1. NAME OF COMMITTEE (in full) USE FEC IMALING LABEL over the lines Example II typing, type over the lines Political Action Committee of the American Association of Orthopadic Surgeons Image: Committee of the American Association of Orthopadic Surgeons ADDRESS (number and street) 317 Massochusetts Awenue, NE Check if different than provously (a) Constant of the American Association of Orthopadic Surgeons 2. FEC IDENTIFICATION NUMBER Image: Citry A STATE A ZIPCODE A 2. FEC IDENTIFICATION NUMBER Citry A STATE A ZIPCODE A 3. IS THIS REPORT NEW (N) OR X AMENDED (AC) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) New 20 (M1) (a) Quarterly Reports: April 15 Quarterly Report(Citry Quarterly	FEC FORM 3X	AN	PORT C D DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
ADDRESS (number and street) 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Ist Floor Ist Floor Check if different Vashington Ist Floor Ist Floor Coos43137 Statte A Z FEC IDENTIFICATION NUMBER CITY A Statte A ZIPCODE A Coos43137 Statte A April 15 Outartery Report(D1) April 15 Outartery Report(D1) April 15 Outartery Report(D1) April 15 Outartery Report(D2) Outartery Report(D2) It Primary (12P) Guartery Report(D2) Election on Guartery Report(D3) Election on Guartery Report(D4) Guartery Report(D3) Guartery Report(D4) Guartery Report(D3) </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>, type</td> <td></td> <td></td> <td></td>	-					, type			
ADDRESS (number and street) 1st Floor Image: the street of the					lic Surgeons				
Chack if different reported. (ACC) Washington 2. FEC IDENTIFICATION NUMBER ✓ CITY ▲ STATE ▲ ZIPCODE ▲ 2. FEC IDENTIFICATION NUMBER ✓ CITY ▲ STATE ▲ ZIPCODE ▲ 2. C00343137 3. IS THIS REPORT NEW (N) OR × AMENDED (A) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Non-Bection (a) Quarterly Reports: April 15 Quarterly Report(Q1) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Wash Chily and Y (YE) (b) Quarterly Report(Q2) October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Convention (12C) Special (12G) Runoff (12R) (d) 30-Day Prost-Election Year Only) (MY) State of State of State of 5. Covering Period 0.4 0.1 20.06 through 0.6 3.0 20.06 I certly 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 Date 0.7 2.4 20	ADDRESS (number and	street) 31	7 Massachusetts	Avenue, NE					
than previously reported. (ACC) Washington DC 20002 2. FEC IDENTIFICATION NUMBER CITY A STATE A ZIPCODE A C00343137 3. IS THIS NEW OR X AMENDED (A) C00343137 3. IS THIS NEW OR X AMENDED (A) C00343137 0. Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1) Charterly Reports: (A) outletrly Report(Q1) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) April 15 Outletrly Report(Q2) Mar 20 (M3) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Quarterly Report(Q2) Outletrly Report(Q2) Primary (12P) General (12G) Runoff (12R) April 15 Outletrly Report(G2) Outletrly Report(G2) Special (12G) Runoff (12R) April 31 Midy Year Report for the: Convention (12C) Special (30S) Runoff (30R) Special (30S) Quarterly Report(G2) July 31 Midy Year State of Special (30S) Runoff (30R) Special (30S) Convertion (12C) Special (30G) Runoff (30R) Special (30S) Special (30S) Special (30S) </td <td>Check if differ</td> <td></td> <td>st Floor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Check if differ		st Floor						
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REPORT (N) OR (A) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Vear Only) (a) Quarterly Reports: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Mar 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (a) Quarterly Report(Q2) October 15 Quarterly Report(Q3) PRE-Election Report for the: Convention (12C) Special (12G) Runoff (12R) (a) July 31 Mid-Year Report (Non-relection Year Only) In the State of State of In the State of Special (20S) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (20S) Termination Report (TER) 0.4 0.1 20.06 through 0.6 3.0 20.06 5. Covering Period 0.4 0.1 20.06 through 0.6 3.0 20.06 Icertify 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 Date 0.7 2.4 20.0.6 <	2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		S	STATE	ZIPCOD)e 🔺
(a) Quarterly Reports: April 15 Quarterly Report(Q1) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Won Election X July 15 Quarterly Report(Q1) April 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) X Quarterly Report(Q2) Ctober 15 Quarterly Report(Q3) PRE-Election Convention (12C) Special (12G) Runoff (12R) YPRE-Election Convention (12C) Special (12G) In the State of Special (30S) July 31 Mid-Year Report (Nen-election Year Only) (MY) Election on General (30G) Runoff (30R) Special (30S) Termination Report (TER) 0 0 1 2.0.0.6 through 0.6 3.0 2.0.0.6 5. Covering Period 0.4 0.1 2.0.0.6 through 0.6 3.0 2.0.0.6 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 Date 0.7 2.4 2.0.6 Signature of Treasurer Electronically Filed by William J. Robb, III, MD Date 0.7 2.4 2.0.6 NOTE : Submission of false, er	C00343137	• • • •]						
J. Covering Period Initial initialinitial initial initial initial initial initial initia	(Choose One) (a) Quarterly Rep April 15 Quarterly X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	Ports: Report(Q1) Report(Q2) 5 Report(Q3) 81 Report(YE) iid-Year pon-election 0 (MY)	(c) 12-Day PRE-Elec Report fo (d) 30-Day Post -Elec	Mar 20 (M3 Apr 20 (M4 etion r the:	Primary (12P Convention (Jun 20 (M6) Jul 20 (M7)) 12C)	General (20 (M9) 20 (M10) 20 (Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Office Use FEC FORM 3X	S. Covering Period United print through 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 Electronically Filed by William J. Robb, III, MD Date 07 24 2006								
	Office							FEC FORI	M 3X

Image	e# 26950375867 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name	merican Association of Orthopaedic Surgeons	
F	Report Covering the Period: From:	M M D D Y Y W Y Y 0 4 0 1 2 0 0 6 To	M M D D Y Y Y Y Y 0 6 3 0 2 0 0 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 ^Y 2006 ^Y Y	(652130.44
	(b) Cash on Hand at Begining of Reporting Period	760810.73	
	(c) Total Receipts (from Line 19)	348409.09	670121.80
	 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1109219.82	1322252.24
7.	Total Disbursements (from Line 31)	385991.63	599024.05
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 723228.19	723228.19
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)		

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

For further information contact:

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

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

Image# 26950375868

DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 02/2003) Page 3 Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons 0^D1 м м 04 ^м м 06 D D D 2006 30 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 323600.00 610060.00 (i) Itemized (use Schedule A) 15595.00 49336.00 (ii) Unitemized (iii) TOTAL (add 339195.00 659396.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees (c) 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 339195.00 659396.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 9214.09 10725.80 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 348409.09 670121.80 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 348409.09 670121.80 (subtract Line 18(c) from Line 19)

Image# 26950375869

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
Expenditures	8412.29	10944.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	8412.29	10944.71
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	175155.00	385655.00
Independent Expenditure (use Schedule E)	200000.00	200000.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00
5. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 B. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	1500.00	1500.00
(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))	1500.00	1500.00
0. Other Disbursements	924.34	924.34
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared 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
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	385991.63	599024.0
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)		

Image# 26950375870

DETAILED SUMMARY PAGE

	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)	339195.00	659396.00
34.	Total Contribution Refunds (from Line 28(d))	1500.00	1500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	337695.00	657896.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8412.29	10944.71
37.	Offsets to Operating Expenditures (from Line 15, page 3)	9214.09	10725.80
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-801.80	218.91

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 233 (check only one)			
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\sum	NAME OF COMMITTEE (In Full)						
Political Action Committee of the American Association of Orthopaedic Surgeons							
Α.	Full Name (Last, First, Middle Initial) Dr. Pat D Do, , MD			Date of Receipt			
	Mailing Address 8300 Steeplechase St			04 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 23781497			
	Wichita	KS	67206-4423	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Mid America Orthopedics	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date ▼	_			
	Primary General		1000.00	1			
	Other (specify)	0 0	1000.00				
в.	Full Name (Last, First, Middle Initial) Dr. John T Chance, , MD			Date of Receipt			
	Mailing Address 33 Sewall St			M M / D D / Y Y Y Y 04 04 2006			
	City	State	Zip Code	Transaction ID: 23781498			
	Portland	ME	04102-2638	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Orthopaedic Associates of Portland Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 500.00]			
	Full Name (Last, First, Middle Initial)						
C.	Dr. Allen G Lang, , MD			Date of Receipt			
	Mailing Address VAMC			0 4 / D D / Y Y Y Y 0 4 2006			
	3600 30th St	State	Zip Code	Transaction ID: 23781499			
	Des Moines	IA	50310-5885	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Retired	Occupation Orthopae	n edic Surgeon				
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]			
s	UBTOTAL of Receipts This Page (optional)		•	1750.00			
т	OTAL This Period (last page this line number or	ıly)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 7 / 233 (check only one)			
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ v not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\geq	Political Action Committee of the Americ	ons					
Α.	Full Name (Last, First, Middle Initial) A. Dr. Jeffrey W Cook, , MD			Date of Receipt			
	Mailing Address Franklin Ortho & Sports 3310 Aspen Grove Dr St			04 04 04 2006			
	City	State	Zip Code	Transaction ID: 23781500			
	Franklin	TN	37067-2841	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Franklin Ortho & Sports	Occupation	n	-			
	Medicine		edic Surgeon				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0.0	250.00				
в.	Full Name (Last, First, Middle Initial) Dr. Thomas G Sampson, , MD			Date of Receipt			
	Mailing Address 1199 Bush St Ste 200			0 4 / D D / Y Y Y Y 0 4 0 4 2006			
	City	State	Zip Code	Transaction ID: 23781501			
	San Francisco	CA	94109-5986	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1500.00			
	Name of Employer Total Joint Center	Occupation Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date V				
	Other (specify)	0 0	1500.00]			
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Gary Mark McClain, , MD			Date of Receipt			
	Mailing Address 2055 N Military Tr Ste 30	03		M M / D D / Y Y Y Y 04 04 2006			
	City	State	Zip Code	Transaction ID: 23781502			
	Jupiter	FL	33458-7830	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00]			
s	UBTOTAL of Receipts This Page (optional)			2750.00			
Т	OTAL This Period (last page this line number or	וy)					

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any personners dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Scott Goldman, , MD			Date of Receipt
	Mailing Address 400 N Mountain Ave Ste	e 310		04 04 04 04
	City	State	Zip Code	Transaction ID: 23781503
	Upland	CA	91786-5182	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	• Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Roger A Fontes, Jr, MD			Date of Receipt
	Mailing Address 106 Lake Mead Drive Suite # 108			M M / D D / Y Y Y Y Y 0 4 0 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23781504
	Henderson	NV	89015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self employed		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	1
	Other (specify)	0 0		1
с.	Full Name (Last, First, Middle Initial) Dr. Paul Conrad Horn, , MD			Date of Receipt
	Mailing Address 235 E Rowan Ste 117			M M / D D / Y Y Y Y 04 04 2006
	City	State	Zip Code	Transaction ID: 23781505
	Spokane	WA	99207-1240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Northwest Orthopaedic Spe- cialists		edic Surgeon	
	Receipt For: Primary General Other (specify) \checkmark	Aggregate	Year-to-Date ▼ 500.00]
s	JBTOTAL of Receipts This Page (optional)			2000.00

FEC Schedule A (Form 3X) Rev. 02/2003

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S	CHEDULE A (FEC Form 3X)	A (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 / 233				
ITEMIZED RECEIPTS			or each category of the	(check only one)				
-			Detailed Summary Page	13 14 15 16 12				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions				
\sum	NAME OF COMMITTEE (In Full)							
\geq	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ins				
A.	Full Name (Last, First, Middle Initial) Dr. Stephen S Hurst, , MD			Date of Receipt				
	Mailing Address 77 N San Mateo Dr			0 4 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 23781506				
	San Mateo	CA	94401-2889	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon					
	Receipt For:		e Year-to-Date ▼					
	Other (specify)	i i	500.00	1				
		0 0	0 0 0 0 0 0 0					
в.	Full Name (Last, First, Middle Initial) Dr. Raymond Gardocki, , MD			Date of Receipt				
	Mailing Address 1400 S Germantown Ro	ł		M M / D D / Y Y Y Y 04 04 2006				
	City	State	Zip Code	Transaction ID: 23781507				
	Germantown	TN	38138-2205	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon					
	Receipt For:		e Year-to-Date ▼					
	Primary General		250.00	1				
	Other (specify)	0 0		1				
	Full Name (Last, First, Middle Initial) Dr. Richard Zapanta, , MD			Date of Receipt				
υ.	Mailing Address 880 S Atlantic Blvd Ste	205		M M / D D / Y Y Y Y				
				04 04 2006				
	City Monterey Park	State CA	Zip Code 91754-4700	Transaction ID: 23781508 Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		250.00				
	Name of Employer East Side Orthopaedics	Occupation Orthopae	n edic Surgeon					
			e Year-to-Date ▼	1				
	Other (specify)		250.00	1				
	Other (specify)	0 0		1				
s	UBTOTAL of Receipts This Page (optional)			1000.00				
Т	OTAL This Period (last page this line number o	nly)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Glenn W Nichols, , MD			Date of Receipt
	Mailing Address 200 Medical Pkwy Ste 1	11		04 / D D / Y Y Y Y 04 04 2006
	City	State	Zip Code	Transaction ID: 23781509
	Chesapeake	VA	23320-4911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
В.	Full Name (Last, First, Middle Initial) Dr. Stephen Beissinger, , MD			Date of Receipt
	Mailing Address 6325 US Hwy 27 N Ste	M M / D D / Y Y Y Y 0 4 0 4 2 0 0 6		
	City	State	Zip Code	Transaction ID: 23781510
	Sebring	FL	33870-8226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Russell E Windsor, , MD			Date of Receipt
	Mailing Address Hosp for Special Surger 535 E 70th St	у		M M / D D / Y Y Y Y 0 4 0 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23781511
	New York	NY	10021-4892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hospital for Special Surg- ery	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	2000.00]
s	UBTOTAL of Receipts This Page (optional)			2750.00

FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions scalicit contributions from such committee
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	ons		
<u>А</u> .	Full Name (Last, First, Middle Initial) Dr. Dempsey S Springfield, , MD			Date of Receipt
	Mailing Address Dept of Orthopaedics Mass General Hospital Y	AW 3		0 4 0 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23781513
	Boston	MA	02114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dept of Orthopaedics York-	Occupation		
	ee Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Ayyreyate		1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Treg D Brown, , MD			Date of Receipt
	Mailing Address 510 Lincoln Dr			0 4 / D D / Y Y Y Y 0 5 / 2006
	City	State	Zip Code	Transaction ID: 23783721
	Herrin	IL	62948-6334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tulane Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼		250.00]
 C.	Full Name (Last, First, Middle Initial) Dr. Emmett T McEleney, , MD			Date of Receipt
•	Mailing Address Fairmont Clinic Mayo He 800 Clinic Circle	ealth Syste	em	M M / D D / Y Y Y Y 0 4 0 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 23783725
	Fairmont	MN	56031-4428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Occu Self Employed Ortho		n edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
Т	OTAL This Period (last page this line number or	ıly)		

6	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/233	٦		
	· · /				_		
11	EMIZED RECEIPTS	IZED RECEIPTS Or each category of the Detailed Summary Page		X 11a 11b 11c 12			
					7		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements may ame and add	r not be sold or used by any personners dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)				1		
\mathbb{Z}	Political Action Committee of the Americ	ation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. John R Rowell, Jr, MD			Date of Receipt			
	Mailing Address Piedmont Ortho Assoc 35 International Dr			M M / D D / Y Y Y Y Y 04 05 2006			
	City	State	Zip Code	Transaction ID: 23783726			
	Greenville	SC	29615-4816	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date ▼	7			
	Primary General	1 1	500.00	11			
	Other (specify)	<u> </u>		1			
в.	Full Name (Last, First, Middle Initial) Dr. Thomas J Kane, III, MD			Date of Receipt	_		
	Mailing Address 1380 Lusitana St Ste 60	8		04 05 2006			
	City	State	Zip Code	Transaction ID: 23783727			
	Honolulu	HI	96813-2442	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation					
			edic Surgeon				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1			
	Other (specify)	8 8	500.00				
 C.	Full Name (Last, First, Middle Initial) Dr. Steven J Stokesbary, , MD			Date of Receipt	-		
	Mailing Address 627 Arrowhead Ct			M M / D D / Y Y Y Y 0 4 0 5 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23783728			
	Dakota Dunes	SD	57049-5325	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer CNOS	Occupation	n edic Surgeon				
			Year-to-Date ▼	-1			
				1			
	Other (specify)		1000.00				
s	UBTOTAL of Receipts This Page (optional)			2000.00	[
т	OTAL This Period (last page this line number or	ıly)		-			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	
A r	winformation assist from such Departs and Stat	omente me		13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
\square	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Robert N Hensinger, , MD			Date of Receipt
	Mailing Address Univ of Michigan Hosp 2912 Taubman Ctr Box 0)328		M M / D D / Y Y Y Y 04 05 2006
	City	State	Zip Code	Transaction ID: 23783730
	Ann Arbor	MI	48109-0328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of Michigan Medical	Occupation		-
	Center Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. William L Hennrikus, Jr, MD			Date of Receipt
	Mailing Address 534 E Mariners Circle			0 4 0 5 Y Y Y Y 0 4 0 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 23783731
	Fresno	CA	93720-0847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sequoia Pediatric Orthopa-	Occupation Orthopae	n edic Surgeon	
	edics Receipt For:		e Year-to-Date ▼	
	Primary General		450.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. Lynn M Nelson, , MD			Date of Receipt
	Mailing Address Des Moines Ortho Surge 6001 Westtown Pkway	ons		04 05 YYYYY 04 05
	City	State	Zip Code	Transaction ID: 23783732
	West Des Moines	IA	50266-7702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00]
				1000.00
S	UBTOTAL of Receipts This Page (optional)		••••••	
т	OTAL This Period (last page this line number on	ly)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 233 (check only one)				
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)							
\rangle	Political Action Committee of the Americ	ons						
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Malumed, , MD	Date of Receipt						
	Mailing Address 506 Van Lears Run			04 / 05 / Y Y Y Y 2006				
	City	State	Zip Code	Transaction ID: 23783733				
	Villanova	PA	19085-1023	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer Premier Orthopedics	Occupation						
	Receipt For:		edic Surgeon e Year-to-Date ▼					
	Primary General	7.99.09u.0		1				
	Other (specify)	0 0	300.00					
в.	Full Name (Last, First, Middle Initial) Dr. Mark J Rosen, , MD			Date of Receipt				
	Mailing Address 2020 Palomino Ln, #220)		M M / D D / Y Y Y Y 04 05 2006				
	City	State	Zip Code	Transaction ID: 23783735				
	Las Vegas	NV	89106-4891	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Bone & Joint Specialists	Occupation Orthopae	n edic Surgeon					
	Receipt For:		e Year-to-Date V					
	Primary General		250.00	1				
	Other (specify)	0 0		1				
C.	Full Name (Last, First, Middle Initial) Dr. Rodolfo E Lawson, , MD			Date of Receipt				
	Mailing Address 7150W 20th Ave Ste 21	5		M M / D D / Y Y Y Y 04 05 2006				
	City	State	Zip Code	Transaction ID: 23783736				
	Hialeah	FL	33016-1849	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
			n edic Surgeon	_				
			e Year-to-Date V					
	Other (specify)		500.00	1				
		0 0	0 0 0 0 0 0 0 0					
s	SUBTOTAL of Receipts This Page (optional)							
Т	OTAL This Period (last page this line number or	ıly)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any or f	y information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	iation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) A. Dr. David A Hanscom, , MD				Date of Receipt
	Mailing Address 1600 E Jefferson Ste 400	I		04 / D D / Y Y Y Y 05 2006
	City	State	Zip Code	Transaction ID: 23783737
	Seattle FEC ID number of contributing federal political committee.	C	98122-5647	Amount of Each Receipt this Period
	Name of Employer Orthopaedics International		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Jonathan R Kurtis, , MD			Date of Receipt
	Mailing Address 6 Hatfield St			M M / D D / Y Y Y Y 04 05 2006
	City	State	Zip Code	Transaction ID: 23783739
	Northampton FEC ID number of contributing federal political committee.	C	01060-1512	Amount of Each Receipt this Period
	Hampshire Ortho and Sports Med		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr. Charles Cannon Edwards, II, MD			Date of Receipt
	Mailing Address 1826 Circle			04 05 2006
	City	State	Zip Code	Transaction ID: 23783740
	Towson FEC ID number of contributing	MD	21204-6415	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
รเ	JBTOTAL of Receipts This Page (optional)			750.00

