD

Mailing Address 471 SE 72nd Ave

City State Zip Code
Portland OR 97215-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Legacy Health

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A6BC64B23961941E9B2E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas L Bernasek MD

Mailing Address 13020 N Telecom Pkwy

City State Zip Code
Temple Terrace FL 33637-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A78E9F6DFBCA74887A70

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 268 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Craig C Callewart MD

Mailing Address 9101 N Central Expy Ste 360

City State Zip Code
 Dallas TX 75231-5949

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCMDTA Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : AC0F0717420E546C0922

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Andrew Roger Curran MD

Mailing Address 4262 S Rustler Ln

City State Zip Code
 Meridian ID 83642-6883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saltzer Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A0A856BE035E9459A92A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bradford L Currier MD

Mailing Address 200 First St SW
 Dept of Ortho Surg

City State Zip Code
 Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : AA87AF4C28E7948329C2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 366

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Craig J Della Valle MD

Mailing Address 1611 W Harrison St # 300

City	State	Zip Code
Chicago	IL	60612-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2012

Transaction ID : A5A3D7698DCD64DD1847

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard M Dix MD

Mailing Address PO Box 50129

City	State	Zip Code
Henderson	NV	89016-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2012

Transaction ID : AB0C1038485AD48E5A34

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank J Eismont MDMailing Address Dept of Orthopaedics
PO Box 016960 (D-27)

City	State	Zip Code
Miami	FL	33101-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2012

Transaction ID : A31F328B548DB45179EA

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 270 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John W Gainor MD

Mailing Address PO Box 1200

City

Santa Barbara

State

CA

Zip Code

93102-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Medical Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A6434DE1B10344E6C822

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey R Ginther MD, FACS

Mailing Address 13827 Driftwood Dr

City

Carmel

State

IN

Zip Code

46033-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverview Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A8A681C50B31A4987BCF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert P Good MD

Mailing Address 8 Steeplechase Ln

City

Malvern

State

PA

Zip Code

19355-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Specialist Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A86EC88713EEEE4B4E9D0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 271 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas Jeffrey Green MD

Mailing Address 1 Dunwoody Dr

City State Zip Code
 Carlisle PA 17015-9565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A6FB40FE7C9114FECB2A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Yram Jan Groff MD

Mailing Address Suite EG-01 East Wing, Shadyside H
 510 S. Aiken Avenue

City State Zip Code
 Pittsburgh PA 15232-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Groff Ortho & Sports Med

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A0080C79D56E24AB9B49

Amount of Each Receipt this Period

368.00

Full Name (Last, First, Middle Initial)

C. Alan E Hibberd MD

Mailing Address 23704 Up Mountain Rd

City State Zip Code
 San Antonio TX 78255-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

San Antonio Orthopaedic Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A4A90B38E1A9B46F2BC1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1368.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 272 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Edward S Homan Jr, MD

Mailing Address 329 St Augustine Ave

City

State

Zip Code

Temple Terrace

FL

33617-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VA Hospital

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A842EFD5ECD004B7A974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Clifford R Kahn MD

Mailing Address 17525 Ventura Blvd Ste 203

City

State

Zip Code

Encino

CA

91316-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A24D2BF10429E4B2F90B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul S Kenyon MD

Mailing Address 150 S. East Ave
PO Box 600

City

State

Zip Code

Jackson

MI

49201-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A274F87A336AE49D6945

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Glenn C Landon MD

Mailing Address 2nd Fl Orthopaedics

2727 W Holcombe Blvd

City

Houston

State

TX

Zip Code

77025-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelsey-Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A34DF5322C7154D4A97A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen N Lang MD

Mailing Address 120 William Penn Plaza

City

Durham

State

NC

Zip Code

27704-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Triangle Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : AB57D3AE1FF0A49618F8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gregory Neal Lervick MD

Mailing Address 4601 Lake Harriet Pkwy East

City

Minneapolis

State

MN

Zip Code

55419-5265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A121620F4231E49718C9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 274 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard P Lewallen MD

Mailing Address 2900 12th Ave N Ste 100E

City State Zip Code
 Billings MT 59101-7504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Montana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A5496F87556744A1897A

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Rowland Brook Mayor MD

Mailing Address Center for Orthopaedics PC
 2200 Whitney Ave. Ste. 140

City State Zip Code
 Hamden CT 06518-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedic Service

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : AF4848717B8B5423E89A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Aloysius McDonald MD

Mailing Address 26 Treeborough Dr.

City State Zip Code
 West Hartford CT 06117-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Ortho Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A4B3835169E2F48A985C

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 275 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas J Meyer MD

Mailing Address 180 S. Third St.
Suite 100

City Belleville State IL Zip Code 62220-1952

FEC ID number of contributing
federal political committee.

C

Name of Employer
HSHS Medical Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A272B64D67B0C4E4998D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter W Mitchell MD

Mailing Address 2222 E Highland Ste 425

City Phoenix State AZ Zip Code 85016-4881

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A7D22738E94A149108DC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Arthur J Ozolin MD

Mailing Address 2420 S Union Ave Ste 300

City Tacoma State WA Zip Code 98405-1387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Health System

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : ADE5B8FEB05BA40C49C6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 276 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Anthony F Pachelli MD

Mailing Address 201 Cedar SE Ste 6600

City

Albuquerque

State

NM

Zip Code

87106-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : AA072D1569AFB4643AF1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David N Palmer MD

Mailing Address 235 Westbrook Ln

City

Pooler

State

GA

Zip Code

31322-9604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : AC37965904B0C4602BF3

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. David W Polly Jr, MD

Mailing Address 2450 Riverside Ave South, R200

City

Minneapolis

State

MN

Zip Code

55454-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A6578D892C99F452F9A0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 277 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Martin A Posner MD

Mailing Address 2 E 88th St

City
New York

State Zip Code
NY 10128-0555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A595833D1C2A14B21810

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chad T Price MD

Mailing Address 1222 S. Orange Ave
5th Fl

City
Orlando

State Zip Code
FL 32806-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Regional Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : AEBB661DA380C4623988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James R Rappaport MD

Mailing Address 6630 S McCarran
Bldg 4 Ste A

City
Reno

State Zip Code
NV 89509-6145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sierra Regional Spine Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A33E15F9A5EEC4FD2ABF

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)..... ►

2400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 278 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. James W Renne MD

Mailing Address 421 Chestnut St

City

Evansville

State

IN

Zip Code

47713-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deaconess Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : AD969D263BF77413E804

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald R Reschly MD

Mailing Address 1030 E Lincoln Ave

City

Lancaster

State

WI

Zip Code

53813-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary's Dean Venture

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : ABFBE7D3B1B27477A8A4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. K Daniel Riew MD

Mailing Address 660 S Euclid Ave CB 8233

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A0A106F911DB94BC897C

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 279 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Yamil C Rivera MD

Mailing Address Monte Verde Real Vereda 20

City State Zip Code
San Juan PR 00926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Spine Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A00D06658EBC740BDB95

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matthew Roberts MD

Mailing Address 325 E 72nd St Apt 9C

City State Zip Code
New York NY 10021-4698

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A0611923847684E64B37

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jose E Rodriguez MD

Mailing Address 2500 Fondren Ste 210

City State Zip Code
Houston TX 77063-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : AD75B29B7BDC941B9AF0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Donald Joseph Rose MD

Mailing Address 1095 Park Ave

City
New York

State Zip Code
NY 10128-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

RYC Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A502FDB603CB34F298CE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Rozzi MD

Mailing Address 51116 Shamrock Hills Ct

City
Granger

State Zip Code
IN 46530-7824

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Bend Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A7E08C74F038C4B9EBD5

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Richard B Schultz MD

Mailing Address 302 University Blvd

City
Round Rock

State Zip Code
TX 78665-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott & White

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A872A855F5E404022860

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Steven Aaron Shapiro MD

Mailing Address 395 N Silverbell Rd Ste 101

City State Zip Code
 Tucson AZ 85745-2718

FEC ID number of contributing federal political committee.

