

**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 155 OF 366		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. John A Barrasso MD
 Full Name (Last, First, Middle Initial)
 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 United States Government Occupation United States Senator
 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 / 13 / 2012
Transaction ID : A6FE3D66DB24444D3BDB
 Amount of Each Receipt this Period
 1000.00

B. Richard W Barth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 K St Ste 400
 City Washington State DC Zip Code 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 M / D D D / Y Y Y Y Y Y
 02 / 13 / 2012
Transaction ID : A397F2B497B604CA895D
 Amount of Each Receipt this Period
 250.00

C. Clifford K Boese MD
 Full Name (Last, First, Middle Initial)
 Mailing Address One Edmundson PI Ste 500
 City Council Bluffs State IA Zip Code 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 M / D 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).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	