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Stat for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and add	dress of any political committee to	solicit contributions from such committee.
\square	Political Action Committee of the Americ			
A.	Full Name (Last, First, Middle Initial) Dr. Leland C McCluskey, , MD			Date of Receipt
	Mailing Address PO Box 4219 2300-A Manchester Exp	y Ste 101-	A	0 4 0 5 Y Y Y Y 2 0 0 6
	City State		Zip Code	Transaction ID: 23783742
	Columbus	GA	31914-0219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer McCluskey Orthopaedic Sur-	Occupatio		
	gery		edic Surgeon e Year-to-Date ▼	
	Receipt For: Primary General	Aggregate		1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Emile C Li, , MD			Date of Receipt
	Mailing Address 1988 Luke Ln			04 05 Y Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 23783743
	Fort Dodge	IA	50501-8730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Orthopaedics and Sports Med	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Thomas G Padanilam, , MD			Date of Receipt
	Mailing Address 528 Forest Lake Dr			M M / D D / Y Y Y Y 04 05 2006
	City	State	Zip Code	Transaction ID: 23783744
	Holland	OH	43528-9028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Occupa Medical College of Ohio Orthop		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number or	וע)	·	

<u> </u>				FOR LINE NUMBER: PAGE 17 / 233
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
	[13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the n			
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Robert A Caveney, , MD			Date of Receipt
	Mailing Address 30 Medical Park Ste 220)		0 4 0 5 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23783746
	Wheeling	WV	26003-6391	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	_
	Receipt For:		e Year-to-Date V	
	Primary General		250.00	1
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Dr. Thomas W Wright, , MD			Date of Receipt
	Mailing Address 8314 SW 42nd Ave			0 4 0 5 Y Y Y Y 0 4 0 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 23783747
	Gainesville	FL	32608-3655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	n	-
	University of Florida, De- pt of Ortho	1 ·	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		750.00	1
	Other (specify)		0 0 0 0 0 0 0	1
~	Full Name (Last, First, Middle Initial)			Data af Dasa'st
U.	Dr. Paul S Lin, , MD Mailing Address 900 Buffalo Rd			Date of Receipt
				04 05 2006
	City	State	Zip Code	Transaction ID: 23783748
	Lewisburg	PA	17837-2800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sun Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General		750.00	1
	Other (specify) v	0.0		
s	UBTOTAL of Receipts This Page (optional)		······	1250.00
Т	OTAL This Period (last page this line number or	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 233 (check only one) 111 X 11a 11b 13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciting contributions osolicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Steven I Grindel, , MD Mailing Address Medical College of Wis			Date of Receipt
	Mailing Address Medical College of Wise Dept of Ortho Surg	CONSIN		04 05 2006
	City Milwaukee	State WI	Zip Code	Transaction ID: 23783749
	FEC ID number of contributing federal political committee.	C	53226	Amount of Each Receipt this Period
	Name of Employer Medical College of Wiscon- sin Receipt For:		n edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
в.	Full Name (Last, First, Middle Initial) Dr. Jorge E Tijmes, , MD			Date of Receipt
	Mailing Address PO Box 6209			04 05 2006
	City	State	Zip Code	Transaction ID: 23783750
	Mc Allen	TX	78502-6209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Southern Bone & Joint Cen-	Occupatio	n edic Surgeon	
	ter Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1300.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Brian E Gunnlaugson, , MD			Date of Receipt
	Mailing Address 1257 Laurel View Dr			0 4 / D D / Y Y Y Y 0 5 2006
	City	State	Zip Code	Transaction ID: 23783752
	Johnstown	PA	15905-1509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	ⁿ edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			800.00
Т	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 233 (check only one) (check only one) X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri			
A.	Full Name (Last, First, Middle Initial) Dr. Jeanne L DelSignore, , MD Mailing Address 10 Hagen Dr Ste 210			Date of Receipt
				04 05 2006
	City Rochester	State NY	Zip Code 14625-2659	Transaction ID: 23783753
	FEC ID number of contributing federal political committee.	C	14020-2009	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
в.	Full Name (Last, First, Middle Initial) Dr. William A Matarese, , MD			Date of Receipt
	Mailing Address 342 Hamburg Tpke			0 4 0 5 Y Y Y Y 0 6 0 5 0 5 0 6
	City	State	Zip Code	Transaction ID: 23783755
	Wayne	NJ	07470-2162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify) ♥		e Year-to-Date ▼ 250.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Charles A Lefebure, , MD			Date of Receipt
	Mailing Address 4 Hospital Plaza Ste 203	3		0 4 0 5 Y Y Y Y 0 6 0 5 0 6
	City	State	Zip Code	Transaction ID: 23788158
	Clarksburg	WV	26301-9328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self employed		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number or	nly)		

64				FOR LINE NUMBER: PAGE 20 / 233
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
∠ ۸.	Full Name (Last, First, Middle Initial) Dr. Michael S Bongiovanni, , MD			Date of Receipt
	Mailing Address 20 Buccaneer Way			M M / D D / Y Y Y Y 04 05 2006
	City	State	Zip Code	Transaction ID: 23788159
	Coronado	CA	92118-3257	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General			1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Peter J Stern, , MD			Date of Receipt
	Mailing Address 538 Oak St Ste 200			M M / D D / Y Y Y Y 04 05 2006
	City	State	Zip Code	Transaction ID: 23788161
	Cincinnati	OH	45219-2507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of Cincinnati College	Occupation		
	of Medicine		edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Daniel J Martin, Jr, MD	- 50155		Date of Receipt
	Mailing Address 621 S New Ballas Rd St	e 5015B		0 4 / D D / Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 23788162
	Saint Louis	MO	63141-8200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Other (specify)	-	700.00	11
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			700.00
Т	OTAL This Period (last page this line number or	וy)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Henry Relton McCarroll, Jr, MD		Date of Receipt	
	Mailing Address 2351 Clay St Ste 510			04 05 2006
	City	State CA	Zip Code	Transaction ID: 23788163
	San Francisco FEC ID number of contributing federal political committee.	C	94115-1931	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
в.	Full Name (Last, First, Middle Initial) Dr. Matthew C Reckmeyer, , MD			Date of Receipt
	Mailing Address Lincoln Ortho Ctr 6900 A St			04 / D D / Y Y Y Y 2006
	City Lincoln	State NE	Zip Code 68510-4120	Transaction ID: 23788164 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Lincoln Orthopaedic Center Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼ 1000.00	1
	Full Name (Last, First, Middle Initial)	0 0		Data of Dessist
υ.	Dr. Michael P Grant, , MD Mailing Address 706 Rider Ridge Dr			Date of Receipt
	City	State	Zip Code	Transaction ID: 23788165
	Longmont FEC ID number of contributing	<u> </u>	80501-4695	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Longmont Clinic		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 233
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Amer	ican Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Regina O Hillsman, , MD			Date of Receipt
	Mailing Address 1771 Post Rd E			0 4 / D D / Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 23788166
	Westport	CT	06880-5658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	U U U	250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Sidney N Martin, , MD			Date of Receipt
	Mailing Address G 4466 West Bristol Ro	bad		04 05 2006
	City	State	Zip Code	Transaction ID: 23788169
	Flint	MI	48507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Anthony Andres Sanchez, , MD			Date of Receipt
	Mailing Address 869 Inverness Circle			M M / D D / Y Y Y Y Y 0 4 05 2006
	City	State	Zip Code	Transaction ID: 23788170
	Spartanburg	SC	29306-6680	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopedic Specialties	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number c	only)	······	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 233 (check only one)
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	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Robert William Bucholz, , MD			Date of Receipt
	Mailing Address U of TX Southwestern M Dept of Ortho Surgery	led School		M M / D D / Y Y Y Y 04 06 2006
	City	State	Zip Code	Transaction ID: 23788174
	Dallas TX		75390-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UT Southwestern	Occupation		
			edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date V	
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. William J Stodghill, , MD			Date of Receipt
	Mailing Address 2605 Kentucky Ave Ste PO Box 7745	103		M M / D D / Y Y Y Y 04 06 2006
	City	State	Zip Code	Transaction ID: 23788175
	Paducah	KY	42003-3800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Purchase Orthopaedic Asso- ciates	Occupation Orthopae	n edic Surgeon	_
	Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	1000.00]
	Full Name (Last, First, Middle Initial) Dr. Charles A Lefebure, , MD			Date of Receipt
	Mailing Address 4 Hospital Plaza Ste 203	3		M M / D D / Y Y Y Y 04 06 2006
	City	State	Zip Code	Transaction ID: 23788177
	Clarksburg	WV	26301-9328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Receipt For: Aggregate		n edic Surgeon	
			e Year-to-Date ▼	
	Other (specify)	500.00]	
s	UBTOTAL of Receipts This Page (optional)		······	1750.00
	OTAL This Period (last page this line number or			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. James H Van Olst, , MD Mailing Address 3855 NW Lincoln Ave			Date of Receipt
				04 06 2006
	City	State	Zip Code	Transaction ID: 23788178
	Corvallis FEC ID number of contributing federal political committee.	OR C	97330-2359	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Orthopae	n edic Surgeon	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
В.	Full Name (Last, First, Middle Initial) Dr. Thomas McElligott, , MD Mailing Address 2415 Wald St Ste B			Date of Receipt
	City	State	Zip Code	Transaction ID: 23788179
	Conyers	GA	30013-6384	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon 9 Year-to-Date ▼ 500.00	1
	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0 0	
C.	Dr. Jeffrey C Davis, , MD Mailing Address 1208 Perthshire Ct			Date of Receipt
	City	State	Zip Code	Transaction ID: 23788181
	Vestavia Hls	AL	35242-6076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Alabama Sports Medicine		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			1000.00
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apy information coded from such Reports and Statements may not be sold or used by any person for the purpose of sold informations from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) D. S. Spin Name, Model Maing Address 200 Delafield Rd Ste 1040 City State Pittsburgh PA PA 15215-3224 Pittsburgh PA PA 15215-3224 Pittsburgh PA Pail Name (Last, First, Middle Initial) C Name (Last, First, Middle Initial) C Name (Last, First, Middle Initial) C Date of Receipt State Pitimary General Other (specify) ▼ Cocupation Receipt For: Aggregate Year-to-Date ▼ Put Name (Last, First, Middle Initial) Date of Receipt Diff. Diff Advers. MO Date of Receipt Maing Address 3527 S Cholla Dr Oithogaedic Surgeon Transaction Dip 23788183 Amount of Each Receipt Hills Period 500.00 Vuma AZ <td< th=""><th>11</th><th></th><th></th><th>,</th><th></th></td<>	11			,	
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City State Zip Code Pittsburgh PA 15215-3234 FEC. ID rumber of contributing rederal political committee. C Amount of Each Receipt this Period Self Employer Self Employer Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General State Zip Code Ditro (specify) ▼ State Zip Code Vuma Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ State Zip Code Vuma Az 8365-4306 FEC ID number of contributing rederal political committee. C Transaction ID: 23788183 Amount of Each Receipt Ibits Period State Zip Code Yuma Az 8365-4306 FEC ID number of contributing rederal political committee. C Transaction ID: 23788183 Amount of Each Receipt Ibits Period State State Zip Code Yuma Az 8365-4306 Transaction ID: 23788185 Amount of Each Receipt Ibits Period State Zip Code Vimary General Occupation State Zip Code Mailing Address Bajor Univ, Dept of Ortho 3500 Gaston Ave 6 Hobitzelle Bldg Date of Receipt Transaction ID: 23788185 Mamount of Each Receipt Ibits Period	Α.			Date of Receipt	
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federal political committee. 250.00 Name of Employer Baylor University Medical Ctr Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼			TX	75246-2096	Amount of Each Receipt this Period
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	s	UBTOTAL of Receipts This Page (optional)			1250.00

FEC Schedule A (Form 3X) Rev. 02/2003

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 233			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
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$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)						
\rangle	Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. A Lee Hunter, Jr, MD			Date of Receipt			
	Mailing Address 1223 1/2 Trotwood Ave	M M / D D / Y Y Y Y Y 0 4 0 6 2 0 0 6					
	City	State	Zip Code	Transaction ID: 23788186			
	<u>Columbia</u>	TN	38401-6430	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation	n edic Surgeon				
	Receipt For:		e Year-to-Date V	_			
	Primary General			1			
	Other (specify)	0 0	250.00				
в.	Full Name (Last, First, Middle Initial) Dr. Scott K McClelland, , MD			Date of Receipt			
	Mailing Address 312 Grammont St Ste 2	200		M M / D D / Y Y Y Y 04 06 2006			
	City	State	Zip Code	Transaction ID: 23788187			
	Monroe	LA	71201-7403	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Orthopaedic Clinic of NE LA	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date ▼	_			
	Primary General		E00.00	1			
	Other (specify)	1 1	500.00				
с.	Full Name (Last, First, Middle Initial) Dr. Harvinder S Sandhu, , MD			Date of Receipt			
	Mailing Address Hosp for Special Surger 535 E 72nd St	у		M M / D D / Y Y Y Y 0 4 0 6 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23788188			
	New York	NY	10021-4019	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Hospital for Special Surg- erv	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date V	_			
Primary General			1000.00	1			
	Other (specify)		1000.00				
s	UBTOTAL of Receipts This Page (optional)			1750.00			
Т	OTAL This Period (last page this line number o	nly)					

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	atemente mo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17 pp for the purpose of soliciting contributions 11 17 17			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)						
Political Action Committee of the American Association of Orthopaedic Surgeons							
Α.	Full Name (Last, First, Middle Initial) Dr. Robert M Dimick, , MD			Date of Receipt			
	Mailing Address Premier Orthopaedics			M M / D D / Y Y Y Y			
	5651 Frist Blvd Ste 500		Zin Codo	04 06 2006			
	City Hermitage	State TN	Zip Code 37076-2059	Transaction ID: 23788189 Amount of Each Receipt this Period			
	FEC ID number of contributing		37070-2039				
	federal political committee.	C		1000.00			
	Name of Employer Premier Orthopaedics	Occupatio					
	Receipt For:		edic Surgeon e Year-to-Date ▼				
	Primary General	Ayyreyalt		1			
	Other (specify)	0 0	1000.00				
в.	Full Name (Last, First, Middle Initial) Dr. Mark C Meier, , MD			Date of Receipt			
	Mailing Address Idaho Orthopaedic Soci 901 N Curtis #501	ety		M M / D D / Y Y Y Y 0 4 0 6 2006			
	City	State	Zip Code	Transaction ID: 23788190			
	Boise	ID	83706-1343	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Orthopaedic Associates	Occupatio					
			edic Surgeon				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1			
	Other (specify)		500.00				
	Full Name (Last, First, Middle Initial)						
C.	Dr. John Walter Swanson, , MD			Date of Receipt			
	Mailing Address 14587 Fosberg Rd			0 4 0 6 Y Y Y Y Y 0 4 0 6 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23788191			
	Lake Oswego	OR	97035-1815	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼		250.00]			
Γ				1750.00			
s	UBTOTAL of Receipts This Page (optional)			1750.00			
т	OTAL This Period (last page this line number o	nly)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 28 / 233 (check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Glenn H Carlson, , MD	Date of Receipt		
	Mailing Address 4405 N Holland-Sylvania Bldg 1 Ste 101	a		M M / D D / Y Y Y Y 0 4 0 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 23788192
	Toledo	OH	43623-2509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify)		1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Anthony LB Rhodes, , MD			Date of Receipt
	Mailing Address 604 Tall Pines Ln			M M M D D P
	City	State	Zip Code	Transaction ID: 23788193
	Horsham	PA	19044-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Central Montgomery Orthop-	Occupation	n edic Surgeon	
	aedic Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		250.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Theodore R Hofstedt, , MD			Date of Receipt
	Mailing Address 9225 N 3rd St Ste 203			M M / D D / Y Y Y Y Y 0 4 06 2006
	City	State	Zip Code	Transaction ID: 23788194
	Phoenix	AZ	85020-2464	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
Name of Employer North Phoenix Orthopedic		Occupation		
	Surgeons Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)			1750.00
	OTAL This Period (last page this line number or			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 233 (check only one) 11a X 11a 11b I3 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Stephane Lavoie, , MD			Date of Receipt
	Mailing Address 740 W Plymouth Ave	0 4 0 6 Y Y Y Y Y 0 0 6		
	City Deland	State FL	Zip Code 32720-3292	Transaction ID: 23788196
	FEC ID number of contributing federal political committee.	C	32/20-3292	Amount of Each Receipt this Period
	Name of Employer Florida Orthopedic Associates Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Gordon M Mead, , MD Mailing Address PO Box 51455			Date of Receipt
	City	State	Zip Code	Transaction ID: 23788197
	Shreveport FEC ID number of contributing federal political committee.	C	71135-1455	Amount of Each Receipt this Period 500.00
	Name of Employer Highland Clinic Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1000.00]
с.	Full Name (Last, First, Middle Initial) Dr. Babak Sheikh, , MD			Date of Receipt
	Mailing Address 2532 Hunters Run Way			0 4 / D D / Y Y Y Y 0 4 0 6 2006
	City	State	Zip Code	Transaction ID: 23788199
	Weston	FL	33327-1437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	1 .	edic Surgeon	
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			1250.00
Т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 233
IT	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Dante A Brittis, , MD	Date of Receipt		
	Mailing Address Ortho Specialty Group 75 Kings Highway Cutof	f		04 06 2006
	City	State	Zip Code	Transaction ID: 23788201
	Fairfield	СТ	06824-5340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OSG	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)		500.00	1
		0.0		1
в.	Full Name (Last, First, Middle Initial) Dr. F Thomas Davies Kaplan, , MD			Date of Receipt
	Mailing Address 8501 Harcourt Rd Indiana Hand Center			04 06 2006
	City	State	Zip Code	Transaction ID: 23788202
	Indianapolis	IN	46260-2046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Indiana Hand Center	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Other (specify)		250.00	1
		1 1		1
c.	Full Name (Last, First, Middle Initial) Dr. Brian M Jurbala, , MD			Date of Receipt
	Mailing Address 2161 County Rd 540 A #286			M M / D D / Y Y Y Y 04 06 2006
	City	State	Zip Code	Transaction ID: 23788203
	Lakeland	FL	33813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Highland Center for Ortho- paedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
6	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash	OTAL This Period (last page this line number or			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 233 (check only one) 11a X 11a 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Carl R Weinert, Jr, MD			Date of Receipt
	Mailing Address 1310 W Stewart Dr Ste	508		04 06 2006
	City	State	Zip Code	Transaction ID: 23788204
	Orange	CA	92868-3856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer APOS	Occupatio		
	Receipt For: Primary General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Mark D Perry, , MD			Date of Receipt
	Mailing Address U of TX Southwestern M Dept of Ortho Surgery	led School		M M / D D / Y
	City	State	Zip Code	Transaction ID: 23788205
	Dallas	TX	75390-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UT Southwestern	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) Dr. Michael C Albert, , MD			Date of Receipt
	Mailing Address Ortho Ctr Spinal & Ped (One Childrens Plaza	04 06 2006		
	City	State	Zip Code	Transaction ID: 23788206
	Dayton	OH	45404-1815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ortho Ctr for Spinal & Pe-	Occupation	n edic Surgeon	
	diatric Care Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00]
s	UBTOTAL of Receipts This Page (optional)		······	1500.00

S	CHEDULE A (FEC Form 3X)		Liso separato sobodulo/o)	FOR LINE NUMBER: PAGE 32 / 233					
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)					
11			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$					
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
	Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surgeo	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel Rolfe Benson, , MD	Date of Receipt							
	Mailing Address 4860 Y St Ste 3800			04 / D D / Y Y Y Y 06 / 2006					
	City	State	Zip Code	Transaction ID: 23788207					
	Sacramento	CA	95817-2307	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer University of California at Davis	Occupatio Orthopae	n edic Surgeon	_					
	Receipt For:	Aggregate	e Year-to-Date V						
	Other (specify)		1000.00	1					
		0 0	0 0 0 0 0 0 0	1					
в.	Full Name (Last, First, Middle Initial) Dr. James M Worthington, , MD			Date of Receipt					
	Mailing Address 235 Hanover St M2	0 4 0 6 Y Y Y Y Y 0 4 0 6 2 0 0 6							
	City	State	Zip Code	Transaction ID: 23788208					
	Fall River	MA	02720-5299	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	1000.00]					
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Robert A Arciero, , MD			Date of Receipt					
	Mailing Address Univ of Connecticut Hea Dept of Orthopaedic Sur			M M / D D / Y Y Y Y Y 0 4 0 6 2 0 0 6					
	City	State	Zip Code	Transaction ID: 23788209					
	Farmington	СТ	06034	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer University of Connecticut	Occupatio Orthopae	n edic Surgeon						
	Receipt For:	Aggregate	e Year-to-Date V						
	Primary General Other (specify) ▼	0 0	500.00]					
s	UBTOTAL of Receipts This Page (optional)			2500.00					
\vdash	,		•	-					