C

Name of Employer

Tucson Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : A9F4C1F73A7A144CB8D4

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. J Richard Steadman MD

Mailing Address 181 W. Meadow Dr
Ste 1000

City State Zip Code
 Vail CO 81657-5889

FEC ID number of contributing federal political committee.

C

Name of Employer

Steadman Hawkins Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : AB861A30A509F4ADB873

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Eric Strauss MD

Mailing Address 301 East 17th Street
Suite 1616

City State Zip Code
 New York NY 10003-3804

FEC ID number of contributing federal political committee.

C

Name of Employer

NYU Hospital for Joint Diseases

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : A716B3C3C5D544B679B1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 282 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Edwin P Su MD

Mailing Address 535 E 70th St

City
New York

State Zip Code
NY 10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A07CDC30231554F3CA11

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William S Tankersley MD

Mailing Address 6 Windsong Dr

City
Richmond Hill

State Zip Code
GA 31324-7316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : ACFF9C79E54354CF3AB6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Thull MD

Mailing Address 10250 N 92nd St #114

City
Scottsdale

State Zip Code
AZ 85258-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : AABB6B65F58784CBAA22

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 283 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Francis K Tindall MD

Mailing Address 5620 E Bell Rd

City

Scottsdale

State

AZ

Zip Code

85254-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSNA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A46AFB6597CC942299E7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul Tornetta III, MD

Mailing Address 850 Harrison Ave
Dowling 2 North

City

Boston

State

MA

Zip Code

02118-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A5660BFDF1EF046C5977

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Audrey K Tsao MD

Mailing Address 12361 W. Bola Dr Suite 100

City

Surprise

State

AZ

Zip Code

85378-9021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sun Valley Orthopedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A6512CCB9721044F8A30

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 284 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Brian Keith Vickaryous MD

Mailing Address 3330 Lakeview Oaks Dr

City

Longwood

State

FL

Zip Code

32779-3155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

03 / 15 / 2012

Transaction ID : ACAE5240974BF47B887B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Troy B Watkins Jr, MD

Mailing Address 125 E Idaho Ste 104

City

Boise

State

ID

Zip Code

83712-6254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain States Hand Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A8C2484BC5A59479DB77

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott Philip Worrell MD

Mailing Address 11110 Medical Campus Rd Ste 205

City

Hagerstown

State

MD

Zip Code

21742-6797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Robinwood Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

Transaction ID : A556E01C81E884650BB1

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen John Zabinski MD

Mailing Address 710 Center St

City

Somers Point

State

NJ

Zip Code

08244-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shore Orthopaedic Univ Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : AB88569747A0543D89F9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew M Star MD

Mailing Address 2400 Maryland Rd Suite 20
Attn: Carolyn Amato

City

Willow Grove

State

PA

Zip Code

19090-1732

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2012

Transaction ID : A9077178B128A412C94B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William D Allen MD

Mailing Address 2854 Bell St

City

Zanesville

State

OH

Zip Code

43701-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Zanesville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : A67BAB46563FB4874870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 286 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen L Brenneke MD

Mailing Address 10121 SE Sunnyside Road
Suite 130

City State Zip Code
Clackamas OR 97015-5753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2012

Transaction ID : AF5869FE447C84968B30

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel Alexander Capen MD

Mailing Address 3416 The Strand

City State Zip Code
Manhattan Beach CA 90266-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Downey Orthopedic Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 22 / 2012

Transaction ID : A7CEEE4F13745402AA4F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Theodore W Crofford MD

Mailing Address 750 8th Ave Ste 400

City State Zip Code
Fort Worth TX 76104-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Texas Hip & Knee

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 22 / 2012

Transaction ID : AE554CC0755754658846

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 287 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Seth S Greenky MD

Mailing Address 4115 Medical Center Dr

City State Zip Code
 Fayetteville NY 13066-6636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Syracuse Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2012

Transaction ID : A9F117F2095344F12982

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ganesh G Gupta MD

Mailing Address 10730 Nall Ave Ste 202

City State Zip Code
 Leawood KS 66211-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Orthopaedic Services

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 22 / 2012

Transaction ID : A8106339B8DFA4A66996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cary M Guse MD

Mailing Address 940 N Marr Rd Ste C

City State Zip Code
 Columbus IN 47201-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Indiana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2012

Transaction ID : ADC275B6D6B474F01B99

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Albert F Haas MD

Mailing Address 6144 Airport Blvd

City State Zip Code
Mobile AL 36608-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
The Orthopaedic Group Orthopaedic Surgeon

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 22 2012

Transaction ID : A1ACABD0DF6B4426FAD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas Janssen MD

Mailing Address 1110 N Lee Ave

City State Zip Code
Oklahoma City OK 73103-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
McBride Clinic Inc Orthopaedic Surgeon

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 22 2012

Transaction ID : A32A2C68D22124CAFA1F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wade Jensen MD

Mailing Address 575 Sioux Point Rd

City State Zip Code
North Sioux City SD 57049-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
CNOS Orthopaedic Surgeon

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 22 2012

Transaction ID : A738A0B55C27B42209D4

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard Layfield MD

Mailing Address 12722 Clifton Heights Lane

City State Zip Code
Clifton VA 20124-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nova Ortho and Spine Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 22 / 2012

Transaction ID : AD8C40580F9CC4713A14

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anthony R Marino MD

Mailing Address 12 Misty Ln

City State Zip Code
Londonderry NH 03053-2675

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 22 / 2012

Transaction ID : AC57337837B454C59B0C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Joseph G Martin MD

Mailing Address 2300 53rd Ave Ste 100

City State Zip Code
Bettendorf IA 52722-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORA Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2012

Transaction ID : ADC59CA1F2C414433A35

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael R Meisterling MD

Mailing Address 5803 Neal Ave N.

City State Zip Code
 Stillwater MN 55082-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Croix Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2012

Transaction ID : A4537FE708BF241EDB11

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeff Eric Schulman MD

Mailing Address 3851 Barcroft Ln

City State Zip Code
 Alexandria VA 22312-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 22 / 2012

Transaction ID : A0AFB97BE2F34481FB1C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew J Stein MD

Mailing Address 13690 E 14th St Ste 200

City State Zip Code
 San Leandro CA 94578-2584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 22 / 2012

Transaction ID : A7A5D88D494B44EF3A70

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gregory A Vrabec MD

Mailing Address Dept of Orthopaedic Surgery
224 W Exchange St -Ste 440

City Akron State OH Zip Code 44302-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 22 / 2012

Transaction ID : A78D5011DE805409981F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Patrick J Horan MD

Mailing Address 11603 Sheldon Rd

City Tampa State FL Zip Code 33626-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Group of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 24 / 2012

Transaction ID : A6A6C5C1CF007435E871

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dominic S Carreira MD

Mailing Address 300 SE 17th St, First Floor

City Fort Lauderdale State FL Zip Code 33316-2550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broward Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 26 / 2012

Transaction ID : AC2EB3CDEE80345FFBD2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 292 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nathaniel P Cohen MD