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	X)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 233 (check only one) X X 11a 11b 11c 13 14		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	iation of Orthopaedic Surge	ons		
Full Name (Last, First, Middle Initial) A. Dr. Peter B Hanson, , MD			Date of Receipt		
Mailing Address 5565 Grossmont Ce	Mailing Address 5565 Grossmont Center Dr Ste 256				
City	State	Zip Code	0 4 0 6 2 0 0 6 Transaction ID: 23788210		
La Mesa	CA	91942-3098	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Grossmont Orthopaedic	Occupation Orthopae	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) B. Dr. Luis Alexander Miranda Torres, , MD	I		Date of Receipt		
Mailing Address Parques Sta Maria Rosa St M-8			M M / D D / Y Y Y Y Y 0 4 0 6 2 0 0 6		
City	State	Zip Code	Transaction ID: 23788211		
<u>San Juan</u>	PR	00927-6736	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Self-employed		edic Surgeon			
	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	1000.00			
Full Name (Last, First, Middle Initial) C. Dr. Brian Robinson, , MD	I		Date of Receipt		
Mailing Address 1268 E 32nd St			M M / D D / Y Y Y Y 04 06 2006		
City	State	Zip Code	Transaction ID: 23788212		
Silver City FEC ID number of contributing federal political committee.	C	88061-7229	Amount of Each Receipt this Period		
Name of Employer Self Employed	Occupatio	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00			
SUBTOTAL of Receipts This Page (optional)		3250.00		

FEC Schedule A (Form 3X) Rev. 02/2003

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64				FOR LINE NUMBER: PAGE 34 / 233						
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)						
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
Δr	w information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso	13 14 15 16 17						
or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
\sum	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons						
Α.	Full Name (Last, First, Middle Initial) Dr. Dean N Walker, , MD	Date of Receipt								
	Mailing Address 3725 W 4100 South	04 06 Y Y Y Y 04 06								
	City	State	Zip Code	Transaction ID: 23788213						
	Salt Lake City	UT	84120-5530	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Granger Medical Clinic	Occupation	n edic Surgeon							
	Receipt For:		e Year-to-Date V	_						
	Primary General	1	250.00	1						
	Other (specify)	0 0]						
в.	Full Name (Last, First, Middle Initial) Dr. Barry L Samson, , MD			Date of Receipt						
	Mailing Address 3009 N Ballas Rd 320A	M M / D D / Y Y Y Y								
	City	State	Zip Code	04 06 2006						
	Saint Louis	MO	63131-2324	Transaction ID: 23788214 Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		300.00						
	Name of Employer St. Louis Spine Care	Occupation								
	Receipt For:		edic Surgeon e Year-to-Date ▼	_						
	Primary General	Aggregate		1						
	Other (specify)	0 0	300.00							
_	Full Name (Last, First, Middle Initial)									
C.	Dr. Martin Shelton Tullus, , MD Mailing Address 4011 Talbot Rd S Ste 30	0		Date of Receipt						
		,0		04 06 2006						
	City	State	Zip Code	Transaction ID: 23788215						
	Renton	WA	98055-5791	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		1000.00						
	Name of Employer Occ Self Employed Ort		n edic Surgeon							
	Receipt For:		e Year-to-Date V							
	Primary General		1000.00	1						
	Other (specify)	0 0		1						
s	UBTOTAL of Receipts This Page (optional)			1550.00						
Т	OTAL This Period (last page this line number or	ıly)								

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 35 / 233 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	/ y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.		
\sum	NAME OF COMMITTEE (In Full)					
Political Action Committee of the American Association of Orthopaedic Surgeons						
Α.	Full Name (Last, First, Middle Initial) Dr. Kirk Kindsfater, , MD			Date of Receipt		
	Mailing Address 1713 Brentford Ln			0 4 0 6 Y Y Y Y 0 4 0 6 2 0 0 6		
	City	State	Zip Code	Transaction ID: 23788216		
	Fort Collins	CO	80525-4704	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupatio				
	Receipt For:		edic Surgeon e Year-to-Date ▼			
	Primary General	- gg. ogut		1		
	Other (specify)	0 0	500.00			
в.	Full Name (Last, First, Middle Initial) Dr. Richard P Whittaker, , MD			Date of Receipt		
	Mailing Address 1603 E High St			04 06 2006		
	City	State	Zip Code	Transaction ID: 23788217		
	Pottstown	PA	19464-5061	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Orthopaedic Specialists	Occupatio	n edic Surgeon			
	of Pottstown Receipt For:		e Year-to-Date V			
	Primary General		500.00	1		
	Other (specify)	0 0		1		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Susan M Swank, , MD			Date of Receipt		
Ο.	Mailing Address 7 Chaparral Ln			M M / D D / Y Y Y Y		
	City	State	Zip Code			
	Rancho Palos Verde	CA	2ip Code 90275-5167	Transaction ID: 23788218 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer PIH/Spine Ctr	Occupation Orthopae	n edic Surgeon			
	Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	600.00]		
				1100.00		
s	UBTOTAL of Receipts This Page (optional)					
т	OTAL This Period (last page this line number o	nly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	⊥ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surge	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. Edward Adrian Connolly, , MD			Date of Receipt					
	Mailing Address 520 Valley View Dr	04 / 06 / Y Y Y Y 2006							
	City	State	Zip Code	Transaction ID: 23789078					
	Moline	IL	61265-6152	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Orthopaedic & Rheumatology	Occupatio							
	Associates Receipt For:	· ·	edic Surgeon e Year-to-Date ▼	_					
	Primary General Other (specify) ▼		750.00]					
в.	Full Name (Last, First, Middle Initial) Dr. Robert A Sciortino, , MD			Date of Receipt					
	Mailing Address 2821 N Ballas Rd Ste C	0 4 / D D / Y Y Y Y 0 6 2 0 0 6							
	City	State	Zip Code	Transaction ID: 23789079					
	Saint Louis	MO	63131-2300	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer St Louis Orthopaedic Surg- eons	Occupatio Orthopae	n edic Surgeon						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]					
 C.	Full Name (Last, First, Middle Initial) Dr. James A Moore, , MD			Date of Receipt					
	Mailing Address 3 Peter Cooper Rd Apt 2	2F		04 06 2006					
	City	State	Zip Code	Transaction ID: 23789080					
	New York	NY	10010-6616	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Montefiore Medical Center		edic Surgeon						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]					
s	UBTOTAL of Receipts This Page (optional)			1000.00					
Т	OTAL This Period (last page this line number o	nly)							
IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17					
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Ar or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons					
Á.	Full Name (Last, First, Middle Initial) Dr. Thomas C Peff, , MD			Date of Receipt					
	Mailing Address 8407 Bustleton Ave			M M / D D / Y Y Y Y 04 06 2006					
	City	State	Zip Code	Transaction ID: 23789082					
	Philadelphia FEC ID number of contributing	PA	19152-1998	Amount of Each Receipt this Period					
	federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon						
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]					
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John W Xerogeanes, , MD			Date of Receipt					
	Mailing Address 265 Trimble Crst NE			M M / D D / Y Y Y Y 0 4 06 2006					
	City	State	Zip Code	Transaction ID: 23789083					
	Atlanta	GA	30342-2489	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Emory University	Occupatio Orthopae	n edic Surgeon						
	Receipt For:		e Year-to-Date ▼						
	Other (specify)	0 0	500.00]					
 C.	Full Name (Last, First, Middle Initial) Dr. Bertram Spetzler, , MD			Date of Receipt					
	Mailing Address 5783 McSpetz Ln			M M / D D / Y Y Y Y 04 06 2006					
	City	State	Zip Code	Transaction ID: 23789084					
	Roanoke	VA	24018-7884	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Lewis Gale Physicians	Occupatio Orthopae	n edic Surgeon						
	Receipt For:	Aggregate	e Year-to-Date V						
	Primary General Other (specify) ▼	0 0	500.00]					
s	UBTOTAL of Receipts This Page (optional)		·····	1250.00					

FEC Schedule A (Form 3X) Rev. 02/2003

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person lress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Donald M Lewis, , MD			Date of Receipt
	Mailing Address Muir Orthopaedic Specia 2405 Shadelands Dr	alists		0 4 / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23789085
	Walnut Creek	CA	94598-2444	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Muir Orthopaedic Speciali-	Occupation		
	sts Receipt For:		edic Surgeon year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	8 8	500.00	
R	Full Name (Last, First, Middle Initial) Dr. Carl L Highgenboten, , MD			Date of Receipt
5.	Mailing Address 7777 Forest Ln C106			M M / D D / Y Y Y Y
		01-11-	7'	04 06 2006
	City Dallas	State TX	Zip Code 75230-6831	Transaction ID: 23789086
	FEC ID number of contributing		73230-0831	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n dic Surgeon	
	Receipt For:		Year-to-Date V	_
	Primary General		250.00	1
	Other (specify)	0 0	230.00]
с.	Full Name (Last, First, Middle Initial) Dr. David N Collins, , MD			Date of Receipt
-	Mailing Address 600 S McKinley Ste 102			M M / D D / Y Y Y Y
	City	State	Zip Code	04062006 Transaction ID: 23789087
	Little Rock	AR	72205-5211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer A.S.C.C.	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)		•	1000.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 233 (check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page			
۸	y information copied from such Reports and Sta	tomonto mo		13 14 15 16 17		
or	for commercial purposes, other than using the n	e solicit contributions from such committee.				
Ν	NAME OF COMMITTEE (In Full)					
\angle	Political Action Committee of the Americ	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Michael M Lynch, , MD			Date of Receipt		
	Mailing Address 40 Cross St			M M / D D / Y Y Y Y 04 06 2006		
	City	State	Zip Code	Transaction ID: 23789089		
	Norwalk	СТ	06851-4647	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Coastal Orthopaedics	Occupation	n edic Surgeon			
	Receipt For:		e Year-to-Date V	_		
	Primary General		600.00	1		
	Other (specify)	0 0	600.00			
в.	Full Name (Last, First, Middle Initial) Dr. Robert J Bercik, , MD			Date of Receipt		
	Mailing Address 1445 Raritan Rd			M M / D D / Y Y Y Y 04 06 2006		
	City	State	Zip Code	Transaction ID: 23789090		
	Clark	NJ	07066-1230	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	-		
	Receipt For:		e Year-to-Date V	_		
	Primary General		750.00	1		
	Other (specify)	0 0		1		
с.	Full Name (Last, First, Middle Initial) Dr. David F Dalury, , MD			Date of Receipt		
	Mailing Address 8322 Bellona Ave Ste 10	00		M M / D D / Y Y Y Y 04 06 2006		
	City	State	Zip Code	Transaction ID: 23789091		
	Baltimore	MD	21204-2012	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Orthopaedic Associates	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)	0 0				
s	UBTOTAL of Receipts This Page (optional)			850.00		
Т	OTAL This Period (last page this line number or	nly)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 233
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta	tements may		0 for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	o solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	ons		
\square				
Α.	Full Name (Last, First, Middle Initial) Dr. Kimberly Lee Furry, , MD			Date of Receipt
	Mailing Address 375 E Park Ave Ste 200			04 06 2006
	City State		Zip Code	Transaction ID: 23789092
	Durango	CO	81301-5012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Durango Orthopaedic Assoc-	Occupatio		
	iates Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	, iggi egait		1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Lyle Sorensen, , MD			Date of Receipt
	Mailing Address 1100 9th Ave PO Box 980			04 06 2006
	City	State	Zip Code	Transaction ID: 23789096
	Seattle	WA	98101-2756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Virginia Mason Medical Ce-	Occupatio		
	nter Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General		1000.00	1
	Other (specify)	0 0		
с.	Full Name (Last, First, Middle Initial) Dr. Clay M Wertheimer, , MD			Date of Receipt
	Mailing Address 1100 Pacific Ave Ste 30	0		04 06 2006
	Everett Bone and Joint City	State	Zip Code	Transaction ID: 23789097
	Everett	WA	98201-4261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Everett Bone and Joint	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Other (specify) ▼		1000.00	
		U 0	<u> </u>	
s	UBTOTAL of Receipts This Page (optional)		······	2250.00
Т	OTAL This Period (last page this line number or	רוא)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 233 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) A. Dr. Delwyn J Worthington, , MD			Date of Receipt
Mailing Address 690 N Cofco Center C	t Ste 290		M M / D D / Y Y Y Y 04 06 2006
City	State	Zip Code	Transaction ID: 23789098
Phoenix FEC ID number of contributing federal political committee.	AZ	85008-6474	Amount of Each Receipt this Period
Name of Employer Arizona Orthopaedic Assoc- iates Receipt For: Primary General Other (specify) ▼	· · ·	n edic Surgeon e Year-to-Date ▼ 500.00]
B. Full Name (Last, First, Middle Initial) Dr. Keith W Miller, , MD Mailing Address Central Indiana Ortho	I		Date of Receipt
<u>3600 W Bethel Ave</u> City Muncie	State IN	Zip Code 47304-5407	Transaction ID: 23789099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Central Indiana Orthopedi- cs		edic Surgeon	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 550.00]
Full Name (Last, First, Middle Initial) C. Dr. Donald Mark Arms, , MD			Date of Receipt
Mailing Address 207 Oak Park			M M / D D / Y Y Y Y 04 06 2006
City Mc Minnville	State TN	Zip Code 37110-1336	Transaction ID: 23789100 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)			1250.00

FEC Schedule A (Form 3X) Rev. 02/2003

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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42/233		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
$\left \right $	NAME OF COMMITTEE (In Full)					
\geq	Political Action Committee of the Americ	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Anthony R Marino, , MD			Date of Receipt		
	Mailing Address 12 Misty Ln			0 4 D D / Y Y Y Y Y 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: 23789102		
	Londonderry	NH	03053-2675	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Orthopaedic Center	Occupation	n edic Surgeon			
	Receipt For:		e Year-to-Date ▼	_		
	Primary General Other (specify) v		250.00]		
— B	Full Name (Last, First, Middle Initial) Dr. Paul C Milling, , MD			Date of Receipt		
υ.	Mailing Address 163 N Date St			M M / D D / Y Y Y Y		
	City	State	Zip Code	04062006 Transaction ID: 23789104		
	Escondido	CA	92025-3405	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation	n edic Surgeon	-		
	Receipt For:		e Year-to-Date V	_		
	Primary General Other (specify) ▼	0 0	650.00]		
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Daniel J Nagle, , MD			Date of Receipt		
	Mailing Address 737 N Michigan Ave Ste	700		M M / D D / Y Y Y Y 04 06 2006		
	City	State	Zip Code	Transaction ID: 23789105		
	Chicago		60611-2615	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed		edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]		
s	UBTOTAL of Receipts This Page (optional)			1000.00		
Т	OTAL This Period (last page this line number or	nly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
An or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surge	ons
-	Full Name (Last, First, Middle Initial) Dr. James M Loddengaard, , MD			Date of Receipt
	Mailing Address 4201 Torrance Blvd Ste	640		M M / D D / Y Y Y Y 04 06 2006
	City	State	Zip Code	Transaction ID: 23789106
	Torrance FEC ID number of contributing federal political committee.	CA	90503-4524	Amount of Each Receipt this Period
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr. Richard D Guyer, , MD			Date of Receipt
	Mailing Address 6300 W Parker Rd			M M / D D / Y Y Y Y Y 04 / 06 / 2006
	City Plano	State TX	Zip Code 75093-8100	Transaction ID: 23789107 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Texas Back Institute	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr. Scott L Blumenthal, , MD			Date of Receipt
	Mailing Address 6020 W Parker Rd Ste 2	00		M M / D D / Y Y Y Y 04 06 2006
	City Plano	State TX	Zip Code	Transaction ID: 23789108
	FEC ID number of contributing federal political committee.	C	75093-8172	Amount of Each Receipt this Period
	Name of Employer Texas Back Institute	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
sı	JBTOTAL of Receipts This Page (optional)		······	750.00

FEC Schedule A (Form 3X) Rev. 02/2003

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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 233
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ns
A.	Full Name (Last, First, Middle Initial) Dr. John T Duddy, , MD			Date of Receipt
	Mailing Address 2741 DeBarr Rd Ste C3	05		0 4 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874235
	Anchorage	AK	99508-2972	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Other (specify)		1000.00]
В.	Full Name (Last, First, Middle Initial) Dr. Jack D Goldstein, , MD			Date of Receipt
	Mailing Address 127 School St			0 4 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874236
	Pawtucket	RI	02860-5305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	33 - 3	1000.00	1
	Other (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Thomas M Shery, , MD			Date of Receipt
0.	Mailing Address 11645 Wilshire Blvd Ste	800		
				04 14 2006
	City Los Angeles	State CA	Zip Code 90025-6811	Transaction ID: 23874237 Amount of Each Receipt this Period
	FEC ID number of contributing		30023-0011	
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Other (specify)	0 0	500.00]
s	UBTOTAL of Receipts This Page (optional)		······	2500.00
T T	OTAL This Period (last page this line number or	וא)		