Mailing Address 14601 S Bascom Ave Ste 200

City State Zip Code
Los Gatos CA 95032-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AFAF2FF7C6AA44BA28E8

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Michael T Diment MD

Mailing Address 770 Riverside Ave Ste 105

City State Zip Code
Adrian MI 49221-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Promedica Physician Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2012

Transaction ID : ADCB2441CA6CD439DB9D

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. David Justin Downs MD

Mailing Address 101 Laguna Rd Ste A

City State Zip Code
Fullerton CA 92835-3635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A0C798E0AE2604A508DD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jaroslaw B Dzwinyk MD

Mailing Address 600 W Lake Cook Rd Ste 160

City

Buffalo Grove

State

IL

Zip Code

60089-2091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Buffalo Grove Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AFEFDC424E5934F59B55

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jesse G Eisler MD

Mailing Address 460 Hartford Tpke Ste B

City

Vernon Rockville

State

CT

Zip Code

06066-4847

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT Back Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AB4D05B514A63484598D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ira Esformes MD

Mailing Address 440 Old Hook Rd Fl 2

City

Emerson

State

NJ

Zip Code

07630-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AF325281A64904DB196A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ira L Fedder MD

Mailing Address 7505 Osler Dr Ste 104

City State Zip Code
Towson MD 21204-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towson Orthopaedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AD0DCA3C31EFC4300A57

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Laura M Bruse Gehrig MD

Mailing Address 225 N 7th St

City State Zip Code
Bismarck ND 58501-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Center One

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A4926370B1CDE4C3598E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ramesh Gidumal MD

Mailing Address 530-1st Ave Ste 5D

City State Zip Code
New York NY 10016-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A149CC74ACAB4478DA81

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 295 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert B Grossman MD

Mailing Address 35 Gilbert St S.

City

Tinton Falls

State

NJ

Zip Code

07701-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

03 / 26 / 2012

Transaction ID : A70FF6FB122DC45A5836

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Edward S Homan Jr, MD

Mailing Address 329 St Augustine Ave

City

Temple Terrace

State

FL

Zip Code

33617-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 26 / 2012

Transaction ID : AB052A307A7C34915BF1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert G Jones MD

Mailing Address 3320 Wake Forest Rd Ste 120

City

Raleigh

State

NC

Zip Code

27609-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Impact Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 26 / 2012

Transaction ID : AD100CAE9326A459EA45

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Warren G Kramer III, MD

Mailing Address 1401 Avocado Ave Ste 307

City

Newport Beach

State

CA

Zip Code

92660-8732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AB2CA184489434BD8B7E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Louis M Kwong MD

Mailing Address Los Angeles County Harbor
PO Box 422

City

Torrance

State

CA

Zip Code

90508-0422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AA45A766C0827445EB56

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Billy Paul Leon MD

Mailing Address 130 W Route 66 Ste 222

City

Glendora

State

CA

Zip Code

91740-6251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A6C03892DF46A481CBF0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 297 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Edward J Lisecki Jr, MD

Mailing Address 516 Jefferson Terr Blvd Ste 100

City State Zip Code
New Iberia LA 70560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A26C26C4C6B9A412599D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Frederick T Lohr MD

Mailing Address 100 Brown St

City State Zip Code
Chestertown MD 21620-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A35B5B95CAF294592A77

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Emmett T McEleney MD

Mailing Address Mohave Desert Ortho Ctr
1739 Beverly Ave Ste 101

City State Zip Code
Kingman AZ 86409-3593

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mohave Desert Ortho Ctr

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A010E4DA8B00641A195F

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 298 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel E Murphy MD

Mailing Address 602 S Howard Ave

City State Zip Code
Tampa FL 33606-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A89A758732862469A95C

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. 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

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : ACDF7A529006C4EEEE809

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael T O'Neil MD

Mailing Address 4239 Farnam St Ste 409

City State Zip Code
Omaha NE 68131-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Ortho Association

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AC078694708C74B41AFC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 299 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Susan N Pick MD

Mailing Address PO Box 568

City

Crossville

State

TN

Zip Code

38557-0568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A86B45ACA6EB34921A93

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. J Teig Port MD

Mailing Address 1106 N Galloway Ave

City

Mesquite

State

TX

Zip Code

75149-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A3C783AB67619419798E

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Rowland W Pritchard MD

Mailing Address 2601 SW 37th Ave Suite 604

City

Miami

State

FL

Zip Code

33133-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A6E0550D68DFD43DE896

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen J Raterman MD

Mailing Address 11108 Winthrop Way

City State Zip Code
Tampa FL 33612-6562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Medical Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A5A900A4C487C4C70878

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sanford A Ratzan MD

Mailing Address 786 Montauk Hwy Ste D

City State Zip Code
West Islip NY 11795-4997

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Suffolk Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : ABE6C332EAFDC4B73BF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mitchell Forest Reiter MD

Mailing Address 33 Overlook Rd
Mac I Suite 305

City State Zip Code
Summit NJ 07901-3570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : A9B8B18FE463E4605AA9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Marc Arnold Samson MD

Mailing Address 1020 Montrose Ave

City State Zip Code
South Pasadena CA 91030-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Angeles Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AA2C12242321249F6B77

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jay G Stein MD

Mailing Address 209 NE 95th St Ste 8

City State Zip Code
Miami Shores FL 33138-2745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : AF9AF7958B7CC4A1DA80

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven B Zelico MD

Mailing Address 600 Mamaroneck Ave Ste 101

City State Zip Code
Harrison NY 10528-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : ABFAF83C623044D38944

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 302 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David A Abrutyn MD

Mailing Address 215 Union Ave Ste B

City

Bridgewater

State

NJ

Zip Code

08807-3063

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Center for Ortho Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A4A41FAB59A874159B84

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daniel J Berry MD

Mailing Address 200 First St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A41C8C24FF5F644F6B2C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Frank Bethea MD

Mailing Address 1301 Taylor St Ste 3-0

City

Columbia

State

SC

Zip Code

29201-2942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 28 / 2012

Transaction ID : AD7458F9203534F9AA07

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 303 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Samuel S Blick MD

Mailing Address 25 West Crystal Lake St Ste 200

City State Zip Code
Orlando FL 32806-4476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A4EBE69850F054172BE2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas J Blumenfeld MD

Mailing Address 1020 29th St Ste 450

City State Zip Code
Sacramento CA 95816-5173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : AC0D2860A2FD643D5977

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Treg D Brown MD

Mailing Address 510 Lincoln Dr

City State Zip Code
Herrin IL 62948-6334

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A1F8C0B4881D64D0BA41

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 304 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jeffrey Dean Coe MD

Mailing Address 221 E Hacienda Ste A

City State Zip Code
Campbell CA 95008-6625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silicon Valley Spine Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : A6044C0B8D17E4406A93

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Shannon E Cooke MD

Mailing Address 1749 Pine St

City State Zip Code
Abilene TX 79601-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abilene Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : AF33A68141E094C8FB4B

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. Charles C Craig MD

Mailing Address 3 Hawthorne Court

City State Zip Code
Newton KS 67114-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : ACEE9C8179BD8400BA8A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 305 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bryan D Den Hartog MD

Mailing Address 7220 South Hwy 16

City

Rapid City

State

SD

Zip Code

57702-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Black Hills Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A4F674FB2CB414B2CAEE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David M Dines MD

Mailing Address Hospital for Special Surgery
935 Northern Blvd Ste 303

City

Great Neck

State

NY

Zip Code

11021-5328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : ACC75C90925374ADEA18

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David W Edelstein MD

Mailing Address 2727 W Holcombe

City

Houston

State

TX

Zip Code

77025-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelsey Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A64458E455F9E4903BC9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

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:
(check only one)

PAGE 306 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Walter Commodore Edwards MD

Mailing Address 980 Johnson Ferry Rd 1 Ste 170

City State Zip Code
Atlanta GA 30342-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A843EEACE155E4EDA9D9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Frederick F Fakharzadeh MD

Mailing Address 22 Madison Ave

City State Zip Code
Paramus NJ 07652-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : AA7FCACB0CF464181951

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Diane E Gilles MD

Mailing Address 220805 East 42nd St

City State Zip Code
Scottsbluff NE 69361-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gilles Orthopaedic PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A7DE60FF6A6D84824A7A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 307 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stephen R Goll MD

Mailing Address 25 West Crystal Lake St Ste 200

City State Zip Code
Orlando FL 32806-4476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A64BD6C8FDA8F419FAC1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John N Hall MD

Mailing Address Atlantic Coast Ortho Specialists
414 Albemarle Sq

City State Zip Code
Charlottesville VA 22901-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Coast Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A0EFE6CF7FEF9454B868

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. Lawrence S Halperin MD

Mailing Address 25 West Crytal Lake St

City State Zip Code
Orlando FL 32806-4475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A0655234321A54BC5B61

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 308 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Richard J Hawkins MD

Mailing Address 200 Patewood Dr
Ste C 100

City State Zip Code
Greenville SC 29615-6322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : A90DE614485CF472C872

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. C Thomas Hopkins MD

Mailing Address 717 S 8th St

City State Zip Code
Griffin GA 30224-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic & Sports Injury Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : A5B66170498ED4C41B52

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sooren Karayan MD

Mailing Address 1510 S Central Ave Ste 500

City State Zip Code
Glendale CA 91204-2540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : A0F73790177E447F7AA2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 309 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Philip A G Karpos MD

Mailing Address 4230 Harding Rd Ste 1000

City

Nashville

State

TN

Zip Code

37205-2098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Orthopaedic Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : ABC86FEDE0C29443FA5B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Danielle Katz MD

Mailing Address 6620 Fly Rd

City

East Syracuse

State

NY

Zip Code

13057-9717

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Upstate

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A631114086B1D4DC984C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Patrick G Kirk MD

Mailing Address 4760 E Galbraith Rd Ste 109

City

Cincinnati

State

OH

Zip Code

45236-6704

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Christ Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : AFE768ED631E841F78CE

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 310 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Thomas E Knox MD

Mailing Address 3 Medical Plz

City

Mountain Home

State

AR

Zip Code

72653-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : ACB74B525C21D4CBAB5E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John H Lyon MD

Mailing Address 1550 N Northwest Hwy Ste 220

City

Park Ridge

State

IL

Zip Code

60068-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Surgery Specialists, Ltd

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : AD3214CD5D72D4E41B6D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James T Mazzara MD

Mailing Address 3 Clermont Park

City

Farmington

State

CT

Zip Code

06032-1571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2012

Transaction ID : AC57118B55A6846088F2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 311 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Brian J McGinley MD

Mailing Address 635 Belle Terre Rd Ste 204

City State Zip Code
 Port Jefferson NY 11777-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Long Island Bone & Joint Orthopaedic Surgeon

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A246FA40C2AD64C89883

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alan S Routman MD

Mailing Address 5601 N Dixie Hwy Ste 210

City State Zip Code
 Oakland Park FL 33334-4145

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Self Employed Orthopaedic Surgeon

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A36FF17F01DC84C10A8C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul T Rud MD

Mailing Address 15684 Birchwood Ln

City State Zip Code
 Brainerd MN 56401-6177

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Northern Orthopedics Orthopaedic Surgeon

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 28 / 2012

Transaction ID : A7513EA3F625243768B8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 312 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daniel J Schwarze MD

Mailing Address 2821 New Ballas Rd Ste C-15

City State Zip Code
 Saint Louis MO 63131

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Louis Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : ABF49DF2A50334FDB9B0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard W Springstead MD

Mailing Address 33 Ponce de Leon Blvd

City State Zip Code
 Brooksville FL 34601-3217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : A84EA04365FE2499CBB0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William S Sutherland MD

Mailing Address 150 Rt 1 Bypass

City State Zip Code
 Portsmouth NH 03801-5332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sports Medicine Atlantic Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : AF5AD5DCC0E4F430D88A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 313 OF 366

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andrew L Terrono Jr, MD

Mailing Address 125 Parker Hill Ave

City

Roxbury Crossing

State

MA

Zip Code

02120-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hand Surgical Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	2

Transaction ID : AE529B840001B4991984

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William R Vandiver MD

Mailing Address 6705 Bob O Link Dr

City

Dallas

State

TX

Zip Code

75214-3140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	2

Transaction ID : A41F8BC069A7D4446AB9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher Zingas MD

Mailing Address 23829 Little Mack Ste 100

City

Saint Clair Shores

State

MI

Zip Code

48080-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	2

Transaction ID : A6B3752E4BBF84720ABE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 314 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael Rowland MD

Mailing Address 2 Pond Park
Suite 102

City State Zip Code
Hingham MA 02043-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : AB5D3A539544D4EBBBBE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cary B Chapman MD

Mailing Address 1534 Victory Blvd

City State Zip Code
Staten Island NY 10314-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : A336FBD8658E1475FAF4

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Michael Paul Chapman MD

Mailing Address 1500 Associates Dr

City State Zip Code
Dubuque IA 52002-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Associates of Dubuque

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : A3C4B95B247354FA7B9C

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 315 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kenneth J Edwards MD

Mailing Address 183 Peace Blvd

City

Saint Joseph

State

MI

Zip Code

49085-9146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Michigan Ctr for Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 30 / 2012

Transaction ID : A5908ED9119E64958AA4

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ray M Fitzgerald MD

Mailing Address 17270 Red Oak Dr Ste 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2012

Transaction ID : AB7819DEA826345F496E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel William Green MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

03 / 30 / 2012

Transaction ID : A39DB1A93DF4D4205990

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

767.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 316 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Daryl Sheldon Larke MD

Mailing Address 60 Laurel Ridge Rd

City

Prestonsburg

State

KY

Zip Code

41653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highlands Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

03 / 30 / 2012

Transaction ID : A76FD024B494B446A9CC

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Paul J Mason MD

Mailing Address 5056 Rockhaven Dr

City

Clarence

State

NY

Zip Code

14031-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Buffalo Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2012

Transaction ID : A1802406C00FD497EB06

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul David Peterson MD

Mailing Address 2950 S Elm PI Ste 460

City

Broken Arrow

State

OK

Zip Code

74012-7863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulsa Bone & Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 30 / 2012

Transaction ID : A167E1EDA75EB453D952

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 317 OF 366

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Uwe R Pontius MD

Mailing Address 19 Auburn Pl

City

San Antonio

State

TX

Zip Code

78209-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 30 / 2012

Transaction ID : A742F4BB7398E4AC5A56

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott Edward Porter MD

Mailing Address Dept of Ortho, Acad Serv
701 Grove Rd 2nd Fl Suprt Twr

City

Greenville

State

SC

Zip Code

29605-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

03 / 30 / 2012

Transaction ID : A6CC61179F5CB45C0B13

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Glenn B Rankin MD

Mailing Address 651 N Granados Ave

City

Solana Beach

State

CA

Zip Code

92075-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Permanente Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 30 / 2012

Transaction ID : AD6A6BBE72251455B9D5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 OF 366