			FOR LINE NUMBER: PAGE 45 / 233					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	(check only one)				
IT	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			, ,	13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
\sum	NAME OF COMMITTEE (In Full)							
\geq	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas N Joseph, , MD			Date of Receipt				
	Mailing Address 1112 Mill St			$ \begin{array}{c c} M & M \\ 0 & 4 \end{array} \right) \left(\begin{array}{c} D & D \\ 1 & 4 \end{array} \right) \left(\begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array} \right) $				
	City State		Zip Code	Transaction ID: 23874238				
	Camden SC		29020-3712	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			1000.00				
	Name of Employer Camden Bone & Joint	Occupation						
	Receipt For:		edic Surgeon e Year-to-Date ▼	-1				
	Primary General	, iggi egale		1				
	Other (specify)	0 0	1000.00					
в.	Full Name (Last, First, Middle Initial) Dr. Zachary J Endress, Jr, MD			Date of Receipt				
	Mailing Address 1350 Kirts Blvd Ste 160			M M / D D / Y Y Y Y 0 4 1 4 2 0 0 6				
	City		Zip Code	Transaction ID: 23874240				
	Troy	MI	48084-4852	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			500.00				
	Name of Employer Troy Orthopaedics	Occupation						
	Receipt For:		edic Surgeon e Year-to-Date ▼	_				
	Primary General	Aggregate		1				
	Other (specify)	0 0	500.00					
с.	Full Name (Last, First, Middle Initial) Dr. Rolando Colon-Nebot, , MD			Date of Receipt				
	Mailing Address PO Box 668			M M / D D / Y Y Y Y 0 4 1 4 2 0 0 6				
	City	State	Zip Code	Transaction ID: 23874241				
	Arecibo	PR	00613-0668	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon					
	Orthopa		e Year-to-Date ▼	-				
	Primary General			1				
	Other (specify)	0 0	250.00					
s	UBTOTAL of Receipts This Page (optional)		•	1750.00				
Т	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the	\overline{X} 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Richard J Scott, , MD			Date of Receipt
	Mailing Address 707 Little Silver Point Rd			04 / D D / Y Y Y Y 14 2006
	City	State	Zip Code	Transaction ID: 23874242
	Little Silver	NJ	07739-1774	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
			n edic Surgeon	
			Year-to-Date ▼	_
	Primary General		250.00	1
	Other (specify) 🔻	0 0	230.00	
в.	Full Name (Last, First, Middle Initial) Dr. Richard H Cobden, , MD			Date of Receipt
	Mailing Address 506 Gaffney Rd Ste 200)		M M / D D / Y Y Y Y 04 14 2006
	City	State	Zip Code	Transaction ID: 23874243
	Fairbanks	AK	99701-4980	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer AMCA Medical	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		1500.00	1
	Other (specify) 🔻	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. Gregory N Van Winkle, , MD			Date of Receipt
	Mailing Address 2440 Dorchester Ct			M M / D D / Y Y Y Y 04 14 2006
	City	State	Zip Code	Transaction ID: 23874244
	Brookfield	WI	53045-6201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Forward Orthopedic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) v	0 0		
s	UBTOTAL of Receipts This Page (optional)			2250.00
Т	OTAL This Period (last page this line number o	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta	atements ma	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 233 (check only one)
	for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Paul J Mason, , MD			Date of Receipt
	Mailing Address 5056 Rockhaven Dr			M M / D D / Y Y Y Y 04 14 2006
	City	State	Zip Code	Transaction ID: 23874245
	Clarence	NY	14031-2435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Buffalo Orthopaedic	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Dennis Jay Kvidera, , MD			Date of Receipt
	Mailing Address 1600 E Jefferson Ste 40	00		M M / D D / Y Y Y Y 04 14 2006
	City		Zip Code	Transaction ID: 23874246
	Seattle	WA	98122-5647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedics International	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. John Nicholas Posch, , MD			Date of Receipt
	Mailing Address The Ashtabula Clinic 2422 Lake Ave			M M / D D / Y Y Y Y 0 4 1 4 2 0 0 6
	City Ashtabula	State OH	Zip Code 44004-4982	Transaction ID: 23874247
	FEC ID number of contributing	C	44004-4962	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer Ashtabula Clinic	Occupatio Orthopae	n edic Surgeon	_
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
s	LUBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. James B Stiehl, , MD		Date of Receipt	
	Mailing Address 575 W River Woods Pkwy Ste 204			0 4 / D D / Y Y Y Y 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874249
	Milwaukee	WI	53212-1058	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occup.			500.00
			n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) v		500.00]
_	Full Name (Last, First, Middle Initial)			
в.	Dr. Robert B Stephenson, , MD Mailing Address 4550 Lee Highway			Date of Receipt
	Mailing Address 4550 Lee Highway PO Box 1617			0 4 / D D / Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874250
	Dublin	VA	24084-1617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00]
	Full Name (Last, First, Middle Initial)			
C.	Dr. Charles H Classen, Jr, MD Mailing Address Kinston Orthopaedic			Date of Receipt
	PO Box 1658			04 14 2006
	City	State	Zip Code	Transaction ID: 23874251
	Kinston	NC	28503-1658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Kinston Orthopaedic & Spo-	Occupation		
	rts Med. Ctr.		edic Surgeon e Year-to-Date ▼	_
	Receipt For: Primary General	Ayyreyate		1
	Other (specify)	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			2300.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate scl or each category Detailed Summa	of the	(c	OR LINE heck on X 11a	ly one		_	PAGE	49/2] 12	:33
Ar	y information copied from such Reports and Sta	atements may	Detailed Summary Page			13 the pur		14 of sol		15 g contril	16 bution:	<u>17</u>
	for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopae	edic Surgeor	าร							
<u>А.</u>	Full Name (Last, First, Middle Initial) Dr. Neil J Negrin, , MD					Date c	f Rece	eipt				
	Mailing Address 3200 Downwood Circle	Ste 500				0 4	/		D / 4	Y Y	200	6 [°]
	City	State	Zip Code			Transa	iction	ID:	238	74252		
	Atlanta	GA	30327-1659			Amoui	nt of E	ach I	Rece	ipt this I	Period	
	FEC ID number of contributing federal political committee.	C									250.0	00
	Name of Employer Atlanta Sports Medicine	Occupation Orthopae	ⁿ edic Surgeon									
	Receipt For:	Aggregate	e Year-to-Date 🔻									
	Primary General Other (specify) ▼	0 0		250.00								
в.	Full Name (Last, First, Middle Initial) Dr. Paul Victor Spiegl, , MD					Date c	f Rece	eipt				
	Mailing Address Ste 825 5673 Peachtree Dunwoo					м м 04		1	-	2	2 0 ^Y 0	
	City	State	Zip Code 30342-1771		Transaction ID: 23874253							
	Atlanta	GA	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C								1	000.0	00
	Name of Employer Self Employed	Occupation										
	Receipt For:		edic Surgeon e Year-to-Date ▼		-							
	Primary General Other (specify) ▼			1000.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Richard Sheldon Laskin, , MD					Date o	f Rece	eipt				
	Mailing Address Hosp for Special Surger 535 E 70th St	у				м м 04	_ L	_	4	2	2 0 ^Y 0	
	City	State	Zip Code			Transa						
	New York	NY	10021-4892			Amoui	nt of E	ach I	Rece	ipt this I	Period	
	FEC ID number of contributing federal political committee.	C		1						2	000.0	00
	Name of Employer Hospital for Special Surg- ery		edic Surgeon									
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Other (specify) ▼	0 0	· · · · · · · · · · · · · · · · · · ·	2000.00								
s	LUBTOTAL of Receipts This Page (optional)			····· ►	1					32	250.0	0
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) A. Dr. Albert Johnson, , MD Mailing Address 1081 Route 22 W			Date of Receipt
				04 14 2006
	City Bridgewater	State NJ	Zip Code 08807-2921	Transaction ID: 23874255 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Somerset Orthopaedic Asso- <u>c. PA</u> Receipt For:		n edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		2000.00]
в.	Full Name (Last, First, Middle Initial) Dr. John H Buckner, , MD			Date of Receipt
	Mailing Address 95 Croton Ave			M M / D D / Y Y Y Y 04 14 2006
	City	State	Zip Code	Transaction ID: 23874256
	Ossining	NY	10562-4216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Mark R Drzala, , MD			Date of Receipt
	Mailing Address 6 Fox Hollow Rd			04 14 2006
	City	State	Zip Code	Transaction ID: 23874257
	Montville	NJ	07045-9340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)		······	4000.00
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SCHEDULE A (FEC Form 3X)				
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	/ not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Gerald W King, , MD			Date of Receipt
	Mailing Address Calhoun Orthopaedics, 110 Hospital Dr	Inc		0 4 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874259
	Calhoun	GA	30701-2079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Calhoun Orthopaedics, Inc.	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Daniel T Stein, , MD			Date of Receipt
	Mailing Address 11160 Warner Ave Ste 3	311		M M / D D / Y
	City	State	Zip Code	Transaction ID: 23874260
	Fountain Valley	CA	92708-4055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	_
	Primary General		1500.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. Steven L Shapiro, , MD			Date of Receipt
	Mailing Address 18 Captain's Crossing			M M / D D / Y Y Y Y 04 14 2006
	City	State	Zip Code	Transaction ID: 23874261
	Savannah	GA	31411-2104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Foot and Ankle	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
s	UBTOTAL of Receipts This Page (optional)		••••••	3500.00
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SCHEDULE A (FEC Form 3X)		MIZED BECFIPTS or each category of the					
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
\sum	NAME OF COMMITTEE (In Full)						
\sum	Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surgeo	pns			
Α.	Full Name (Last, First, Middle Initial) Dr. Seth Kane, , MD			Date of Receipt			
	Mailing Address 277 Forest Ave Ste 201			M M / D D / Y Y Y Y 04 14 2006			
	City	State	Zip Code	Transaction ID: 23874262			
	Paramus	NJ	07652-5410	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupatio					
	Receipt For:		edic Surgeon e Year-to-Date ▼	_			
	Primary General	Aggregat		1			
	Other (specify)	0 0	500.00				
в.	Full Name (Last, First, Middle Initial) Dr. Marwan A Wehbe, , MD			Date of Receipt			
	Mailing Address Pennsylvania Hand Ctr 101 Bryn Mawr Ave Ste	300		04 / D D / Y Y Y Y 2006			
	City	State	Zip Code	Transaction ID: 23874263			
	Bryn Mawr	PA	19010-3120	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer PA Hand Center	Occupatio	n edic Surgeon				
	Receipt For:		e Year-to-Date V	_			
	Primary General Other (specify) ▼		250.00]			
с.	Full Name (Last, First, Middle Initial) Dr. James W Lawler, , MD			Date of Receipt			
	Mailing Address 1250 Peach St Ste B			M M / D D / Y			
	City	State	Zip Code	Transaction ID: 23874264			
	San Luis Obispo	CA	93401-2869	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_			
	Other (specify) ▼	0 0	250.00]			
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 233 (check only one)
Any or f	information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surge	ons
-	Full Name (Last, First, Middle Initial) Dr. William David Weiss, , MD			Date of Receipt
	Mailing Address 1240 Jesse Jewell Pkwy	SE Ste 30	00	0 4 / D D / Y Y Y Y 0 4 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874265
•	Gainesville	GA	30501-3861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Specialty Clinics of Geor-	Occupatio	n edic Surgeon	
	gia Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Dr. Joseph B Chalal, , MD			Date of Receipt
	Mailing Address 4801 S Congress Ave			0 4 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874268
	Lake Worth	FL	33461-4746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Center	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
	Full Name (Last, First, Middle Initial) Dr. Peter O Newton, , MD			Date of Receipt
-	Mailing Address 3030 Children's Way Ste	e 410		04 14 2006
	City	State	Zip Code	Transaction ID: 23874269
	San Diego	CA	92123-4228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pediatric Orthopedic & Sc- oliosis Med G Receipt For:		n edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
sı	BTOTAL of Receipts This Page (optional)			1000.00

FEC Schedule A (Form 3X) Rev. 02/2003

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c/	CHEDULE A (FEC Form 3X)			FO	FOR LINE NUMBER: PAGE 54 / 233						
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	-	eck only	-				, _	
			Detailed Summary Page	X	I	11b	\square	11c	П	12	
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	/ not be sold or used by any perso	on for t	13 he purp	14 ose of s	oliciti	15 ng co uch c	ntribu	16 utions	17
	NAME OF COMMITTEE (In Full)			Sonoll	551110		511 3	00110	Junit		
$\left \right\rangle$	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons							
Α.	Full Name (Last, First, Middle Initial) Dr. Gordon L Levin, , MD				Date of	Receipt					
	Mailing Address 14901 National Ave Ste	101			м м 04	/ D	D 14	/ Y	Y 2	0 0 0	
	City	State	Zip Code	1	ransac	tion ID:	238	3742	70	_	
	Los Gatos	CA	95032-2637	_	Amount	of Each	n Rec	eipt th	his Pe	eriod	
	FEC ID number of contributing federal political committee.	C							2	50.0	0
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon								
	Receipt For:		e Year-to-Date ▼								
	 Primary General Other (specify) ▼ 	0 0	250.00]							
в.	Full Name (Last, First, Middle Initial) Dr. Rex A W Marco, , MD				Date of	Receipt					
	Mailing Address 6410 Fannin Ste 1100				м м 04	/ D	D 14	/ Y		0 [°] 0 (
	City	State	Zip Code	Т	ransac	tion ID:	238	3742	71		
	Houston	TX	77030-5302	-	Amount	of Each	n Rec	eipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С							2	50.0	0
	Name of Employer University of Texas	Occupation	n edic Surgeon								
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00]							
 C.	Full Name (Last, First, Middle Initial) Dr. S Gopal Krishnan, , MD				Date of	Receipt					
	Mailing Address 1331 E 6th St				^м 4	/ D	D 14	/ Y		0 [°] 0 6	
	City	State	Zip Code	г	Transac	tion ID:	238	3742	72		
	Weslaco	TX	78596-6688	-	Amount	of Each	ı Rec	eipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С							5	00.0	0
	Name of Employer Krishnan and Associates	Occupation Orthopae	n edic Surgeon	1							
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify) ▼	0 0	500.00								
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 233 (check only one)						
ITEMIZED RECEIPTS			or each category of the	\overline{X} 11a 11b 11c 12						
			Detailed Summary Page							
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)									
\rangle	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons						
Α.	Full Name (Last, First, Middle Initial) Dr. Angela A Wang, , MD			Date of Receipt						
	Mailing Address Univ Orthopaedics Cente 590 Wakara Way	er		0 4 / D D / Y Y Y Y 1 4 2 0 0 6						
	City	State	Zip Code	Transaction ID: 23874273						
	Salt Lake City	UT	84108-1200	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer University of Utah	Occupation Orthopae	n edic Surgeon							
	Receipt For:		Year-to-Date ▼							
	Primary General	1 1	250.00	1						
	Other (specify)	0 0								
в.	Full Name (Last, First, Middle Initial) Dr. Daniel E Matthews, , MD			Date of Receipt						
	Mailing Address 139 McIntosh Bluff			M M / D D / Y						
	City	State	Zip Code	Transaction ID: 23874274						
	Fairhope	AL	36532-3327	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Bayside Orthopaedic Sports	Occupation								
	Medicine Receipt For:		edic Surgeon e Year-to-Date ▼	_						
	Primary General	Ayyreyate		1						
	Other (specify)	0 0	250.00							
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Edward W Younger, III, MD			Date of Receipt						
	Mailing Address 6555 Coyle Ave Ste 235			M M / D D / Y Y Y Y 04 14 2006						
	City	State	Zip Code	Transaction ID: 23874276						
	Carmichael	CA	95608-0370	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon							
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Other (specify)		250.00	1						
		0 0								
s	UBTOTAL of Receipts This Page (optional)			750.00						
Т	OTAL This Period (last page this line number or	nly)								

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 56 / 233						
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12					
٨	y information copied from such Reports and Sta	itemente mai	unot be sold or used by any porce	13 14 15 16 17					
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.					
\sum	NAME OF COMMITTEE (In Full)								
\mathbb{Z}	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. Gary D Morris, , MD			Date of Receipt					
	Mailing Address Nevada Orthopedic & S 2650 N Tenaya Way Ste		r	0 4 1 4 2 0 0 6					
	City	State	Zip Code	Transaction ID: 23874277					
	Las Vegas	NV	89128-1112	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Morris Orthopedics	Occupation	1						
	·	· ·	edic Surgeon	_					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻						
	Other (specify)	0 0	500.00						
в.	Full Name (Last, First, Middle Initial) Dr. Neil B Callister, , MD			Date of Receipt					
	Mailing Address 1802 Quail Run Dr			M M / D D / Y Y Y Y 04 14 2006					
	City	State	Zip Code	Transaction ID: 23874278					
	Ogden	UT	84403-3266	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Self Employed	Occupation							
	Receipt For:		edic Surgeon e Year-to-Date ▼						
	Primary General	Ayyreyale		1					
	Other (specify)	0 0	750.00						
c.	Full Name (Last, First, Middle Initial) Dr. David D Gallagher, , MD			Date of Receipt					
	Mailing Address 940 N Marr Rd			M M / D D / Y Y Y Y 04 14 2006					
	City	State	Zip Code	Transaction ID: 23874279					
	Columbus	IN	47201-2609	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Occupation Southern Indiana Orthopae- dics Orthopa		n edic Surgeon	_					
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	500.00]					
s	UBTOTAL of Receipts This Page (optional)			1500.00					
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 233 (check only one) 11a X 11a 11b 11c 12
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Carlton G Savory, , MD, FACS			Date of Receipt
	Mailing Address 6262 Veterans Pkwy			0 4 / D D / Y Y Y Y Y 0 4 2006
	City	State	Zip Code	Transaction ID: 23874280
	Columbus	GA	31909-3540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hughston Clinic	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		750.00]
в.	Full Name (Last, First, Middle Initial) Dr. James W Gallentine, , MD			Date of Receipt
	Mailing Address 3121 Sheridan Blvd			0 4 / D D / Y Y Y Y 0 4 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874281
	Lincoln	NE	68502-5232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Nebraska Ortho & Sports Med	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ♥	0 0	500.00]
с.	Full Name (Last, First, Middle Initial) Dr. Brian C DeMuth, , MD			Date of Receipt
	Mailing Address Chesapeake Sports & Or 111 W High St Ste 209	rthopaedic	S	M M / D D / Y Y Y Y Y 0 4 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874282
	Elkton	MD	21921-8611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 58 / 233 (check only one) 11a X 11a 11b 11c 12
٨٣	y information copied from such Reports and Sta	tements may	Detailed Summary Page	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	oslicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. E Michael Okin, , MD			Date of Receipt
	Mailing Address 9140 A Academy Rd			M M / D D / Y
	City	State	Zip Code	Transaction ID: 23874283
	Philadelphia	PA	19114-2853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	· ·	e Year-to-Date V	_
	Primary General Other (specify) ▼	1 I 1 1	350.00]
в.	Full Name (Last, First, Middle Initial) Dr. Richard C Richley, , MD			Date of Receipt
	Mailing Address 3434 Midway Dr Ste 200)1		M M / D D / Y Y Y Y 04 14 2006
	City	State	Zip Code	Transaction ID: 23874284
	San Diego	CA	92110-4924	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	_
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) The second seco	0 0	500.00]
 C.	Full Name (Last, First, Middle Initial) Dr. Bradley James Nelson, , MD			Date of Receipt
	Mailing Address R200 2512 S 7th St			04 14 2006
	City	State	Zip Code	Transaction ID: 23874285
	Minneapolis	MN	55454-1404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Keller Army Hospital	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			1100.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 233 (check only one) 11c 12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
<u>/</u> А.	Full Name (Last, First, Middle Initial) Dr. William A Matarese, , MD Mailing Address 342 Hamburg Tpke			Date of Receipt
				04 14 2006
	City	State	Zip Code	Transaction ID: 23874286
	Wayne	NJ	07470-2162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Leon Root, , MD			Date of Receipt
	Mailing Address Hosp for Special Surger 535 E 70th St			M M / D D / Y Y Y Y Y 04 14 2006
	City	State	Zip Code	Transaction ID: 23874287
	New York FEC ID number of contributing federal political committee.	C	10021-4898	Amount of Each Receipt this Period
	Name of Employer Hospital for Special Surg- erv	Occupation Orthopae	n edic Surgeon	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Antonio H Soler-Salas, , MD			Date of Receipt
	Mailing Address PMB 163, 1353 Carr 19			0 4 / D D / Y Y Y Y Y 0 4 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874288
	<u>San Juan</u>	PR	00966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 233 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Michael A Meese, , MD Mailing Address 899 Main St			Date of Receipt
				04 14 2006
	City Hackensack	State NJ	Zip Code 07601-4942	Transaction ID: 23874289 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Mam Orthopaedics		edic Surgeon	_
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. J Andy Sullivan, , MD			Date of Receipt
	Mailing Address 920 Stanton L Young RM WP1380			04 / D D / Y Y Y Y 2006
	City Oklahoma City	State OK	Zip Code 73104-5020	Transaction ID: 23874290 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Oklahoma	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
C.	Full Name (Last, First, Middle Initial) Dr. Neal L Rockowitz, , MD Mailing Address 3104 E Indian School Ro	d Ste 100		Date of Receipt
	City	State	Zip Code	04 14 2006 Transaction ID: 23874291
	Phoenix	AZ	85016-6873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			2500.00
Т	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 233			
IT	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\sum	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns			
A.	Full Name (Last, First, Middle Initial) Dr. Raymond J Stefanich, , MD	Date of Receipt					
	Mailing Address 2410 Ridgeway Ave			0 4 1 4 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23874292			
	Rochester	NY	14626-4114	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self Employed	Occupation	n edic Surgeon				
	Receipt For:	· ·	e Year-to-Date V				
	Primary General Other (specify) ▼		1000.00]			
в.	Full Name (Last, First, Middle Initial) Dr. Edward C Tanner, , MD			Date of Receipt			
	Mailing Address 1445 Portland Ave Ste 2	210		0 4 / D D / Y Y Y Y 0 4 1 4 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23874293			
	Rochester	NY	14621-3008	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date V	-			
	Primary General Other (specify) ▼		500.00]			
	Full Name (Last, First, Middle Initial) Dr. Alejandro Badia, , MD			Date of Receipt			
	Mailing Address Miami Hand Center 8905 SW 87th Ave Ste	100		M M / D D / Y Y Y Y 0 4 1 4 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23874294			
	<u>Miami</u>	FL	33176-2210	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1			
	Other (specify)		1000.00]			
s	UBTOTAL of Receipts This Page (optional)			2500.00			
Т	OTAL This Period (last page this line number of	nly)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 233	
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar	y information copied from such Reports and Sta	tements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	an Acces	ation of Orthonoodia Surges	
\square	Political Action Committee of the Americ			
Α.	Full Name (Last, First, Middle Initial) Dr. Baron Lonner, , MD			Date of Receipt
	Mailing Address 212 E 69th St			M M / D D / Y
	City	State	Zip Code	Transaction ID: 23874295
	New York	NY	10021-5705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify)	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Morton L Rubin, , MD			Date of Receipt
	Mailing Address 2025 Technology Pkwy S	Ste 109		M M / D D / Y Y Y Y 04 14 2006
	City	State	Zip Code	Transaction ID: 23874296
	Mechanicsburg	PA	17050-9401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	_
	Receipt For:		e Year-to-Date V	_
	Primary General	33 - 3		1
	Other (specify)	0 0	1000.00	
с.	Full Name (Last, First, Middle Initial) Dr. David Neuman, , MD			Date of Receipt
	Mailing Address 51 E 25th St Sixth Fl			
	City	State	Zip Code	Transaction ID: 23874297
	New York	NY	10010-2945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
			n edic Surgeon	
			e Year-to-Date V	-
	Primary General			1
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
Т	OTAL This Period (last page this line number or	nly)	·····	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 233		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
			Detailed Summary Page			
٨٣	y information copied from such Reports and Sta	tomonto mo	unat be cold or used by any perce	13 14 15 16 17		
or	for commercial purposes, other than using the n	oslicit contributions from such committee.				
\sum	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Arnold Ray Penix, , MD	Date of Receipt				
	Mailing Address 462 Pineview Dr			M M / D D / Y		
	City	State	Zip Code	Transaction ID: 23874298		
	Gallipolis	OH	45631-9038	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed	Occupation	n edic Surgeon	-		
	Receipt For:		e Year-to-Date V			
	Primary General		1000.00	1		
	Other (specify)	0 0	1000.00			
в.	Full Name (Last, First, Middle Initial) Dr. Christopher C Schmidt, , MD			Date of Receipt		
	Mailing Address 1307 Federal St			M M / D D / Y Y Y Y 04 14 2006		
	City	State	Zip Code	Transaction ID: 23874299		
	<u>Pittsburgh</u>	PA	15212-4705	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		750.00		
	Name of Employer Alleghany Orthopaedics	Occupation Orthopae	n edic Surgeon			
	Receipt For:		e Year-to-Date V			
	Primary General		750.00	1		
	Other (specify)	0 0	750.00	1		
с.	Full Name (Last, First, Middle Initial) Dr. Sami Oweida, , MD			Date of Receipt		
	Mailing Address 309 S Sharon Amity Rd	Ste 102		M M / D D / Y Y Y Y 04 14 2006		
	City	State	Zip Code	Transaction ID: 23874300		
	Charlotte	NC	28211-2886	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	400		n edic Surgeon			
			e Year-to-Date V			
	Primary General	33 - 3		1		
	Other (specify)	0 0	1000.00			
s	UBTOTAL of Receipts This Page (optional)			2750.00		
Т	OTAL This Period (last page this line number or	nly)				