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. William J Robb III, MD

Mailing Address Walgreen Bldg, Dept of Ortho
 2650 Ridge Ave Ste 2505

City State Zip Code
 Evanston IL 60201-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Bone & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : A896B016594EF4FF3BC1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marc J Rosen MD

Mailing Address 5605 W Eugie Ste 111

City State Zip Code
 Glendale AZ 85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Surgeons Network of North

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : AA9892AEAC11A4ACA805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jerrold M Sherman MD

Mailing Address 264 S LaCienega Blvd

City State Zip Code
 Beverly Hills CA 90211-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : AC28AFE3E38ED4E37A3F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 319 OF 366
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nathaniel J Stewart MD

Mailing Address 2480 Fieldstone

City

Eau Claire

State

WI

Zip Code

54701-7869

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chippewa Valley Orthopedic and Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	2

Transaction ID : A08C560EBB48341DDA5A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James B Stiehl MD

Mailing Address 4573 CJ Heck Rd

City

Salem

State

IL

Zip Code

62881-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	2

Transaction ID : A17615AF8E9DE4D31989

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeff Alan Traub MD

Mailing Address 215 Bright Water Cove

City

Alpharetta

State

GA

Zip Code

30022-8021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	2

Transaction ID : A6993F3399FA74E43BCD

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 OF 366
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Robert E Van Demark Jr, MD

Mailing Address 900 W. Delaware

City State Zip Code
Sioux Falls SD 57104-0337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : A01463689EE30468B8AA

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Daniel M Veltri MD

Mailing Address 22 Farview Run

City State Zip Code
Marlborough CT 06447-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : A66F856EC843F4989AB6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Timothy P Schweitzer MD

Mailing Address 10287 SW Taylor St

City State Zip Code
Portland OR 97225-7058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Permanente, PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : A25B93AED7E584BEAB94

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

561747.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 321 OF 366

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.45

Date of Receipt

01 / 12 / 2012

Transaction ID : A603D16EA6FE94BC7996

Amount of Each Receipt this Period

502.45

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

B. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4349.25

Date of Receipt

02 / 28 / 2012

Transaction ID : A64A25C90699F438BA27

Amount of Each Receipt this Period

3846.80

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

C. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7040.87

Date of Receipt

03 / 22 / 2012

Transaction ID : A398F85C1D92A479BB79

Amount of Each Receipt this Period

2691.62

Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7040.87

7040.87

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 322 OF 366

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Lewis for Congress Committee

Mailing Address P.O. Box 247

City State Zip Code
 Redlands CA 92373

FEC ID number of contributing
federal political committee.

C C00090357

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / **31** / **2012**

Transaction ID : AC0450CB42CD14BAFA5L

Amount of Each Receipt this Period

1000.00

Refund of contribution made 11/10/2011

Full Name (Last, First, Middle Initial)

B. Wally Herger for Congress Committee

Mailing Address P.O. Box 1007

City State Zip Code
 Willows CA 95988

FEC ID number of contributing
federal political committee.

C C00202523

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

02 / **24** / **2012**

Transaction ID : A4BF6E10A6F214C778D2

Amount of Each Receipt this Period

5000.00

Refund of Contribution

Full Name (Last, First, Middle Initial)

c. Wally Herger for Congress Committee

Mailing Address P.O. Box 1007

City State Zip Code
 Willows CA 95988

FEC ID number of contributing
federal political committee.

C C00202523

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

02 / **24** / **2012**

Transaction ID : A0AE82225A3B4771A8F

Amount of Each Receipt this Period

5000.00

Refund of Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 OF 366

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Geoff Davis for Congress

Mailing Address P.O. Box 17192

Suite F

City

State

Zip Code

Ft Mitchell

KY

41017

FEC ID number of contributing federal political committee.

C

C00369470

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

Transaction ID : AF7A20B8E2A4F428C82B

Amount of Each Receipt this Period

5000.00

Refund of contribution made

Full Name (Last, First, Middle Initial)

B. Geoff Davis for Congress

Mailing Address P.O. Box 17192

Suite F

City

State

Zip Code

Ft Mitchell

KY

41017

FEC ID number of contributing federal political committee.

C

C00369470

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

Transaction ID : AB484EF9EF0494435827

Amount of Each Receipt this Period

2000.00

Refund of contribution made

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

18000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 324 OF 366

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2012

Transaction ID : B3044C676C0E849659EC

Amount of Each Disbursement this Period

131.86

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2012

Transaction ID : BB9CD7429DAB14FEDBD

Amount of Each Disbursement this Period

120.80

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2012

Transaction ID : B4D56FFB185094A21855

Amount of Each Disbursement this Period

58.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.66

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 325 OF 366

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2012

Transaction ID : B9CC17A5A99F1469595F

Amount of Each Disbursement this Period

280.20

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : B29182AA67AA34CB685F

Amount of Each Disbursement this Period

54.20

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : B03CDBBDD476343889CD

Amount of Each Disbursement this Period

1824.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2159.15

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 326 OF 366

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2012
Transaction ID : B83D75141128A4F28A96

Amount of Each Disbursement this Period

1290.97

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2012
Transaction ID : B03EC0C08C7F449C9ACB

Amount of Each Disbursement this Period

277.28

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2012
Transaction ID : B041AE111E31941218EF

Amount of Each Disbursement this Period

120.40

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1688.65

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 328 OF 366

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

Transaction ID : BCB EFD6D9C904487FB71

Amount of Each Disbursement this Period

1320.69

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit Card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2012

Transaction ID : B2B49A0A2982846DFBC3

Amount of Each Disbursement this Period

243.28

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : B11E2A83DF5934F199B1

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1603.97

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 329 OF 366

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : BFF36D8B6B45840EEBB1

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : B954E4CA6F3094A2FA52

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

6930.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 330 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Heller for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2012

Mailing Address P.O. Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Transaction ID : B2A1051CE5A784124A0D

Purpose of Disbursement

Amount of Each Disbursement this Period

3500.00

Candidate Name

Dean HellerCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District:

Full Name (Last, First, Middle Initial)

B. Jackie Speier for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2012

Mailing Address P.O. Box 112

City	State	Zip Code
Burlingame	CA	94011

Transaction ID : BC76E3E049B0844C381C

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Jackie SpeierCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 12

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Commit

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2012

Mailing Address 430 S Capitol St SE
2nd Floor

City	State	Zip Code
Washington	DC	20003

Transaction ID : B9D5F781631D44C5DB43Purpose of Disbursement
2012 Annual Dues

Amount of Each Disbursement this Period

15000.00

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Other0

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 331 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dutch Ruppersberger for Congress

Mailing Address 22 West Padonia Road Suite C-141

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement

Candidate Name

Rep. Dutch Ruppersberger

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MD District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	11	/	2012

Transaction ID : B7EB1CC2095604015935

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City	State	Zip Code
Wadsworth	OH	44281

Purpose of Disbursement

Candidate Name

Rep. James B. Renacci

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 16

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	11	/	2012

Transaction ID : B9E06E7A699A44E5B9A4

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. John Lewis for CongressMailing Address P.O. Box 2323
Suite 5300

City	State	Zip Code
Atlanta	GA	30301

Purpose of Disbursement

Candidate Name

Rep. John Lewis

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 05

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	11	/	2012

Transaction ID : B183A0420A0CA4851AF6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 332 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark Critz for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2012

Mailing Address 647 Main Street
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Candidate Name

Rep. Mark S. CritzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 12

Category/
Type**Transaction ID : BA6DE150D02E84168BB5**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Moderate Democrats PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2012

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2012 Annual Dues

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other0

Category/
Type**Transaction ID : B2FF51D33CE2E416FBE5**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Commit

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2012

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2012 Annual Dues

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other0

Category/
Type**Transaction ID : BF33FAD13A0BC4DFA869**

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 333 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2012

Mailing Address 425 Second Street NE

Transaction ID : B2A09483A31DC4B2BA94

City	State	Zip Code
Washington	DC	20002

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Annual DuesCategory/
Type

15000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Other0

State: District:

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition PAC (NDC PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2012

Mailing Address 607 14th Street, NW
Suite 800**Transaction ID : B6A691E31A0FC4E559CE**

City	State	Zip Code
Washington	DC	20005

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Annual DuesCategory/
Type

5000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Other0

State: District:

Full Name (Last, First, Middle Initial)

C. Republican Main Street Partnership

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2012

Mailing Address 2201 Wisconsin Avenue NW
Suite 320**Transaction ID : B42AB5CC323704DDD88B**

City	State	Zip Code
Washington	DC	20007

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Annual DuesCategory/
Type

5000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Other0

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 334 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Republican National Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2012

Mailing Address 310 First Street SE

Transaction ID : B20E2B379A47C4511812

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Annual Dues

Category/ Type

Amount
15000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other0

State: District:

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2012

Mailing Address P.O. Box 11586

Transaction ID : B8EC1D43E5E2A479EAD4

City	State	Zip Code
Washington	DC	20008

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Annual Dues

Category/ Type

Amount
5000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other0

State: District:

Full Name (Last, First, Middle Initial)

C. Blue Dog Pac, The

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2012

Mailing Address 209 Pennsylvania Ave SE

Transaction ID : BB5AA5C748FD243D285B

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

Purpose of Disbursement
Annual Dues

Category/ Type

Amount
5000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

Amount
25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 335 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address P.O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement

Candidate Name

Rep. Kevin Brady

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 08

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : B7E987179AC654F8AB8B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Glacier PAC

Mailing Address 3242 Cummins Way

City	State	Zip Code
Missoula	MT	59802

Purpose of Disbursement
Baucus Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : B39DF979DD98D405C85D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lincoln PACMailing Address c/o Caryn Eggeraat
3701 Connecticut Ave. NW, #404

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
Kirk's Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : B643086BEDA3847B3A65

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 336 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Lone Star PAC

Mailing Address 104 Hume Ave

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
Burgess Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : B431243F4A4084BF2BC1

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement

Candidate Name

Rep. Mike Thompson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : BEDF417CB21FE491EA4F

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Steve Israel for Congress Committee

Mailing Address P.O. Box 777

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement

Candidate Name

Rep. Steve J. Israel

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : B5B8E6D3548FA441DA70

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 337 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. VIEW PAC

Mailing Address 701 8th Street, NW, Suite #500

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Annual Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : B1849B83FF2A2485EBFC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Women Under Forty Political Action Committee(WUFPAC)

Mailing Address 811 4th St NW Unit 1208

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Annual Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : B0DBD63B95D9A4EB0925

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Benishek for Congress

Mailing Address P.O. Box 2012

City	State	Zip Code
Kingsford	MI	49802

Purpose of Disbursement

Candidate Name

Daniel J Benishek

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 01

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : B4D77265B167643AAB0F

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 338 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Mailing Address P.O. Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Transaction ID : B9FE55E52A95548558E6

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Brett GuthrieCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 02

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Mailing Address P.O. Box 37

City	State	Zip Code
Roseville	MI	48066

Transaction ID : B655D03668DDA4E4DA5C

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Sen. Carl LevinCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District:

Full Name (Last, First, Middle Initial)

C. DOC PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

Mailing Address c/o The Gula Graham Group
700 12th St NW, Suite 700

City	State	Zip Code
Washington	DC	20005

Transaction ID : B3E2DC9E4097244CFA21Purpose of Disbursement
Gingrey's Leadership PAC

Amount of Each Disbursement this Period

5000.00

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 339 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Rosa Delauro

Mailing Address 12 Trumbull Street

City	State	Zip Code
New Haven	CT	06511

Purpose of Disbursement

Candidate Name

Rep. Rosa L. DeLauro

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CT District: 03

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

Transaction ID : B7FFA2D49B24A48C28E1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 217 3rd Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Tiberi's Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

Transaction ID : B0E6091539C104EA6A69

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy for Congress

Mailing Address P.O. Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Purpose of Disbursement

Candidate Name

Rep. Tim F. Murphy

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 18

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

Transaction ID : BAE019808C5B14D6B88F

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 340 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ben Chandler for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Mailing Address P.O. Box 12678

City	State	Zip Code
Lexington	KY	40583

Transaction ID : BC6A497809A5D4429841

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Ben ChandlerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 06

Full Name (Last, First, Middle Initial)

B. Conyers for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Mailing Address 1831 Bay Street SE

City	State	Zip Code
Washington	DC	20003

Transaction ID : B10B28522378646A3B07

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. John Conyers Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 14

Full Name (Last, First, Middle Initial)

C. Duncan D. Hunter for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Mailing Address 9340 Fuerte Drive Suite 302

City	State	Zip Code
La Mesa	CA	91941

Transaction ID : B9A43479F777844FEABA

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Duncan D. HunterCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 52

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 341 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Freedom Project, The

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
John Boehner's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2012

Transaction ID : BBB0230398FA74ED6A31

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Boehner

Mailing Address 631-B Pennsylvania Avenue, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Rep. John A. Boehner

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 08

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2012

Transaction ID : B0B9D5B5AF26C41B5A14

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GOP Generation Y Fund

Mailing Address P.O. Box 9055

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
Aaron Schock's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2012

Transaction ID : B59B7D56AC49A4F16BF2

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 342 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jim Gerlach for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Mailing Address P.O. Box 87

City	State	Zip Code
Uwchland	PA	19480

Purpose of Disbursement

Transaction ID : BCB07D9A66E674DEBA8E

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Jim W. GerlachCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 06

Full Name (Last, First, Middle Initial)

B. Texans for Lamar Smith

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Mailing Address P.O. Box 6155

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement

Transaction ID : B1EBAD90CB893492EA7C

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Lamar S. SmithCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 21

Full Name (Last, First, Middle Initial)

C. Thoroughbred PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

Mailing Address P.O. Box 65116

City	State	Zip Code
Washington	DC	20035

Purpose of Disbursement
Ed Whitfield's LPAC**Transaction ID : BFA30E61A41174C37B13**

Amount of Each Disbursement this Period

4000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 343 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address P.O. Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement

Candidate Name

Rep. John Shimkus

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 19

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2012

Transaction ID : BDF51452C2B90435CA48

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ed Royce for Congress

Mailing Address P.O. Box 2525

City	State	Zip Code
Orange	CA	92859

Purpose of Disbursement

Candidate Name

Rep. Ed R. Royce

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 40

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2012

Transaction ID : BAD496264EF074A10807

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jeb Hensarling

Mailing Address P.O. Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement

Candidate Name

Rep. Jeb Hensarling

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2012

Transaction ID : BD7E0253120C64CE0AFF

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 344 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jo Bonner for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2012

Mailing Address P.O. Box 851232

City	State	Zip Code
Mobile	AL	36685

Transaction ID : BD771EA9F1D7E4540A86

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Jo BonnerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District: 01

Full Name (Last, First, Middle Initial)

B. Kind for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2012

Mailing Address 205 5th Avenue South
Suite 428

City	State	Zip Code
La Crosse	WI	54601

Transaction ID : BF9AABE9817024835B10

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Ron KindCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 03