5	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 64 / 233				
· · · ·			Use separate schedule(s) or each category of the	(check only one)				
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
Ν	NAME OF COMMITTEE (In Full)							
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ins				
Α.	Full Name (Last, First, Middle Initial) Dr. Susan N Pick, , MD			Date of Receipt				
	Mailing Address PO Box 568			M M / D D / Y				
	City		Zip Code	Transaction ID: 23874301				
	Crossville Th		38557-0568	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1500.00				
	Name of Employer Plateau ORthopaedics	Occupation	n edic Surgeon					
	Receipt For:		Year-to-Date ▼	-1				
	Primary General			1				
	Other (specify)	0 0	1500.00					
В.	Full Name (Last, First, Middle Initial) Dr. Mohammed-Tarek Al-Fahl, , MD			Date of Receipt				
	Mailing Address 604 Reinerman St			M M / D D / Y				
	City	State	Zip Code	Transaction ID: 23874303				
	Houston	TX	77007-5235	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Texas Orthopaedic & Sports	Occupation						
	Medicine		edic Surgeon	_				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) ▼	0.0	250.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Robert H Anschuetz, , MD			Date of Receipt				
	Mailing Address 6770 Mayfield Rd Ste 44	-1		M M / D D / Y Y Y Y 04 13 2006				
	City	State	Zip Code	Transaction ID: 23874304				
	Mayfield Heights	OH	44124-2299	Amount of Each Receipt this Period				
				200.00				
			n edic Surgeon					
			e Year-to-Date ▼	1				
	Primary General		000.00	1				
	Other (specify) ▼	0 0	300.00					
s	UBTOTAL of Receipts This Page (optional)		••••••	1950.00				
Т	TOTAL This Period (last page this line number only)							

50	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 65 / 233					
		Use separate schedule(s) or each category of the	(check only one)						
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	I not be sold or used by any persected by any persected by any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)		,						
$ \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons					
\angle									
Δ	Full Name (Last, First, Middle Initial) Dr. Lawrence R Walker, , MD			Date of Receipt					
<i>.</i>	Mailing Address PO Box 925								
	294 N Fairway			04 13 2006					
	City	State	Zip Code	Transaction ID: 23874305					
	Lake Arrowhead	CA	92352-0925	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		1000.00					
	rederal political committee.								
	Name of Employer OMG Riverside CA	Occupation							
			edic Surgeon						
	Receipt For: Primary General	Aggregate	e Year-to-Date V						
	Other (specify)		1000.00						
		0 0		1					
	Full Name (Last, First, Middle Initial)								
В.	Dr. John Quentin Smith, , MD			Date of Receipt					
	Mailing Address 3235 S Westbury PI			04 13 YYYY 04					
	City	State	Zip Code	Transaction ID: 23874306					
	Eagle	ID	83616-6776	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	С		500.00					
	Name of Employer	Occupatio	0	-					
	West Idaho Orthopaedics		edic Surgeon						
	Receipt For:		e Year-to-Date V	_					
	Primary General		500.00	1					
	Other (specify)		500.00						
C.	Full Name (Last, First, Middle Initial) Dr. Mark P Madden, , MD			Date of Receipt					
	Mailing Address 1850 Town Center Pkwy	/ Ste 400		M M / D D / Y Y Y Y					
				04 13 2006					
	City	State	Zip Code	Transaction ID: 23874307					
	Reston	VA	20190-3219	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
			edic Surgeon ₂ Year-to-Date ▼						
	Receipt For: Primary General	Aggregate		1					
	Other (specify) ▼		250.00						
				1750.00					
S	UBTOTAL of Receipts This Page (optional)		······	1/30.00					
		-1.)							
Т	OTAL This Period (last page this line number o	nly)							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 233 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left[\right]$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	ons		
A.	Full Name (Last, First, Middle Initial) Dr. Troy D Pierce, , MD	Date of Receipt		
	Mailing Address 4012 Edgewater PI SE			04 / 13 / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 23874308
	Mandan	ND	58554-7968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Bone & Joint Clinic	Occupatio		-
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	, iggi ogaio		1
	Other (specify) v	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Evangelos Megariotis, , MD			Date of Receipt
	Mailing Address 21 Ravona St			M M / D D / Y Y Y Y 04 13 2006
	City	State	Zip Code	Transaction ID: 23874309
	Clifton	NJ	07012-1521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		3000.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. Karen Jane McRae, , MD			Date of Receipt
	Mailing Address Watauga Ortho 2410 Susannah St			M M / D D / Y Y Y Y 04 13 2006
	City	State	Zip Code	Transaction ID: 23874311
	Johnson City	TN	37601-1765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Watauga Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼		500.00	1
			<u> </u>	·
s	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 233
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. James W Nichols, , DO			Date of Receipt
	Mailing Address 1112 Mill St			04 ^{//} 13 [/] 2006
	City	State	Zip Code	Transaction ID: 23874313
	Camden	SC	29020-3712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Camden Bone & Joint, LLC	Occupation Orthopae	n edic Surgeon	-
	Receipt For:		e Year-to-Date V	
	Primary General		1100.00	1
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Gary J Roberts, , MD			Date of Receipt
	Mailing Address 1005 S Hemlock St			M M / D D / Y Y Y Y 04 13 2006
	City	State	Zip Code	Transaction ID: 23874315
	Iron Mountain	MI	49801-3854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		250.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. John Howard Wilber, , MD			Date of Receipt
	Mailing Address University Hospital 11100 Euclid Ave			M M / D D / Y Y Y Y 0 4 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 23874317
	Cleveland	ОН	44106-1736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
			e Year-to-Date V	
	Other (specify)		250.00	1
	• (· p · s · · j) ¥	0 0	0 0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number or	רוא)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 233	
ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Douglas M Lange, , MD	Date of Receipt		
	Mailing Address Muir Orthopaedic Specia 2405 Shadelands Dr Ste			04 / D D / Y Y Y Y 2006
	City State		Zip Code	Transaction ID: 23874318
	Walnut Creek	CA	94598-5905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Occupation Muir Orthopedic Specialis-			
	ts Receipt For:		edic Surgeon	_
	Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Lesley J Anderson, , MD			Date of Receipt
	Mailing Address 2100 Webster St Ste 30	9		M M / D D / Y Y Y Y 04 13 2006
	City	State	Zip Code	Transaction ID: 23874321
	San Francisco	CA	94115-2376	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	_
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
с.	Full Name (Last, First, Middle Initial) Dr. Thomas A Lange, , MD			Date of Receipt
	Mailing Address Regions Hospital 640 Jackson St			M M / D D / Y Y Y Y 04 13 2006
	City	State	Zip Code	Transaction ID: 23874322
	Saint Paul	MN	55101-2502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	1 Hysiolalis			7
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
s	LUBTOTAL of Receipts This Page (optional)		`	1000.00
	OTAL This Period (last page this line number of			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Howard L Berg, , MD			Date of Receipt
	Mailing Address 13 Medical Dr			M M / D D / Y Y Y Y 04 13 2006
	City	State	Zip Code	Transaction ID: 23874323
	Amarillo	ТΧ	79106-4121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio		
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Thomas John Haverbush, , MD			Date of Receipt
	Mailing Address 315 E Warwick Rd Ste	٩		M M / D D / Y Y Y Y 04 13 2006
	City	State	Zip Code	Transaction ID: 23874324
	Alma	MI	48801-1083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio		-
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Norman P Zemel, , MD			Date of Receipt
	Mailing Address 6801 Park Terrace Dr			
	City	State	Zip Code	Transaction ID: 23874325
	Los Angeles	CA	90045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Receipt For: Aggre		edic Surgeon	
			e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		······	1000.00
⊢	OTAL This Period (last page this line number of			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 233		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
\sum	NAME OF COMMITTEE (In Full)					
\geq	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Mary I O'Connor, , MD	Date of Receipt				
	Mailing Address Mayo Clinic 4500 San Pablo Rd			04 13 2006		
	City	State	Zip Code	Transaction ID: 23874326		
	Jacksonville	FL	32224-1865	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Mayo Clinic Jacksonville	Occupation Orthopae	n edic Surgeon	-		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼		550.00]		
в.	Full Name (Last, First, Middle Initial) Dr. John N Callander, , MD			Date of Receipt		
	Mailing Address 2540 Filbert St			04 13 Y Y Y Y 04 13 2006		
	City	State	Zip Code	Transaction ID: 23874328		
	San Francisco	CA	94123-3318	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer California Pacific Ortho &	Occupation				
	Sports Med Receipt For:		edic Surgeon e Year-to-Date ▼			
	Primary General Other (specify) ▼		450.00]		
	Full Name (Last, First, Middle Initial) Dr. Adam J Olscamp, , MD			Date of Receipt		
	Mailing Address 850 Ironwood Dr Ste 20	2		M M / D D / Y Y Y Y 04 13 2006		
	City	State	Zip Code	Transaction ID: 23874329		
	Coeur D Alene	ID	83814-4903	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Oo Self Employed O		edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]		
s	UBTOTAL of Receipts This Page (optional)			750.00		
Т	OTAL This Period (last page this line number o	nly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 233 (check only one) X X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Theresa L Colosi, , MD			Date of Receipt
	Mailing Address 2505 Samaritan Dr Ste	505		04 / D D / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 23874330
	San Jose FEC ID number of contributing federal political committee.	CA	95124-4015	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio		-
	Receipt For: Primary General Other (specify) ▼	· ·	edic Surgeon e Year-to-Date ▼ 500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Daniel C Johnson, , MD			Date of Receipt
	Mailing Address Yankton Bone & Joint C 1000 W 4th St Ste 1			M M / D D / Y
	City Yankton	State SD	Zip Code 57078-3700	Transaction ID: 23897946
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Yankton Bone and Joint Ce- nter Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼ 250.00]
 C.	Full Name (Last, First, Middle Initial) Dr. John E Kilgore, , MD			Date of Receipt
	Mailing Address 3693 McKay Creek Dr			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897947
	Largo FEC ID number of contributing federal political committee.	FL C	33770-4533	Amount of Each Receipt this Period
	Name of Employer Orthopaedic Associates of West Florida		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)		······	1750.00

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Assoc	iation of Orthopaedic Surge	ons						
Full Name (Last, First, Middle Initial) A. Dr. David S Matthews, , MD			Date of Receipt						
Mailing Address 3010 N Circle Dr Ste 1	04 19 2006								
City	State	Zip Code	Transaction ID: 23897948						
Colorado Springs	CO	80909-1174	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer Colorado Springs Orthopae- dic Group	Occupatio Orthopa	n edic Surgeon							
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]						
Full Name (Last, First, Middle Initial) B. Dr. Scott D Karr, , MD			Date of Receipt						
Mailing Address 5050 N Clinton St			M M / D D / Y Y Y Y 04 19 2006						
City	State	Zip Code	Transaction ID: 23897949						
Fort Wayne	IN	46825-5890	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer Orthopaedics Northeast	Occupatio Orthopa	ⁿ edic Surgeon							
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	1						
Full Name (Last, First, Middle Initial) C. Dr. David W Romness, , MD			Date of Receipt						
Mailing Address 1635 N George Mason	Dr Ste 310		04 19 2006						
City	State	Zip Code	Transaction ID: 23897950						
Arlington	VA	22205-3616	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer Commonwealth Orthopaedics		edic Surgeon							
Receipt For:	Aggregate	e Year-to-Date 🔻							
Other (specify)	0 0	250.00							
SUBTOTAL of Receipts This Page (optional)			1000.00						
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 233 (check only one) 11a X 11a 11b 11c 12					
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	r not be sold or used by any perso lress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. Richard M Terek, , MD Mailing Address University Orthopedics			Date of Receipt					
	2 Dudley St Ste 200			04 19 2006					
	City	State	Zip Code	Transaction ID: 23897951					
	Providence	RI	02905-3248	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer University Orthopedics Inc	Occupation							
	Receipt For:		dic Surgeon Year-to-Date ▼	_					
	Primary General Other (specify) ▼		250.00]					
в.	Full Name (Last, First, Middle Initial) Dr. John S Place, , MD			Date of Receipt					
	Mailing Address 213 S 11th Ave			M M / D D / Y Y Y Y 04 19 2006					
	City	State	Zip Code	Transaction ID: 23897953					
	Yakima	WA	98902-3241	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]					
с.	Full Name (Last, First, Middle Initial) Dr. Bradley N Walter, , MD			Date of Receipt					
	Mailing Address 100 Mimosa Dr PO Box 2968			M M / D D / Y Y Y Y 04 19 2006					
	City The second state	State	Zip Code	Transaction ID: 23897954					
	Thomasville	GA	31792-6676	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Thomasville Orthopedic Ce- nter	· ·	dic Surgeon						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]					
s	UBTOTAL of Receipts This Page (optional)			1500.00					
т	OTAL This Period (last page this line number or	ıly)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 233			
ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
\geq	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, , MD			Date of Receipt			
	Mailing Address 91 Parker Hill Ave			04 19 2006			
	City	State	Zip Code	Transaction ID: 23897955			
	Boston	MA	02120-3215	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Longwood Orthopaedics	Occupation					
	Receipt For:		edic Surgeon e Year-to-Date ▼	_			
	Primary General	Aggregate		1			
	Other (specify)	0 0	2000.00				
в.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Glenn Hessing, , MD			Date of Receipt			
	Mailing Address 7911 W Innsbrook Ct			04 19 2006			
	City	State	Zip Code	Transaction ID: 23897956			
	Boise	ID	83704-4487	Amount of Each Receipt this Period			
	FEC ID number of contributing			1000.00			
	federal political committee.	C		1000.00			
	Name of Employer Orthopaedic Associates	Occupation	n edic Surgeon				
	Receipt For:		Year-to-Date ▼				
	Primary General			1			
	Other (specify)	0 0	1000.00				
<u>с</u>	Full Name (Last, First, Middle Initial) Dr. Michael A Parentis, , MD			Date of Receipt			
0.	Mailing Address 6380 Heise Rd						
				04 19 2006			
	City Clarence Center	State NY	Zip Code 14032-9372	Transaction ID: 23897957 Amount of Each Receipt this Period			
	FEC ID number of contributing		14032-3372				
	federal political committee.	C		250.00			
	Name of Employer The Knee Center of WNY	Occupation	n edic Surgeon				
			e Year-to-Date ▼	-1			
	Primary General			1			
	Other (specify)	0 0	250.00				
s	LUBTOTAL of Receipts This Page (optional)		·····	2250.00			
T	OTAL This Period (last page this line number o	nly)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Kenneth L Moore, , MD			Date of Receipt
	Mailing Address 311 Berry Circle			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897958
	Franklin	TN	37064-2876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General	33 - 3		1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Barry W Solcher, , MD			Date of Receipt
	Mailing Address 3201 University Dr East	Ste 255		M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897959
	Bryan	TX	77802-3483	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Center for Orthopaedic Sp-	Occupatio	n edic Surgeon	
	ecialties Receipt For:		e Year-to-Date V	
	Primary General			1
	Other (specify)	0 0	250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Richard W Garner, , MD			Date of Receipt
	Mailing Address 3260 Providence Dr Ste AFOC	200		M M / D D / Y Y Y Y 0 4 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 23897960
	Anchorage	AK	99508-4603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Anchorage Fracture & Orth-	Occupatio		7
	opaedic Člini Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	, iggi oguio	1500.00	1
	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)		······	1500.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 76 / 233 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	↓ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Amer	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Michael S Petersen, , MD			Date of Receipt
	Mailing Address 2031 Anderson Rd Ste	A		M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897961
	Davis	CA	95616-0699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Valley Oak Ortho	Occupatio	n edic Surgeon	
	Receipt For:	· ·	e Year-to-Date ▼	—
	Primary General Other (specify) ▼	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Russell Cecil, , MD			Date of Receipt
	Mailing Address 5010 St Hwy 30 Ste 20	5		M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897963
	Amsterdam	NY	12010-7532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mohawk Valley Orthopaedic	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Chris John Dangles, , MD			Date of Receipt
	Mailing Address 602 W University			0 4 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 23897964
	Urbana	IL	61801-2530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carle Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 233		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	∟ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
	Political Action Committee of the Americ	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew Gurman, , MD			Date of Receipt		
	Mailing Address 3000 Fairway Dr Blair Orthopedic Assoc,	Inc		04 19 YYYY 04		
	City	State	Zip Code	Transaction ID: 23897966		
	Altoona	PA	16602-4472	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Blair Orthopaedic Associa-	Occupatio		_		
	tes		edic Surgeon			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-		
	Other (specify)	0 0	450.00]		
в.	Full Name (Last, First, Middle Initial) Dr. Frank A Pettrone, , MD			Date of Receipt		
	Mailing Address 1635 N George Mason I	Dr		04 / D D / Y Y Y Y 04 19 2006		
	City	State	Zip Code	Transaction ID: 23897967		
	Arlington	VA	22205-3601	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation	n edic Surgeon			
	Receipt For:	1	e Year-to-Date V			
	Primary General Other (specify) ▼		500.00]		
	Full Name (Last, First, Middle Initial) Dr. Michael E Joyce, , MD			Date of Receipt		
0.	Mailing Address 84 Glastonbury Blvd Ste	e 101		M M / D D / Y Y Y Y		
				04 19 2006		
	City Glastonbury	State CT	Zip Code 06033-4400	Transaction ID: 23897968 Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Orthopaedic Sports Specia-	Occupatio	n edic Surgeon			
	lists Receipt For:		e Year-to-Date V			
	Primary General Other (specify) ▼		250.00]		
s	UBTOTAL of Receipts This Page (optional)		•	1000.00		
	OTAL This Period (last page this line number of		-			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 233 (check only one) 110 X 11a 11b 13 14 15 16 17			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri						
A.	Full Name (Last, First, Middle Initial) Dr. Randolph Copeland, , MD Mailing Address 1609 Red Rock Dr			Date of Receipt			
				04 19 2006			
	City	State	Zip Code	Transaction ID: 23897969			
	Gallup FEC ID number of contributing	NM C	87301-5651	Amount of Each Receipt this Period			
	federal political committee.						
	Name of Employer US Public Health Service, IHS	Occupatio	n edic Surgeon				
	Receipt For:		e Year-to-Date ▼				
	Other (specify)	0 0	550.00]			
в.	Full Name (Last, First, Middle Initial) Dr. David Matthew Beard, , MD			Date of Receipt			
	Mailing Address 3270 20 St South			04 19 2006			
	City	State	Zip Code	Transaction ID: 23897970			
	Fargo	ND	58104-5917	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon				
	Receipt For: Primary General Other (specify) ♥		e Year-to-Date ▼ 1250.00]			
	Full Name (Last, First, Middle Initial) Dr. Hugh Carroll McLeod, III, MD			Date of Receipt			
•	Mailing Address 1163 Johnson Ferry Rd	Ste 200		04 19 2006			
	City	State	Zip Code	Transaction ID: 23897973			
	Marietta	GA	30068-2764	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Atlanta Orthopaedic Speci- alists	Occupatio Orthopae	ⁿ edic Surgeon				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]			
s	UBTOTAL of Receipts This Page (optional)			1500.00			
Т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 79 / 233 (check only one)
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Amer	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Stuart L Weinstein, , MD			Date of Receipt
	Mailing Address Univ of Iowa Hospital 200 Hawkins Dr Ste 010	026 JPP		04 19 2006
	City		Zip Code	Transaction ID: 23897975
	Iowa City IA		52242-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer University of Iowa Hospit-	Occupatio	n	
	al		edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify) ▼	0 0	750.00]
в.	Full Name (Last, First, Middle Initial) Dr. David A Lewis, , MD			Date of Receipt
	Mailing Address 12522 E Lambert Rd St	te A		04 19 Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 23897976
	Whittier	CA	90606-2758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General			1
	Other (specify) v	0 0	500.00]
c.	Full Name (Last, First, Middle Initial) Dr. Roland Owen Dutton, , MD			Date of Receipt
	Mailing Address 150 Glasson Way			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897977
	Grass Valley	CA	95945-5706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date V	1
	Other (specify)	0 0	250.00	1
s	UBTOTAL of Receipts This Page (optional)			1250.00
Т	OTAL This Period (last page this line number of	only)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	tements may	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions 10 17 10
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and add	dress of any political committee to	solicit contributions from such committee.
\square	Political Action Committee of the Americ Full Name (Last, First, Middle Initial)		ation of Orthopaedic Surged	
Α.	Dr. Richard A Morvant, Jr, MD			Date of Receipt
	Mailing Address 806 Bayou Ln			04 D D / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 23897978
	Thibodaux	LA	70301-4954	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:	· · ·	edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. William Kemp Montgomery, , MD			Date of Receipt
	Mailing Address 6309 Whittier Dr			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897979
	Plano	TX	75093-6141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. David J Kolessar, , MD			Date of Receipt
	Mailing Address Geisinger Clinic 1000 E Mountain Blvd			M M / D D / Y Y Y Y Y 04 19 2006
	City Wilkes Barre	State PA	Zip Code 18711-0027	Transaction ID: 23897980
	FEC ID number of contributing			Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00]
s	UBTOTAL of Receipts This Page (optional)			2250.00
Т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 81 / 233 (check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. John J Callaghan, , MD			Date of Receipt
	Mailing Address Univ of Iowa Hospital 200 Hawkins Dr			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897981
	lowa City	IA	52242-1007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer University of Iowa Hospit-	Occupation		
	al and Clinic Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	, iggi oguto		1
	Other (specify) 🔻	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kenneth G Tomberlin, , MD			Date of Receipt
	Mailing Address 3817 Forrest Gate Dr			M M / D D / Y Y Y Y
	City	State	Zip Code	04 19 2006
	Winston-Salem	NC	27103-2946	Transaction ID: 23897982 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Winston Bone & Joint	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00]
	Full Name (Last, First, Middle Initial) Dr. Kumar Bipin Amin, , MD			Date of Receipt
0.	Mailing Address PO Box 2507			
				04 19 2006
	City Wintersville	State OH	Zip Code 43953-0507	Transaction ID: 23897984 Amount of Each Receipt this Period
	FEC ID number of contributing		4333-0307	
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) v		1000.00]
				3000.00
s	UBTOTAL of Receipts This Page (optional)			
т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 233
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Wayne B Venters, , MD			Date of Receipt
	Mailing Address Rockwood Clinic, PS 400 E Fifth Ave			0 4 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 23897986
	Spokane	WA	99202-1334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Rockwood Clinic	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Thomas W Currey, , MD			Date of Receipt
	Mailing Address 975 E 3rd St Box 260			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23897987
	Chattanooga	TN	37403-2103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Univ of Tenn	Occupation		
	Receipt For:	1 1	edic Surgeon e Year-to-Date ▼	_
	Primary General	7.99.094.0		1
	Other (specify)	0 0	2000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Andrew P Gutow, , MD			Date of Receipt
0.	Mailing Address 741 Westminster Ln			
				04 19 2006
	City Los Altos	State CA	Zip Code 94022-1144	Transaction ID: 23897988 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Palo Alto Orthopaedics Me-	Occupation	n edic Surgeon	
	dical Receipt For:		Year-to-Date ▼	_
	Primary General		250.00	1
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number o	nly)		