Full Name (Last, First, Middle Initial)

C. Richard E Neal for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2012

Mailing Address 50 E Street, SE Suite 1

City	State	Zip Code
Washington	DC	20003

Transaction ID : BFAFFFB8D1C2F4878BAF

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Richard E. NealCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 02

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 345 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Blackburn for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Mailing Address 4916 Thoroughbred Lane
Suite 4916City State Zip Code
Brentwood TN 37027

Purpose of Disbursement

Transaction ID : BD220FB0F34EE4122A36

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Marsha BlackburnCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

B. Brian Bilbray for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Mailing Address PO Box 455

City State Zip Code
Rancho Santa Fe CA 92067

Purpose of Disbursement

Transaction ID : B660A4FA4B0C74033A04

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Brian P. BilbrayCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 50

Full Name (Last, First, Middle Initial)

C. Every Republican is Crucial (ERIC) Pac

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Mailing Address 25 East Main Street
Suite 200City State Zip Code
Richmond VA 23219Purpose of Disbursement
Eric Cantor's LPAC**Transaction ID : B3CADED29492A416FBD3**

Amount of Each Disbursement this Period

2500.00

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 346 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Freedom and Security PAC

Mailing Address 228 S Washington St, Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Chairman John Kline's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Transaction ID : B29CFA4552B6240C29BA

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Mike Lee, Inc

Mailing Address 190 West 800 North Suite 100

City	State	Zip Code
Provo	UT	84601

Purpose of Disbursement

Candidate Name

Sen. Mike S. Lee

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Transaction ID : BEFA60531DFE745C3A2A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lamborn for Congress

Mailing Address P.O. Box 64107

City	State	Zip Code
Colorado Springs, CO	CO	80962

Purpose of Disbursement

Candidate Name

Rep. Douglas Lamborn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Transaction ID : BF0A2C4D6B80F4E82999

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 347 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Larson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Mailing Address c/o 4c Partners LLC
501 3rd Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Rep. John B. LarsonOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Category/
Type**Transaction ID : BEA72A6900EEA402FA0E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Manchin for West Virginia

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Mailing Address P.O. Box 5202

City Charlestown State WV Zip Code 25361

Purpose of Disbursement

Candidate Name

Sen. Joe Manchin IIIOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Category/
Type**Transaction ID : B2657CF5127714661AD8**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

Sen. Mitch McConnellOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Category/
Type**Transaction ID : B03AC632058B4472CAE2**

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 348 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. McKinley for Congress

Mailing Address P.O. Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement

Candidate Name

David B McKinley

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WV District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : BB380B82583BF49D397C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tom Rooney for Congress

Mailing Address 2336 S. East Ocean Blvd. #313

City	State	Zip Code
Stuart	FL	34996

Purpose of Disbursement

Candidate Name

Tom Rooney

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 16

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : B59BECD83BCF94C5089D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Kaptur for Congress

Mailing Address P.O. Box 899

City	State	Zip Code
Toledo	OH	43697

Purpose of Disbursement

Candidate Name

Rep. Marcy Kaptur

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 09

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2012

Transaction ID : B89C3F4B322F54A71A6F

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 349 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Adrian Smith for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Mailing Address 3321 Avenue I
Suite 6City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement

Candidate Name

Rep. Adrian SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District: 03

Category/
Type**Transaction ID : B96CBAFCEB38045FBB23**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BRETPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Mailing Address 608 Montgomery Ave

City State Zip Code
Elizabethtown KY 42701Purpose of Disbursement
Brett Guthrie's LPAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼ Other2012

State: District:

Category/
Type**Transaction ID : BAF1BE9E6AB114C59970**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Fleming for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Mailing Address P.O. Box 1236

City State Zip Code
Minden LA 71058

Purpose of Disbursement

Candidate Name

Rep. John C. FlemingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 04

Category/
Type**Transaction ID : B3F3425848B664351A9C**

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 350 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Nan Hayworth

Mailing Address P. O. Box 188

City	State	Zip Code
Carmel	NY	10512

Purpose of Disbursement

Candidate Name

Rep. Nan A.S. Hayworth

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 19

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Transaction ID : B2A8A8951C0FC4089A30

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gregg Harper for Congress

Mailing Address P.O. Box 54344

City	State	Zip Code
Pearl	MS	39288

Purpose of Disbursement

Candidate Name

Rep. Gregg Harper

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MS District: 03

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Transaction ID : BF0E83CA81170459F9E3

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Hoyer for CongressMailing Address 607 14th Street, NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

Candidate Name

Rep. Steny H. Hoyer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MD District: 05

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Transaction ID : B291F1F035B6449D0813

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 351 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Mailing Address P.O. Box 3176

Transaction ID : B0CE11A37568C4A5795B

City	State	Zip Code
Long Branch	NJ	07740

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Rep. Frank Pallone Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 06

Full Name (Last, First, Middle Initial)

B. Simpson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Mailing Address 1487 Parkway Drive

Transaction ID : B605E009BF00C4E85BF7

City	State	Zip Code
Blackfoot	ID	83221

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Candidate Name

Rep. Mike K. SimpsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ID District: 02

Full Name (Last, First, Middle Initial)

C. Tim Murphy for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Mailing Address P.O. Box 24551

Transaction ID : BD2F767F67C1C4542920

City	State	Zip Code
Pittsburgh	PA	15234

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Candidate Name

Rep. Tim F. MurphyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 352 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Courtney for Congress

Mailing Address 38 Risley Road

City Vernon	State CT	Zip Code 06066
----------------	-------------	-------------------

Purpose of Disbursement
2012 Convention Election

Candidate Name

Rep. Joe CourtneyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 02

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

Transaction ID : B6C0265E1507F4AB68FD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dold for Congress

Mailing Address P.O. Box 8145

City Northfield	State IL	Zip Code 60093
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Rep. Bob J. DoldOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

Transaction ID : B00C97A8B12104D059CD

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jon Bruning

Mailing Address P.O. Box 84614

City Lincoln	State NE	Zip Code 68501
-----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Jon C BruningOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

Transaction ID : B6F34E24CC5A3403E953

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 353 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Morgan Griffith for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

Mailing Address P.O. Box 361

City	State	Zip Code
Christiansburg	VA	24068

Purpose of Disbursement

Transaction ID : B0C2FA2A4ACB649498A5

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Morgan GriffithCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 09

Full Name (Last, First, Middle Initial)

B. Palazzo for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

Mailing Address 13155 Highway 67 Suite B

City	State	Zip Code
Biloxi	MS	39532

Purpose of Disbursement

Transaction ID : BF6B95F704027404A9A2

Amount of Each Disbursement this Period

3000.00

Candidate Name

Steven PalazzoCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MS District: 04

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

Mailing Address P. O. Box 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement

Transaction ID : BC950E8E0D9E14E3793E

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Peter J. RoskamCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 354 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Scott Brown for U.S. Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

Mailing Address P.O. Box 395

City	State	Zip Code
Wrentham	MA	02903

Purpose of Disbursement

Transaction ID : BBB40E97524BB4F7CB28

Amount of Each Disbursement this Period

5000.00

Candidate Name

Sen. Scott P. BrownCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District:

Full Name (Last, First, Middle Initial)

B. Scott Brown for U.S. Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

Mailing Address P.O. Box 395

City	State	Zip Code
Wrentham	MA	02903

Purpose of Disbursement

Transaction ID : BA28DF7AEF5DC4C50983

Amount of Each Disbursement this Period

3000.00

Candidate Name

Sen. Scott P. BrownCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District:

Full Name (Last, First, Middle Initial)

C. Tim Walz for U.S. Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

Mailing Address P.O. Box 938

City	State	Zip Code
Mankato	MN	56002

Purpose of Disbursement

Transaction ID : B20FD181CB54B4117BCF

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Timothy J. WalzCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 356 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hawkeye PAC, The

Mailing Address 621 E. 9th Street

City	State	Zip Code
Des Moines	IA	50309

Purpose of Disbursement
Grassley's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2012

Transaction ID : BA6C56927928F4F0F868

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Madison PAC, TheMailing Address 235 State Street
#206

City	State	Zip Code
Springfield	MA	01103

Purpose of Disbursement
Neal's LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2012

Transaction ID : BDDD3311D38DA4918947

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Paul Broun Committee

Mailing Address P.O. Box 1512

City	State	Zip Code
Athens	GA	30601

Purpose of Disbursement

Candidate Name

Rep. Paul C. Broun Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 10

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2012

Transaction ID : B57B1703791084F8F9AA

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Political Action Committee of the American Association of Orthopaedic Surgeons



2500.00

Category/
Type

State: CO District: 07

MM / DD / YYYY

2500.00

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State: IL District: 14



5000.00

Category/
Type

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

State: District: Other2012

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 358 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Yoder for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2012

Mailing Address P.O. Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement

Transaction ID : BDD24067AB2DA4F2699D

Amount of Each Disbursement this Period

2500.00

Candidate Name

Kevin W YoderCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 03

Full Name (Last, First, Middle Initial)

B. Austin Scott for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2012

Mailing Address P.O. Box 2530

City	State	Zip Code
Tifton	GA	31793

Purpose of Disbursement

Transaction ID : B1FF31A5856424D2498A

Amount of Each Disbursement this Period

5000.00

Candidate Name

James Austin ScottCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 08

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2012

Mailing Address 120 Maryland Avenue, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2012 Annual Contribution**Transaction ID : B3C78D16C9344458BAA3**

Amount of Each Disbursement this Period

15000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 359 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Free State PACMailing Address P.O. Box 2712
Suite 115

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Moran's LPAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

Transaction ID : BAA1C4B29FEC3423AB77

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

Candidate Name

Rep. James B. RenacciOffice Sought: ☒ House
☐ Senate
☐ President
State: OH District: 16Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

Transaction ID : B8A5F75104CB84A84AF1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Manchin for West Virginia

Mailing Address P.O. Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

Candidate Name

Sen. Joe Manchin IIIOffice Sought: ☐ House
☒ Senate
☐ President
State: WV District:Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

Transaction ID : B825FC5FDC7934BC48D1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 360 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Paul Tonko for CongressMailing Address 911 Central Avenue
P.O. Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement

Candidate Name

Rep. Paul D. TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

Transaction ID : BC137721844A14D9197F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Prairieland PAC

Mailing Address 228 S Washington St Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Johann's LPAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼ Other2012

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

Transaction ID : B1093BA82B9EB4F8BACE

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Scott Rigell for CongressMailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement

Candidate Name

Rep. Scott RigellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

Transaction ID : B4F01A32555B94063809

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 361 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Victory Now PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Van Hollen's LPAC

Candidate Name

Category/
Type**Transaction ID : BDFB4B63A9D6F4C979AE**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Other2012

State:

District:

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 700 12th St NW, Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
Toomey's LPAC

Candidate Name

Category/
Type**Transaction ID : BEFF5D4D985F6457F9AE**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Other2012

State:

District:

Full Name (Last, First, Middle Initial)

C. Conservatives Organized to Advance Tomorrow's Solutions (COATS PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 499 S. Capitol St. SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Coat's LPAC

Candidate Name

Category/
Type**Transaction ID : BDAF07AF1529347F5B2C**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Other2012

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 362 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. DAN PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 233 Pennsylvania Ave SE
Second floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Inouye's LPAC

Candidate Name

Category/
Type**Transaction ID : BCE706F20EC3943E2AE0**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Other2012

State:

District:

Full Name (Last, First, Middle Initial)

B. For Americas Republican Majority PAC (FARM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 675 N Washington St Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Latham's LPAC

Candidate Name

Category/
Type**Transaction ID : B646F9223CD8E497492B**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Other2012

State:

District:

Full Name (Last, First, Middle Initial)

C. Grassroots Organizing Acting and Leading PAC-GOALPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address P.O. Box 30344

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
Levin's LPAC

Candidate Name

Category/
Type**Transaction ID : B1085BB822375456BA5F**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Other2012

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 363 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address P.O. Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Transaction ID : B7A5DC6ACC4404F19BED

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Brett GuthrieCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 02

Full Name (Last, First, Middle Initial)

B. Joe Wilson for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address P.O. Box 2145

City	State	Zip Code
West Columbia	SC	29171

Transaction ID : B39015651115D40A2BBA

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Joe WilsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 02

Full Name (Last, First, Middle Initial)

C. Larry Kissell for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 106 East Main Street
P.O. Box 1530

City	State	Zip Code
Biscoe	NC	27209

Transaction ID : BFB9EFD33B49F44E2ABD

Purpose of Disbursement

Amount of Each Disbursement this Period

2000.00

Candidate Name

Rep. Larry KissellCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 08

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 364 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Making Business Excel PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address P.O. Box 3241

City	State	Zip Code
Cheyenne	WY	82001

Purpose of Disbursement
Enzi's LPAC

Candidate Name

Category/
Type**Transaction ID : B27CC228614AB4DD5BC3**

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Full Name (Last, First, Middle Initial)

B. Matheson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address P.O. Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

Purpose of Disbursement

Candidate Name

Rep. Jim MathesonCategory/
Type**Transaction ID : BD0C1D0CDF06049ADB59**

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: UT District: 02

Full Name (Last, First, Middle Initial)

C. Sandy Adams for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 217 Third St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Rep. Sandy AdamsCategory/
Type**Transaction ID : B246A66BFBD047BAB7E**

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 24

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 365 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Sanford D. Bishop, Jr. For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 209 Pennsylvania Ave SE

Transaction ID : BBF6632E67B984769A43

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Candidate Name

Rep. Sanford D. Bishop Jr.Category/
Type

Office Sought:



House

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: GA

District: 02

Full Name (Last, First, Middle Initial)

B. Steve Israel for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address P.O. Box 777

Transaction ID : B6442332C52F046E48EE

City	State	Zip Code
Deer Park	NY	11729

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Rep. Steve J. IsraelCategory/
Type

Office Sought:



House

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: NY

District: 02

Full Name (Last, First, Middle Initial)

C. Citizens for Josh Mandel, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Mailing Address 50 W Broad St Suite 1900

Transaction ID : B9FAD46A40BAA4D77B62

City	State	Zip Code
Columbus	OH	43215

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Josh MandelCategory/
Type

Office Sought:



House

Disbursement For: 2012



Senate



Primary



General



Other (specify) ▼

State: OH

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 366 OF 366

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Jon Bruning

Mailing Address P.O. Box 84614

City Lincoln	State NE	Zip Code 68501
-----------------	-------------	-------------------

Purpose of Disbursement
VOID -

Candidate Name

Jon C Bruning

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : BDE722FE40A6A4B8A9C7

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. New York Jobs PAC

Mailing Address P.O. Box 763

City Deer Park	State NY	Zip Code 11729
-------------------	-------------	-------------------

Purpose of Disbursement
Israel's LPAC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : B0F3AFB10E05943678DF

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

432000.00