~				FOR LINE NUMBER: PAGE 83 / 233
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 233 (check only one)	
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. George W Cox, , MD	Date of Receipt		
	Mailing Address 6501 Memorial Dr			04 19 2006
	City	State	Zip Code	Transaction ID: 23897989
	Texas City	ТΧ	77591-4015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ortho Clinic of Galveston	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	_
	Primary General			1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. John T Gill, , MD			Date of Receipt
	Mailing Address 8230 Walnut Hill Ln Ste	708		M M / D D / Y Y Y Y 04 19 2006
	City		Zip Code	Transaction ID: 23897990
	Dallas	ТХ	75231-4431	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Dallas Sports Medicine	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Ayyreyate		1
	Other (specify)	0 0	550.00	
~	Full Name (Last, First, Middle Initial)			Date of Beesint
υ.	Dr. Heinz R Hoenecke, Jr, MD Mailing Address Sport Clinic			Date of Receipt
	Sport Clinic Spts Med, MS-116			04 19 2006
	City	State	Zip Code	Transaction ID: 23897992
	La Jolla	CA	92037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Scripps Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1300.00
			•	
т	OTAL This Period (last page this line number or	nly)		

C (CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 84 / 233		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
			Detailed Summary Page	X 11a 11b 11c 12		
Δn	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso	13 14 15 16 17		
or	for commercial purposes, other than using the n	solicit contributions from such committee.				
Ν	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	Political Action Committee of the Americ	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Alexander Pruitt, , MD			Date of Receipt		
	Mailing Address 20 W 6th St Ste 1			04 ^{//} 19 [/] 2006		
	City	State	Zip Code	Transaction ID: 23897993		
	Spencer IA		51301-3901	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed	Occupatio	n edic Surgeon			
	Receipt For:		e Year-to-Date V			
	Primary General		1000.00	1		
	Other (specify)	0 0	1000.00			
в.	Full Name (Last, First, Middle Initial) Dr. Richard P Lewallen, , MD			Date of Receipt		
	Mailing Address 2900 12th Ave N Ste 10	0E		M M / D D / Y Y Y Y 04 19 2006		
	City	State	Zip Code	Transaction ID: 23897995		
	Billings	MT	59101-7504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Montana Ortho & Sports	Occupatio Orthopae	n edic Surgeon			
	Receipt For:		e Year-to-Date V			
	Primary General		1000.00	1		
	Other (specify)]		
С.	Full Name (Last, First, Middle Initial) Dr. Ron D Schechter, , MD			Date of Receipt		
	Mailing Address Paragould Orthopaedics 1000 W Kingshighway S			M M / D D / Y Y Y Y 0 4 1 9 2 0 0 6		
	City	State	Zip Code	Transaction ID: 23897997		
	Paragould	AR	72450-4197	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Paragould Orthopaedics, PLLC	Occupatio Orthopae	n edic Surgeon			
	Receipt For: Aggregate Primary General		e Year-to-Date V	_		
			500.00	1		
_	Other (specify)	0 0		1		
s	UBTOTAL of Receipts This Page (optional)			2500.00		
Т	OTAL This Period (last page this line number or	nly)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 233 (check only one) X X 11a
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. William B Smith, , MD Mailing Address Blount Orthopaedic Clin	Date of Receipt		
	Mailing Address Blount Orthopaedic Clin 625 E St Paul Ave	IC		0 4 1 9 Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 23898000
	Milwaukee	WI	53202-5907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Blount Orthopaedic Clinic	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. James A Albright, , MD			Date of Receipt
	Mailing Address 3932 Fairfield Ave			0 4 1 9 Y Y Y Y 0 4 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 23898001
	Shreveport	LA	71106-1014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LSU	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. J Lockwood Ochsner, Jr, MD			Date of Receipt
	Mailing Address 1514 Jefferson Hwy			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23898003
	New Orleans	LA	70121-2483	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ochsner Clinic Foundation		edic Surgeon	
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 86 / 233 (check only one) X 11a 11b 11c 12			
••			Detailed Summary Page	13 110 110 110 12 13 14 15 16 17		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\mathbb{N}	NAME OF COMMITTEE (In Full)					
\angle	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns		
Α.	Full Name (Last, First, Middle Initial) Dr. Herbert I Hermele, , MD			Date of Receipt		
	Mailing Address Orthopaedic Specialty G 75 Kings Highway Cutoff			M M / D D / Y Y Y Y 04 19 2006		
	City	State	Zip Code	Transaction ID: 23898004		
	Fairfield	CT	06824-5340	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation				
	Receipt For:		edic Surgeon e Year-to-Date ▼	_		
	Primary General	Ayyreyate		1		
	Other (specify)	0 0	250.00			
в.	Full Name (Last, First, Middle Initial) Dr. Michael T Stowell, , MD			Date of Receipt		
	Mailing Address 19254 Jamestown Dr			M M / D D / Y Y Y Y 04 19 2006		
	City	State	Zip Code	Transaction ID: 23898006		
	Hagerstown	MD	21742-1718	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Mid Atlantic Orthopaedic	Occupation				
	Specialists Receipt For:		edic Surgeon e Year-to-Date ▼	_		
	Primary General	Aggregate		1		
	Other (specify) v	8 0	250.00			
с.	Full Name (Last, First, Middle Initial) Dr. Jeffrey John Anderson, , MD			Date of Receipt		
	Mailing Address 333 O'Connor Dr			M M / D D / Y Y Y Y 04 19 2006		
	City	State	Zip Code	Transaction ID: 23898007		
	San Jose	CA	95128-1623	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date V			
	Primary General Other (specify) ▼	0 0	250.00]		
s	UBTOTAL of Receipts This Page (optional)			750.00		
T T	OTAL This Period (last page this line number or	ıly)	· · · · · · · · · · · · · · · · · · ·			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. John P Buckley, , MD			Date of Receipt
	Mailing Address PO Box 2447			04 / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23898008
	Tuscaloosa	AL	35403-2447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer University Orthopaedics	Occupatio	n edic Surgeon	-
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 3		1
	Other (specify)	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Eric Martin Boyden, , MD			Date of Receipt
	Mailing Address 555 N Arlington Ave			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23898009
	Reno	NV	89503-4724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Reno Orthopedic Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1000.00]
— C.	Full Name (Last, First, Middle Initial) Dr. Robert I Forster, , MD			Date of Receipt
	Mailing Address 202 SW Palm Cove Dr			04 19 2006
	City	State	Zip Code	Transaction ID: 23898010
	Palm City	FL	34990-8529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Florida Orthopaedic Speci- alists		edic Surgeon	
	Receipt For: Agg		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)		·····	2250.00
т	OTAL This Period (last page this line number of	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Glenn C Landon, , MD Mailing Address Kelsey Seybold Clinic	Date of Receipt		
	2727 W Holcombe Blvd	2nd Fl		04 19 2006
	City	State	Zip Code	Transaction ID: 23898011
	Houston	TX	77025-1669	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Kelsey-Seybold Clinic	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Geoffrey M McCullen, , MD			Date of Receipt
	Mailing Address 2740 Van Dorn St			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23898012
	Lincoln	NE	68502-4256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Neurological & Spinal Sur- gery	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	PYear-to-Date ▼ 250.00]
с.	Full Name (Last, First, Middle Initial) Dr. George Nelson Armstrong, Jr, MD			Date of Receipt
	Mailing Address 556 8th Ave			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23898013
	Fort Worth	TX	76104-2080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer University of North Texas		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number or	רוא)		

Т	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 233 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements mag ame and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Assoc	iation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. Gerald Stashak, , MD			Date of Receipt
	Mailing Address 1411 N Flagler Dr Ste 89	000		04 19 2006
	City	State	Zip Code	Transaction ID: 23898014
	West Palm Beach	FL	33401-3458	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Gold Coast Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
в.	Full Name (Last, First, Middle Initial) Dr. John F Irving, , MD			Date of Receipt
	Mailing Address 199 Whitney Ave			M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23898015
	New Haven	CT	06511-3786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer The Orthopaedic Group	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. John C Kefalas			Date of Receipt
	Mailing Address 1770 E Lake Shore Dr St	te LL1		M M / D D / Y Y Y Y 04 19 2006
	City	State	Zip Code	Transaction ID: 23898016
	Decatur		62521-3832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
s	UBTOTAL of Receipts This Page (optional)			2250.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 / 233 (check only one)				
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)							
\rangle	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Frederick A DePaola, , MD			Date of Receipt				
	Mailing Address 2797 Lewis Ct			04 / 19 / Y Y Y Y 2006				
	City	State	Zip Code	Transaction ID: 23898019				
	Belmar	NJ	07719-9739	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	-				
	Receipt For:		e Year-to-Date 🔻	_				
	Primary General Other (specify) ▼		250.00]				
в.	Full Name (Last, First, Middle Initial) Dr. Steven Marc Stoller			Date of Receipt				
	Mailing Address 30 W Century Rd			M M / D D / Y Y Y Y 0 4 1 9 2 0 0 6				
	City	State	Zip Code	Transaction ID: 23898020				
	Paramus	NJ	07652-1433	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer American Orthopaedic & Sp- orts	Occupation Orthopae	n edic Surgeon					
	Receipt For:	Aggregate	e Year-to-Date V					
	Primary General Other (specify) ▼	0 0	1000.00]				
<u></u>	Full Name (Last, First, Middle Initial) Dr. Todd A Schmidt, , MD			Date of Receipt				
	Mailing Address Southern Orthopaedic S 2865 Lake Park Dr	pecialists,		M M / D D / Y Y Y Y 0 4 19 2006				
	City	State	Zip Code	Transaction ID: 23898021				
	Jonesboro	GA	30236-4133	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Oc Southern Orthopaedic Spec- Or jalists Orthopaedic Spec-		edic Surgeon					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	450.00]				
s	UBTOTAL of Receipts This Page (optional)			1500.00				
т	OTAL This Period (last page this line number or	nly)						

~				FOR LINE NUMBER: PAGE 91 / 233
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 233 (check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a $11b$ 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	an Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. W Lindsey Jones, , MD			Date of Receipt
	Mailing Address 23 Exbury Way			04 19 2006
	City	State	Zip Code	Transaction ID: 23898022
	Houston	ТΧ	77056-2193	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Center for Orthopaedic Ca-	Occupation		
	re		edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) T	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Steven Berkowitz, , MD			Date of Receipt
	Mailing Address 1200 Eagle Ave			0 4 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 23898023
	Ocean	NJ	07712	Amount of Each Receipt this Period
	FEC ID number of contributing	С	· · · · · · ·	500.00
	federal political committee.			500.00
	Name of Employer Seaview Orthopaedics	Occupation		_
			edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		500.00	
		0 0	0 0 0 0 0 0 0	1
~	Full Name (Last, First, Middle Initial)			Data af Dasa'st
υ.	Dr. David E Taylor, , MD Mailing Address Sierra Pacific Orthopaed	lic Ctr Mac	4	Date of Receipt
	1630 E Herndon Ave Ste		1	04 19 2006
	City	State	Zip Code	Transaction ID: 23898024
	Fresno	CA	93720-3305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Siorra Dagitia Orthonagdia		n	
	Ctr Med Grp		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		1000.00	
		0 0	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)		······	2000.00
т	OTAL This Period (last page this line number on	ıly)		

				FOR LINE NUMBER: PAGE 92 / 233							
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		(check only one)						
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page		X 11a 11b 11c 12						
			Detailed Guinnary Fage			14		15		16	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	r not be sold or used by any p lress of any political committe	erson ee to s	for the purp olicit contrib	ose of s utions fi	oliciti om s	ing co uch c	ntribı omm	utions ittee.	;
\mathbb{N}	NAME OF COMMITTEE (In Full)										
\mathbb{Z}	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Sur	geon	s						
A.	Full Name (Last, First, Middle Initial) Dr. John R Denton, , MD				Date of						
	Mailing Address 88-25 153rd St Dept of Ortho 1S				0 4		^D 19	/ Y		0 ° 0	
	City	State	Zip Code		Transad	tion ID	238	3980	25		
	Jamaica	NY	11432-3731		Amoun	t of Each	n Rec	eipt tl	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C							10	00.0	0
	Name of Employer	Occupation	1		1						
	St. Vincent's Cátholic Me- dical Center,		dic Surgeon								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify) ▼	0 0	1000.00								
в.	Full Name (Last, First, Middle Initial) Dr. Stephen Cunningham Robinson, , MD				Date of	Receipt					
	Mailing Address Syracuse Orthopedic Sp 5719 Widewaters Pkwy			M M / D D / Y Y Y Y 04 19 2006							
	City	State	Zip Code		Transac						
	De Witt	NY	13214-1882		Amoun	t of Each	1 Rec	eipt tl	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C				1 1		1	2	250.0	0
	Name of Employer Syracuse Orthopedic Speci-	Occupation									
	alists Receipt For:		edic Surgeon Year-to-Date ▼		-						
	Primary General	Aygregate		_							
	Other (specify)	0 0	250.00	0							
с.	Full Name (Last, First, Middle Initial) Dr. Robert L Bourland, Jr, MD				Date of	Receipt					
	Mailing Address 6005 Park Ave Ste 309				м м 04		^D 19	/ Y	Y 2	0 0 0	5 ^Y
	City	State	Zip Code		Transad	tion ID	238	3980	28		
	Memphis	TN	38119-5213		Amoun	t of Each	n Rec	eipt tl	nis Pe	eriod	
	Receipt For: Aggregate Primary General								2	250.0	0
			n dic Surgeon		1						
			Year-to-Date V		1						
			250.00								
_	Other (specify)										
s	UBTOTAL of Receipts This Page (optional)			►					15	00.0	0
т	OTAL This Period (last page this line number or	nly)		►							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 233						
ITEMIZED RECEIPTS Any information copied from such Reports and Statements			or each category of the							
			Detailed Summary Page							
		otomo		13 14 15 16 17						
Ar or	information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
Ν	NAME OF COMMITTEE (In Full)									
\mathbb{Z}	Political Action Committee of the Amer	ican Associ	iation of Orthopaedic Surgeo	ons						
Α.	Full Name (Last, First, Middle Initial) Dr. John D Lubahn, , MD			Date of Receipt						
	Mailing Address 300 State St Ste 205			M M / D D / Y						
	City	State	Zip Code	Transaction ID: 23898029						
	Erie	PA	16507-1429	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		1000.00						
	Name of Employer Hand Microsurgery	Occupatio	n edic Surgeon	_						
	Receipt For:		e Year-to-Date V	_						
	Primary General		1000.00	1						
	Other (specify) v	0 0	1000.00							
в.	Full Name (Last, First, Middle Initial) Dr. Daniel R Harrah, , MD			Date of Receipt						
	Mailing Address 3225 Hospital Dr Ste 10	01-A		M M / D D / Y Y Y Y 04 19 2006						
	City	State	Zip Code	Transaction ID: 23898030						
	Juneau	AK	99801-7863	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		1000.00						
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	_						
	Receipt For:		e Year-to-Date V	_						
	Primary General		1000.00	1						
	Other (specify) v	0 0	1000.00							
с.	Full Name (Last, First, Middle Initial) Dr. Thomas C Schuler, , MD			Date of Receipt						
	Mailing Address 1831 Wiehle Ave Second Fl			M M / D D / Y Y Y Y 0 4 19 2006						
	City	State	Zip Code	Transaction ID: 23898189						
	Reston	VA	20190-5266	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Virginia Spine Institute	Occupation Orthopae	n edic Surgeon	-						
			e Year-to-Date V	-						
	Primary General Other (specify) ▼		500.00	1						
Г										
s	UBTOTAL of Receipts This Page (optional)		······)	2500.00						
т	OTAL This Period (last page this line number of	only)		•						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 94 / 233 (check only one)						
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page							
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
\geq	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons						
A.	Full Name (Last, First, Middle Initial) Dr. Robert S Gorab, , MD			Date of Receipt						
	Mailing Address Orthopaedic Specialty Ir 280 S Main St Ste 200	nst		M M / D D / Y Y Y Y 04 19 2006						
	City	State	Zip Code	Transaction ID: 23898193						
	Orange	CA	92868-3852	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		1000.00						
	Name of Employer Orthopaedic Specialty Ins-	Occupation	n edic Surgeon							
	titute Receipt For:		e Year-to-Date V	-						
	Primary General Other (specify) ▼		2000.00]						
в.	Full Name (Last, First, Middle Initial) Dr. David A Katcherian, , MD			Date of Receipt						
	Mailing Address 13983 Covington Dr			0 4 2 4 2 0 0 6						
	City	State	Zip Code	Transaction ID: 23930864						
	<u>Plymouth</u>	MI	48170-2450	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation	n edic Surgeon							
	Receipt For:		e Year-to-Date V	_						
	Primary General Other (specify) ▼	1 I 1 I	250.00]						
 C.	Full Name (Last, First, Middle Initial) Dr. Giles R Scuderi, , MD			Date of Receipt						
	Mailing Address Insall Scott Kelly Institut 210 East 64th St 4th Fl	е		M M / D D / Y Y Y Y 0 4 2 4 2 0 0 6						
	City	State	Zip Code	Transaction ID: 23930865						
	New York	NY	10021-7471	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Occupation Self Employed Orthopa		ⁿ edic Surgeon							
	Receipt For:	Aggregate	e Year-to-Date V							
	Primary General Other (specify) ▼	0 0	500.00]						
s	UBTOTAL of Receipts This Page (optional)			1750.00						
Т	OTAL This Period (last page this line number or	וא)								

Т	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 233 (check only one) 11c X 11a 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce M Leslie, , MD			Date of Receipt
	Mailing Address 2000 Washington St Ste	e 343		04 24 2006
	City Newton	State MA	Zip Code 02462-1625	Transaction ID: 23930866
	FEC ID number of contributing federal political committee.	C	02402-1623	Amount of Each Receipt this Period
	Name of Employer NWOA Receipt For:		n edic Surgeon e Year-to-Date ▼	
	Other (specify)	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Lawrence R Housman, , MD			Date of Receipt
	Mailing Address 2424 N Wyatt Dr Ste 26	0		M M M / D D / Y Y Y Y Y 04 24 2006
	City	State AZ	Zip Code	Transaction ID: 23930867
	Tucson FEC ID number of contributing federal political committee.	C	85712-6118	Amount of Each Receipt this Period
	Name of Employer Tucson Orthopaedic Instit- ute PC Receipt For:		n edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Alan R Gurd, , MD			Date of Receipt
	Mailing Address 7970 Darbys Run			04 24 2006
	City	State	Zip Code	Transaction ID: 23930868
	Chagrin Falls FEC ID number of contributing federal political committee.	OH C	44023-4839	Amount of Each Receipt this Period
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 233 (check only one) X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{\mathbf{n}}$	NAME OF COMMITTEE (In Full)							
\geq	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, , MD			Date of Receipt				
	Mailing Address Cleveland Clinic Founda Dept of Ortho Surg A 41			M M / D D / Y Y Y Y 04 24 2006				
	City	State	Zip Code	Transaction ID: 23930869				
	Cleveland	ОН	44195-0001	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer The Cleveland Clinic Foun-	Occupation	1	-				
	dation		edic Surgeon					
	Receipt For: Primary General	Aggregate	e Year-to-Date V					
	Other (specify)	0 0	250.00					
в.	Full Name (Last, First, Middle Initial) Dr. E Anthony Rankin, , MD			Date of Receipt				
	Mailing Address Providence Hospital 1160 Varnum St NE Ste	312		0 4 / 2 4 / Y Y Y Y 0 4				
	City	State	Zip Code	Transaction ID: 23930870				
	Washington	DC	20017-2103	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Providence Hospital	Occupation	n edic Surgeon					
	Receipt For:		Year-to-Date ▼					
	Primary General		500.00	1				
	Other (specify)	0 0	300.00]				
С.	Full Name (Last, First, Middle Initial) Dr. Marshall G Baca, MD			Date of Receipt				
•	Mailing Address 2410 W Pierce			M M / D D / Y Y Y Y 0 4 2 4 2 0 0 6				
	City	State	Zip Code	Transaction ID: 23930871				
	Carlsbad	NM	88220-3512	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Occupation Orthopaedic Specialist Orthopae		n edic Surgeon					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]				
s	UBTOTAL of Receipts This Page (optional)			1250.00				
Т	OTAL This Period (last page this line number or	וy)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. John W McAllister, , MD			Date of Receipt
	Mailing Address 112 Piper Hill Dr Ste 9			0 4 2 4 2 0 0 6
	City Saint Peters	State MO	Zip Code 63376-1690	Transaction ID: 23930872
	FEC ID number of contributing federal political committee.	C	03370-1090	Amount of Each Receipt this Period
	Name of Employer St Peters Bone & Joint Su- rgery Receipt For:	· · ·	n edic Surgeon Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. R Marshall Ackerman, , MD Mailing Address 11517 Cushman Rd			Date of Receipt
	City		Zip Code	Transaction ID: 23930873
	North Bethesda	MD	20852-3707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	ո dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
с.	Full Name (Last, First, Middle Initial) Dr. John A Malonis, , MD			Date of Receipt
	Mailing Address PO Box 6426			0 4 / D D / Y Y Y Y 0 4 2 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 23930875
	Fort Worth	TX	76115-0426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tarrant County Bone & Joi- nt		dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			2500.00
Т	OTAL This Period (last page this line number o	nly)		

64				FOR LINE NUMBER: PAGE 98 / 233					
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)					
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12					
Ar or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)		- *						
$ \rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons					
Ľ	Full Name (Last, First, Middle Initial)								
Α.	Dr. Michael J Bercik, , MD			Date of Receipt					
	Mailing Address 711 Westminster Ave	M M / D D / Y Y Y Y 04 24 2006							
	City	State	Zip Code	04 24 2006 Transaction ID: 23930876					
	Elizabeth	NJ	07208-2210	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		500.00					
	Name of Employer Self Employed	Occupation	1						
	Self Employed		edic Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼	_					
	Primary General Other (specify) ▼		500.00]]					
		0 0	0 0 0 0 0 0 0	1					
_	Full Name (Last, First, Middle Initial)								
В.	Dr. William Markowski, , MD Mailing Address 1950 Bluewater Blvd Ste	100		Date of Receipt					
	Mailing Address 1950 Bluewater Blvd Ste	: 100		0 4 / 2 4 / Y Y Y Y 2 0 0 6					
	City	State	Zip Code	Transaction ID: 23930877					
	Niceville	FL	32578-3888	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer Bluewater Orthopaedics,	Occupation							
	PA Receipt For:		edic Surgeon e Year-to-Date ▼	_					
	Primary General	riggiogaio		1					
	Other (specify)	0 0	250.00						
	Full Name (Least First Middle Isitial)								
C.	Full Name (Last, First, Middle Initial) Dr. Michael F Schafer, , MD			Date of Receipt					
	Mailing Address 645 N Michigan Ste 910								
	City	State	Zip Code	04 24 2006 Transaction ID: 23930878					
	Chicago	IL	60611-2878	Amount of Each Receipt this Period					
	FEC ID number of contributing			1000.00					
	federal political committee. C Name of Employer Northwestern Univ. Medical School Occ Orth			1000.00					
				1					
			edic Surgeon						
			e Year-to-Date 🔻						
	Other (specify)		1000.00						
				1750.00					
s	UBTOTAL of Receipts This Page (optional)		•••••••						
т	OTAL This Period (last page this line number or	ıly)							

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 99 / 233		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri					
\angle			allon of Onthopaedic Ourget			
Α.	Full Name (Last, First, Middle Initial) Dr. James C Kelly, , MD			Date of Receipt		
	Mailing Address 59 Faire Harbour PI			0 4 / D D / Y Y Y Y 0 4 2 4 2 0 0 6		
	City	State	Zip Code	Transaction ID: 23930879		
	New London	СТ	06320-4739	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed	Occupatio				
	Receipt For:		edic Surgeon e Year-to-Date ▼	_		
	Primary General	, iggi oguio		1		
	Other (specify) v	0 0	1000.00			
В.	Full Name (Last, First, Middle Initial) Dr. William E Anspach, III, MD			Date of Receipt		
	Mailing Address 1050 SE Monterey Rd S	Ste 400		M M / D D / Y Y Y Y 04 24 2006		
	City	State	Zip Code	Transaction ID: 23930880		
	Stuart	FL	34994-4512	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer South Florida Ortho	Occupatio	n edic Surgeon	-		
	Receipt For:		e Year-to-Date V			
	Primary General		500.00	1		
	Other (specify)	0 0		1		
с.	Full Name (Last, First, Middle Initial) Dr. Mark D Brown, , MD			Date of Receipt		
	Mailing Address 1611 NW 12th Ave Rehab Bldg Rm 303			04 24 2006		
	City	State	Zip Code	Transaction ID: 23930881		
	<u>Miami</u>	FL	33136-1096	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer University of Miami School of Medicine Occupation Orthopae Receipt For: Aggregate Primary General					
			e Year-to-Date V	_		
				1		
	Other (specify)	0 0	500.00			
s	UBTOTAL of Receipts This Page (optional)			2000.00		
Т	OTAL This Period (last page this line number o	nly)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 233 (check only one) (check 11a) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) A. Dr. William David Weiss, , MD			Date of Receipt
Mailing Address 1240 Jesse Jewell Pk	wy SE Ste 30	00	M M / D D / Y Y Y Y 04 24 2006
City Gainesville	State GA	Zip Code 30501-3861	Transaction ID: 23930882 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Specialty Clinics of Geor- gia Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) Dr. Peter J Lund, , MD Mailing Address 300 W Peach St	1		Date of Receipt
City	State	Zip Code	Transaction ID: 23930883
Martin FEC ID number of contributing federal political committee.	TN	38237-3949	Amount of Each Receipt this Period 500.00
Name of Employer Surgical Associates of Ma- rtin	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. Dr. Nicholas Edward Mihelic, , MD			Date of Receipt
Mailing Address 92 Main St Ste A			M M / D D / Y Y Y Y Y 0 4 2 4 2 0 0 6
City <u>Hilton Head Island</u>	State SC	Zip Code 29926-1684	Transaction ID: 23930884 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Orthopaedic Surgeons of Hilton Head	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional) .	1	·····	2500.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 101 / 233
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
11			Detailed Summary Page	X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	oon Acces	intion of Orthonoodia Surres	220
\square	Political Action Committee of the Americ	Jan ASSUCI	anon or Ormopaedic Surgeo	כוו <i>ו</i>
Α.	Full Name (Last, First, Middle Initial) Dr. Anthony F Pachelli, , MD	Date of Receipt		
	Mailing Address 201 Cedar SE Ste 6600			04 24 Y Y Y 064 24 2006
	City	State	Zip Code	Transaction ID: 23930885
	Albuquerque	NM	87106-5411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	n	-
	New Mexico Orthopaedic As- sociates		edic Surgeon	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify)		800.00	
			<u> 0 0 0 0 0 0 0 </u>	
в.	Full Name (Last, First, Middle Initial) Dr. Mark J Conklin, , MD			Date of Receipt
	Mailing Address 660 Golden Ridge Rd, S			M M / D D / Y Y Y Y 04 24 2006
	Panorama Ortho & Spin City	<u>e Ctr</u> State	Zip Code	Transaction ID: 23930886
	Golden	CO	80401-9541	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Panorama Orthopedics	Occupation		1
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) T		250.00	
			<u> </u>	d
C.	Full Name (Last, First, Middle Initial) Dr. Christopher M Miller, , MD			Date of Receipt
	Mailing Address 3045 S National			M M / D D / Y Y Y Y
		Otota	Zin Oode	04 24 2006
	City Springfield	State MO	Zip Code 65804-4247	Transaction ID: 23930888 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
				7
			edic Surgeon	
			e Year-to-Date 🔻	1
	Other (specify) ▼		500.00	
5	UBTOTAL of Receipts This Page (optional)			1250.00
F				
т	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 233 (check only one)
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions osolicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ			
Α.	Full Name (Last, First, Middle Initial) Dr. Bradford L Currier, , MD	Date of Receipt		
	Mailing Address Mayo Clinic Dept of Orthopaedic Sur	gery		04 / 24 / 2006
	City	State	Zip Code	Transaction ID: 23930889
	Rochester	MN	55905-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Mayo Clinic	Occupatio Orthopae	n edic Surgeon	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
в.	Full Name (Last, First, Middle Initial) Dr. Kevin Joseph Sprague, , MD			Date of Receipt
	Mailing Address 3200 Biddle Ave 4th Fl Attn: JANET SOHN			M M / D D / Y Y Y Y Y 04 24 2006
	City	State	Zip Code	Transaction ID: 23930890
	Wyandotte	MI	48192-5937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Henry Ford Wyandotte Hosp- ital	Occupatio Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00]
с.	Full Name (Last, First, Middle Initial) Dr. James E Striker, , MD			Date of Receipt
	Mailing Address Capital Region Ortho As 1367 Washington Ave S	soc te 200		M M / D D / Y Y Y Y Y 04 24 2006
	City	State	Zip Code	Transaction ID: 23930892
	Albany	NY	12206-1043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Receipt For: Aggreg		edic Surgeon	
			e Year-to-Date ▼	
	Primary General Other (specify) The second seco	0 0	500.00]
s	UBTOTAL of Receipts This Page (optional)		······	1250.00
Т	OTAL This Period (last page this line number or	ייייי) און און	· · ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 233 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) A. Dr. Jefferey E Michaelson, , MD			Date of Receipt
Mailing Address 22250 Providence D	r Ste 401		M M / D D / Y Y Y Y 04 24 2006
City Southfield	State MI	Zip Code	Transaction ID: 23930893
FEC ID number of contributing federal political committee.	C	48075-6212	Amount of Each Receipt this Period
Name of Employer Porretta Center for Ortho Surgery Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Dr. Douglas E Jessup, , MD Mailing Address 7858 Schrader Rd			Date of Receipt
City Richmond	State VA	Zip Code 23294-4222	Transaction ID: 23930894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Advanced Orthopaedic Cent- ers Receipt For: Primary General		n edic Surgeon ∋ Year-to-Date ▼	
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Stephen C McNeil, , MD			Date of Receipt
Mailing Address 907 Sumner St Ste 3	801		M M / D D / Y Y Y Y 04 24 2006
City	State	Zip Code	Transaction ID: 23930895
Stoughton FEC ID number of contributing federal political committee.	C	02072-3377	Amount of Each Receipt this Period
Name of Employer Sullivan Orthopedics	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

▶

6		[FOR LINE NUMBER: PAGE 104 / 233					
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)					
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12					
			, ,	13 14 15 16 17					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions o solicit contributions from such committee.							
\mathbb{N}	NAME OF COMMITTEE (In Full)								
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surge	ons					
A.	Full Name (Last, First, Middle Initial) Dr. J Christopher Noonan, , MD	Date of Receipt							
	Mailing Address 1426 Oak St			04 / 24 / Y Y Y Y 064					
	City	State	Zip Code	Transaction ID: 23930897					
	Eugene OR		97401-4043	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General	1	500.00						
	Other (specify)	0 0							
в.	Full Name (Last, First, Middle Initial) Dr. John M Conner, , MD			Date of Receipt					
	Mailing Address 1556 Cherokee Rd			M M / D D / Y Y Y Y 04 24 2006					
	City	State	Zip Code	Transaction ID: 23930898					
	Louisville	KY	40205-1152	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation	n edic Surgeon						
	Receipt For:	1 .	e Year-to-Date ▼	_					
	Primary General			1					
	Other (specify)	0 0	250.00						
c.	Full Name (Last, First, Middle Initial) Dr. Michael J Archibeck, , MD			Date of Receipt					
	Mailing Address 4409 Chinlee Ave			M M / D D / Y Y Y Y 04 24 2006					
	City	State	Zip Code	Transaction ID: 23930899					
	Albuquerque	NM	87110-5715	Amount of Each Receipt this Period					
	· · · · · ·			500.00					
			n edic Surgeon						
			e Year-to-Date ▼	-					
	Primary General		1000.00	1					
	Other (specify)								
s	UBTOTAL of Receipts This Page (optional)			1250.00					
т	TOTAL This Period (last page this line number only)								

6	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 105 / 233			
			Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
Ar	y information copied from such Reports and Sta	tements may	v not be sold or used by any perso	13 14 15 16 17			
or	for commercial purposes, other than using the n	solicit contributions from such committee.					
\mathbb{N}	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Gregory J Austin, , MD	Date of Receipt					
	Mailing Address 725 Reservoir Ave Ste 1	01		M M / D D / Y Y Y Y 04 27 2006			
	City	State	Zip Code	Transaction ID: 23930900			
	Cranston	RI	02910-4450	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Orthopaedic Assoc. Inc.	Occupation	n edic Surgeon				
	Receipt For:		e Year-to-Date V				
	Primary General		250.00	1			
	Other (specify)	0 0		1			
в.	Full Name (Last, First, Middle Initial) Dr. David A Fisher, , MD			Date of Receipt			
	Mailing Address 8450 Northwest Blvd			M M / D D / Y Y Y Y 04 27 2006			
	City	State	Zip Code	Transaction ID: 23930902			
	Indianapolis	IN	46278-1381	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Orthopaedics of Indianapo-	Occupation					
	lis Receipt For:		edic Surgeon e Year-to-Date ▼				
	Primary General	Ayyreyate		1			
	Other (specify)	0 0	1000.00				
	Full Name (Last, First, Middle Initial)			Data of Poppiat			
0.	Dr. Jerald P Waldman, , MD Mailing Address 26401 Crown Valley Prk	wy Ste 10	1	Date of Receipt			
		,		04 27 2006			
	City Mission Visio	State	Zip Code	Transaction ID: 23930903			
	Mission Viejo FEC ID number of contributing	CA	92691-6350	Amount of Each Receipt this Period			
	federal political committee.			250.00			
			n edic Surgeon				
			e Year-to-Date V				
	Primary General		250.00	1			
	Other (specify)	0 0	230.00				
s	UBTOTAL of Receipts This Page (optional)			1500.00			
Т	TOTAL This Period (last page this line number only)						

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Rosemarie M Morwessel, , MD Mailing Address Azalea Orthos & Sports Medicine			Date of Receipt
	2860B Dauphin St City	State	Zip Code	Transaction ID: 23930905
	City State Mobile AL		36606-2415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Azalea Orthopaedics & Spo- rts Medicine Receipt For:		n edic Surgeon e Year-to-Date ▼	
	Other (specify) ▼	0.0	1000.00]
в	Full Name (Last, First, Middle Initial) Dr. Patrick E Clare, , MD			Date of Receipt
υ.	Mailing Address Nebraska Ortho & Spor 575 S 70th St Ste 200	ts Med		M M / D D / Y Y Y Y 04 27 2006
	City Sta		Zip Code	Transaction ID: 23930907
	Lincoln FEC ID number of contributing federal political committee.	C	68510-2471	Amount of Each Receipt this Period
	Name of Employer Nebraska Orthopaedic & Sp- orts Medicine Receipt For: Primary General Other (specify) v		n edic Surgeon ∋ Year-to-Date ▼ 1000.00]
с.	Full Name (Last, First, Middle Initial) Dr. Christopher Earl Marrero, , MD			Date of Receipt
	Mailing Address 4165 Old Dowlen Rd #150			M M / D D / Y Y Y Y Y 04 27 2006
	City	State	Zip Code	Transaction ID: 23930908
	Beaumont FEC ID number of contributing federal political committee.	TX C	77706-6614	Amount of Each Receipt this Period
	Name of Employer Occupation Deep South Ortho & Sports Orthopae		n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	l y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas S Samuelson, , MD Mailing Address 12101 Catalina St	Date of Receipt		
				04 27 2006
	City	State	Zip Code	Transaction ID: 23930909
		KS	66209-1508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kansas City Bone & Joint	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Ernest F Rillos, , MD			Date of Receipt
	Mailing Address 4322 W Vaquero Ln			0 4 / D D / Y Y Y Y 0 4 2 8 2 0 0 6
	City	State	Zip Code	Transaction ID: 23931454
	Yuma	AZ	85365-8062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. J Lynn Smith, , MD			Date of Receipt
	Mailing Address 7604 Caballero Dr			M M / D D / Y Y Y Y Y 04 28 2006
	City	State	Zip Code	Transaction ID: 23931455
	Sandy	UT	84093-6238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 233 (check only one) 11a X 11a 11b 11c 12			
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	/ y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\rangle	Political Action Committee of the Americ	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. Richard A Cautilli, Jr, MD			Date of Receipt			
	Mailing Address Cautilli Orthopaedic Surg			0 4 / ^D D / Y Y Y Y 0 4 2 8 2006			
	1205 Langhorne-Newtown Rd Ste City State Langhorne PA		Zip Code	Transaction ID: 23931457			
			19047-1223	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer	Occupatio	n	-			
	Cautilli Orthopaedic Surg- ical Speciali		edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	1000.00				
в.	Full Name (Last, First, Middle Initial) Dr. Steven S Ratcliffe, , MD			Date of Receipt			
	Mailing Address 2547 103rd Ave SE			M M / D D / Y Y Y Y 04 28 2006			
	City State		Zip Code	Transaction ID: 23931458			
	Bellevue	WA	98004-7203	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Proliance Surgeons	Occupation					
	Receipt For:		edic Surgeon e Year-to-Date ▼				
	Primary General	Aggregate		1			
	Other (specify)	0 0	500.00				
c.	Full Name (Last, First, Middle Initial) Dr. Nile R Lestrange, , MD			Date of Receipt			
	Mailing Address 1600 S Federal Hwy 10th	n Fl		0 4 / D D / Y Y Y Y 0 4 2 8 2 0 0 6			
	City Dompone Reach	State	Zip Code	Transaction ID: 23931459			
	Pompano Beach	FL	33062-7500	Amount of Each Receipt this Period			
				500.00			
			edic Surgeon				
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00]			
s	UBTOTAL of Receipts This Page (optional)			2000.00			
Т	TOTAL This Period (last page this line number only)						
SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 109 / 233 (check only one)			
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IT	EMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
\sum	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Jack G Beaulieu, , MD			Date of Receipt			
	Mailing Address 657 Del Prado Blvd			0 4 2 7 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23931460			
	Cape Coral	FL	33990-2666	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Self Employed	Occupatio	n edic Surgeon				
	Receipt For:		e Year-to-Date V	_			
	Primary General			1			
	Other (specify)	0 0	250.00				
в.	Full Name (Last, First, Middle Initial) Dr. John Bernard Ryan, , MD			Date of Receipt			
	Mailing Address 11012 E 13 Mile Rd Ste	201		04 27 2006			
	City	State	Zip Code	Transaction ID: 23931462			
	Warren	MI	48093-2547	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer St John Health System	Occupatio					
	Receipt For:		edic Surgeon e Year-to-Date ▼	_			
	Primary General	33 - 3		1			
	Other (specify)	0 0	1000.00				
~	Full Name (Last, First, Middle Initial) Dr. Steven Harris Jones, , MD			Date of Receipt			
0.	Mailing Address 500 Hioaks Rd						
	STE B			04 27 2006			
	City Richmond	State VA	Zip Code 23225-4061	Transaction ID: 23931464 Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		1000.00			
	Name of Employer West End Orthopaedic Clin-	Occupation Orthopae	n edic Surgeon				
	ic Receipt For:		e Year-to-Date V	_			
	Primary General		1000.00	1			
	Other (specify) v	0 0					
s	UBTOTAL of Receipts This Page (optional)			2250.00			
т	OTAL This Period (last page this line number or	nly)					

64	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 110/233				
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)				
			Detailed Summary Page	X 11a 11b 11c 12				
	Any information copied from such Reports and Stat			13 14 15 16 17				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. John William Miles, III, MD			Date of Receipt				
	Mailing Address PO Box 9012			M M / D D / Y Y Y Y 04 27 2006				
	City	State	Zip Code	Transaction ID: 23931466				
	La Mesa	CA	91944-9012	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupa			1000.00				
			edic Surgeon e Year-to-Date ▼	_				
	Receipt For: Primary General	Aggregate	rear-lo-Dale V	1				
	Other (specify)		1000.00					
в.	Full Name (Last, First, Middle Initial) Dr. Stanley H Nahigian, , MD			Date of Receipt				
	Mailing Address 29001 Cedar Rd Ste 51	9		04 27 Y Y Y 04 27 2006				
	City	State	Zip Code	Transaction ID: 23931467				
	Cleveland	OH	44124-4041	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer Self Employed	Occupation	n edic Surgeon					
	Receipt For:		Year-to-Date ▼	_				
	Primary General	, iggi oguto		1				
	Other (specify) v	0 0	500.00					
c.	Full Name (Last, First, Middle Initial) Dr. Thomas J McGivney, , MD			Date of Receipt				
	Mailing Address 2111 Ogden Ave			04 27 2006				
	City	State	Zip Code	Transaction ID: 23931470				
	Aurora	IL	60504-7597	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Castle Orthopaedics	Occupation	n edic Surgeon					
	Receipt For:		e Year-to-Date ▼	1				
	Primary General Other (specify)		1000.00	1				
		0 0						
s	UBTOTAL of Receipts This Page (optional)			2500.00				
т	FOTAL This Period (last page this line number only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surgeo	ons
<u>А</u> .	Full Name (Last, First, Middle Initial) Dr. Scott Taylor McMullen, , MD			Date of Receipt
	Mailing Address 7710 Mercy Rd Ste 224			M M / D D / Y Y Y Y 04 27 2006
	City Omaha	State NE	Zip Code	Transaction ID: 23931471
	FEC ID number of contributing federal political committee.	C	68124-2346	Amount of Each Receipt this Period
	Name of Employer GIKK	Occupatio Orthopae	n edic Surgeon	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Scott P Steinmann, , MD			Date of Receipt
	Mailing Address Mayo Clinic 200 First St SW			M M / D D / Y Y Y Y Y 04 27 2006
	City	State MN	Zip Code 55905-0001	Transaction ID: 23931472
	Rochester FEC ID number of contributing federal political committee.	C	53905-0001	Amount of Each Receipt this Period
	Name of Employer Mayo Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. James F Scoggin, Ill, MD			Date of Receipt
	Mailing Address Honolulu Sports Med Ind 932 Ward Ave Ste 460	C		M M / D D / Y Y Y Y Y 0 4 27 2006
	City Honolulu	State	Zip Code	Transaction ID: 23931473
	FEC ID number of contributing federal political committee.	HI C	96814-2193	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]
s	UBTOTAL 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 LINE NUMBER: PAGE 112 / 233 (check only one)		
			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions oscilicit contributions from such committee		
	NAME OF COMMITTEE (In Full)					
	Political Action Committee of the Americ	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Edwin J Rogusky, , MD	Date of Receipt				
	Mailing Address University Orthopaedics 101 Regent Ct			0 4 2 7 Y Y Y Y Y Y Y		
	CityStateState CollegePAFEC ID number of contributing federal political committee.CName of Employer University OrthopaedicsOccupation Orthopaedics		Zip Code	Transaction ID: 23931476		
			16801-7965	Amount of Each Receipt this Period		
				500.00		
			e Year-to-Date V	_		
	Primary General Other (specify) ▼		500.00]		
в.	Full Name (Last, First, Middle Initial) Dr. Michael Lee Granberry, , MD			Date of Receipt		
	Mailing Address 3610 Springhill Memoria	al Dr N		0 4 / D D / Y Y Y Y 0 4 27 2006		
	City	State	Zip Code	Transaction ID: 23931477		
	Mobile	AL	36608-1162	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Alabama Orthopaedic Clini-	Occupation	n edic Surgeon			
	cs, PC Receipt For:		e Year-to-Date V	_		
	Primary General Other (specify) ▼		2000.00]		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Patrick B Leach, , MD			Date of Receipt		
	Mailing Address Medical College of Geor 1120 15th St BA3300	gia		04 27 2006		
	City	State	Zip Code	Transaction ID: 23931478		
	Augusta	GA	30912-0004	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Medical College of Georgia		edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	≥ Year-to-Date ▼ 250.00]		
s	UBTOTAL of Receipts This Page (optional)			1750.00		
Т	OTAL This Period (last page this line number or	nly)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Dotailou Outilinal y Faye	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
[]	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen D Landaker, , MD			Date of Receipt
	Mailing Address 1600 Esplanade Ste C			04 ^{//} 27 [/] 2006
	City	State	Zip Code	Transaction ID: 23931479
	Chico	CA	95926-3369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Occup Self Employed Ortho		n edic Surgeon	
	Receipt For:		e Year-to-Date V	_
	Primary General			1
	Other (specify)	0 0	450.00	
в.	Full Name (Last, First, Middle Initial) Dr. Tracy Marie Wolf, , MD			Date of Receipt
	Mailing Address 8550 W 38th Ave Ste 10)6		M M / D D / Y Y Y Y 0 4 27 2006
	City	State	Zip Code	Transaction ID: 23931480
	Wheat Ridge	CO	80033-4341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hand Specialists PC	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		250.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. William J Jarvis, , MD			Date of Receipt
	Mailing Address 425 Pine Ridge Blvd Ste	300		M M / D D / Y Y Y Y 0 4 27 2006
	City	State	Zip Code	Transaction ID: 23931481
	Wausau	WI	54401-4124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)		•••••	1000.00
т	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 114 / 233 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey M Nakano, , MD			Date of Receipt
	Mailing Address 627 25 1/2 Rd			04 / 27 / Y Y Y 2006
	City	State	Zip Code	Transaction ID: 23931482
	Grand Junction	CO	81505-1001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Rocky Mountain Orthopaedic	Occupatio		
	Associates		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Randall E Seago, , MD			Date of Receipt
	Mailing Address 800 Pollard Rd Ste A-5			M M / D D / Y Y Y Y 04 27 2006
	City	State	Zip Code	Transaction ID: 23931483
	Los Gatos	CA	95032-1432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	r iggi ogutt		1
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			
С.	Dr. Gary David Botimer, , MD Mailing Address 13753 Locust Ln			Date of Receipt
				04 27 2006
	City	State	Zip Code	Transaction ID: 23931484
	Nampa	ID	83686-9109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Medical Center Physicians	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Other (specify) ▼		1000.00	1
_		10	<u>v 0 0 0 0 0 0 0 0</u>	
s	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Paul C Perlik, , MD	Date of Receipt		
	Mailing Address 1915 Randolph Rd			0 4 / 2 7 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 23931486
	Charlotte	NC	28207-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Occ Charlotte Orthopedic Spec-			
	ialists Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Anbu Nadar, , MD			Date of Receipt
	Mailing Address 236 E Cedar Dr			0 4 / D D / Y Y Y Y 0 4 27 2006
	City	State	Zip Code	Transaction ID: 23931487
	Pikeville	KY	41501-2021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Pikeville Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
с.	Full Name (Last, First, Middle Initial) Dr. Mark C Gebhardt, , MD			Date of Receipt
	Mailing Address Beth Israel Deaconess M Shapiro 2, 330 Brookline	e Ave		04 ^{//} 27 [/] 2006
	City Boston	State MA	Zip Code 02215	Transaction ID: 23931488
	FEC ID number of contributing		02215	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Beth Israel Deaconess Med-	Occupatio		
	ical Ctr Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00]
s	LUBTOTAL of Receipts This Page (optional)			1500.00
⊢	OTAL This Period (last page this line number or		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 233 (check only one)
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
<u>А</u> .	Full Name (Last, First, Middle Initial) Dr. James P O'Hara, , MD			Date of Receipt
	Mailing Address PO Box 1358			04 / D D / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 23931489
	Point Reyes Statio	CA	94956-1358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Retired	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date 🔻	
	Primary General Other (specify) v	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) Dr. H Morton Bertram, III, MD			Date of Receipt
	Mailing Address PO Box 112649			04 / 27 / Y Y Y Y 04 27 06
	City	State	Zip Code	Transaction ID: 23931490
	Naples	FL	34108-0145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
с.	Full Name (Last, First, Middle Initial) Dr. Gerald A Rahn, , MD			Date of Receipt
	Mailing Address 639 S Walker St Ste E			M M / D D / Y Y Y Y 0 4 27 2006
	City Bloomington	State IN	Zip Code 47403-2124	Transaction ID: 23931492 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bloomington Bone & Joint Clinic		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)		•	2000.00
Т	OTAL This Period (last page this line number or	וא)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 117 / 233 (check only one)
ITEMIZED RECEIPTS			or each category of the	
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persolver of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Paul S Kenyon, , MD			Date of Receipt
	Mailing Address 150 S East Ave PO Box 600			04 D D / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 23931493
	Jackson	MI	49201-2412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	_
	Primary General	, iggi ogaio		1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Richard J Claveria, , MD			Date of Receipt
	Mailing Address 30251 Via Festivo			04 27 2006
	City	State	Zip Code	Transaction ID: 23931494
	San Juan Capistran	CA	92675-5410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify)	0 0	750.00	
С.	Full Name (Last, First, Middle Initial) Dr. Patrick St Pierre, MD			Date of Receipt
•••	Mailing Address 1715 N George Mason I	Dr Ste 504		M M / D D / Y Y Y Y
	City	State	Zip Code	0 4 2 7 2 0 0 6 Transaction ID: 23931495
	Arlington	VA	22205-3670	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Nirschl Orthopaedic Center	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)			1750.00
	OTAL This Period (last page this line number or			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons
,́	Full Name (Last, First, Middle Initial) Dr. Wayne Anthony Dotson, , MD			Date of Receipt
	Mailing Address 1636 Anne Strokes Rd			04 27 2006
	City	State	Zip Code	Transaction ID: 23931496
	Greenville	MS	38701-6907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupat Orthopa			500.00
			n edic Surgeon	
	Receipt For:	· ·	e Year-to-Date V	_
	Primary General Other (specify) v	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Gerald F Dreher, , MD			Date of Receipt
	Mailing Address VAMC Temple Warehouse Bldg 44			M M / D D / Y
	City	State	Zip Code	Transaction ID: 23931497
		TX	76504-7493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dept. of Veterans Affairs	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ♥		250.00]
с.	Full Name (Last, First, Middle Initial) Dr. Steven Craig Humphreys, , MD			Date of Receipt
	Mailing Address Center for Sports Med a 2415 McCallie Ave	ind Ortho		M M / D D Y
	City Chattanooga	State TN	Zip Code 37404-1144	Transaction ID: 23931498
	FEC ID number of contributing	C		Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer Center for Sports Med and Ortho	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00]
s	I UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number o	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
∇	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Charles M Davis, III, MD			Date of Receipt
	Mailing Address Milton S Hershey Med C Dept of Ortho	Str		04 27 2006
	City	State	Zip Code	Transaction ID: 23931499
	Hershey	PA	17033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer The Milton S Hershey Medi-	Occupatio		
	cal Center Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify)	0 0	1000.00	
B	Full Name (Last, First, Middle Initial) Dr. Paul T Murphy, , MD			Date of Receipt
Ъ.	Mailing Address 20748 6th Ave West			
				04 27 2006
	City	State	Zip Code	Transaction ID: 23931500
	Summerland Key	FL	33042-4010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify)	0 0	500.00	
~	Full Name (Last, First, Middle Initial)			Date of Dessint
υ.	Dr. Vincent K McInerney, , MD Mailing Address 1135 Broad St			Date of Receipt
				04 28 2006
	City	State	Zip Code	Transaction ID: 23931504
	Clifton	NJ	07013-3346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St Joseph's Hospital Med	Occupatio		
	Ctr Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	riggrogaio		1
	Other (specify)	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)		······	2500.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 120 / 233 (check only one)		
IT	EMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
\sum	NAME OF COMMITTEE (In Full)					
\angle	Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Antoine Roberts, , MD			Date of Receipt		
	Mailing Address 4841 Orinda Ave			04 28 2006		
	City	State	Zip Code	Transaction ID: 23931505		
	Los Angeles	CA	90043-1605	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed	Occupatio				
	Receipt For:		edic Surgeon e Year-to-Date ▼	-		
	Primary General	, iggi ogali		1		
	Other (specify) v	0 0	1000.00			
в.	Full Name (Last, First, Middle Initial) Dr. Samuel L Combs, , MD			Date of Receipt		
	Mailing Address 1827 Harrison Ave Bldg 1			0 4 / D D / Y Y Y Y 2 8 2006		
	City	State	Zip Code	Transaction ID: 23931507		
	Panama City	FL	32405-7606	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Southern Orthopaedic Spec-	Occupatio	n edic Surgeon			
	ialists Receipt For:		e Year-to-Date V			
	Primary General		500.00	1		
	Other (specify) 🔻	0.0	500.00			
	Full Name (Last, First, Middle Initial) Dr. James Kevin Lynch, , MD			Date of Receipt		
0.	Mailing Address 1 Church St 4th Fl			M M / D D / Y Y Y Y		
		04-1-	Zie Oode	04 28 2006		
	City New Haven	State CT	Zip Code 06510-3330	Transaction ID: 23931508 Amount of Each Receipt this Period		
	FEC ID number of contributing	C		1000.00		
	federal political committee.					
	Name of Employer Self Employed	Occupatio		7		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_		
	Primary General		1500.00	1		
	Other (specify) v	0.0	1500.00			
s	UBTOTAL of Receipts This Page (optional)			2500.00		
Т	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 121 / 233 (check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	↓ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Mark Alan Foreman, , MD			Date of Receipt
	Mailing Address 625 SW Ramsey Ste A	M M / D D / Y Y Y Y 0 4 28 2006		
	City	State	Zip Code	Transaction ID: 23931511
	Grants Pass	OR	97527-5808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Thomas P Sculco, , MD			Date of Receipt
	Mailing Address Attn: Carol Ibsen Hosp for Special Surgery	/		M M / D D / Y Y Y Y 04 28 2006
	City	State	Zip Code	Transaction ID: 23931512
	New York	NY	10021-4892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Hospital for Special Surg-	Occupatio	n edic Surgeon	
	ery Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼		500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. William DB Hiller, , MD			Date of Receipt
	Mailing Address 65-1230 Mamalahoa Hw	vy Ste C14		M M / D D / Y Y Y Y 04 28 2006
	City	State	Zip Code	Transaction ID: 23931513
	Kamuela	HI	96743-8445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 122 / 233	
	EMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
Political Action Committee of the American Association of Orthopaedic Surgeons					
Α.	Full Name (Last, First, Middle Initial) Dr. Matthew R Hwang, , MD			Date of Receipt	
	Mailing Address St Cloud Ortho Assoc 1555 Northway Dr			04 28 2006	
	City	State	Zip Code	Transaction ID: 23931514	
	Saint Cloud	MN	56303-4555	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer St Cloud Orthopedic Assoc	Occupation Orthopae	n edic Surgeon	-	
	Receipt For:		e Year-to-Date ▼		
	Other (specify)		500.00	1	
		0 0	0 0 0 0 0 0 0	1	
в.	Full Name (Last, First, Middle Initial) Dr. Stephen J Burns, , MD			Date of Receipt	
	Mailing Address 710 Franklin St Ste 200			0 4 2 8 2 0 0 6	
	City	State	Zip Code	Transaction ID: 23931515	
	Michigan City	IN	46360-3564	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		2000.00	
	Name of Employer Medical Group of Michigan	Occupation			
	City Receipt For:		edic Surgeon		
	Primary General	Aggregate	e Year-to-Date ▼	1	
	Other (specify)	0 0	2000.00		
_	Full Name (Last, First, Middle Initial)				
C.	Dr. David L Gilliam, , MD Mailing Address 10301 Kanis Rd			Date of Receipt	
				04 28 2006	
	City	State	Zip Code	Transaction ID: 23931516	
	Little Rock	AR	72205-6205	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Ortho Arkansas		edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify)		1000.00		
_		1 <u> </u>	<u>v 0 0 0 0 0 0 0 0</u>	4	
s	UBTOTAL of Receipts This Page (optional)			3500.00	
Т	OTAL This Period (last page this line number or	nly)	_		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 123 / 233 (check only one)			
				$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
$\left[\right]$	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Terry I Finlayson, , MD			Date of Receipt			
	Mailing Address 2310 N 400 E Ste A			04 28 2006			
	City	State	Zip Code	Transaction ID: 23931517			
	North Logan	UT	84341-1743	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self Employed	Occupatio					
	Receipt For:		edic Surgeon e Year-to-Date ▼				
	Primary General	ggi oguto		1			
	Other (specify)	0 0	1000.00				
В.	Full Name (Last, First, Middle Initial) Dr. Charles Richard Clark, , MD			Date of Receipt			
	Mailing Address Univ of Iowa Hospital 200 Hawkins Dr			04 28 2006			
	City	State	Zip Code	Transaction ID: 23931518			
	Iowa City	IA	52242-1007	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer University of Iowa Hospit-	Occupatio	n edic Surgeon				
	al Receipt For:		e Year-to-Date V				
	Primary General		1000.00	1			
	Other (specify)	0 0		1			
<u>с</u>	Full Name (Last, First, Middle Initial) Dr. Bipin B Bavishi, , MD			Date of Receipt			
υ.	Mailing Address 707 N Logan						
		Stata	Zip Code	05 04 2006			
	City Danville	State IL	21p Code 61832-4360	Transaction ID: 23964929 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Danville Clinic	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date ▼				
	Primary General Other (specify) ▼		1000.00]			
_			<u> </u>				
s	UBTOTAL of Receipts This Page (optional)			3000.00			
Т	TOTAL This Period (last page this line number only)						

			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 13 14	PAGE 124/233				
or for commercial	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons									
Full Name (Las A. Dr. Donald A de	st, First, Middle Initial) Grange, , MD			Date of Receipt					
Mailing Addres	s 3366 E Thousand Oaks 2nd Fl	Blvd		0 5 / 0 4	² 2006				
City		State	Zip Code	Transaction ID: 23					
Thousand O FEC ID numbe federal political	er of contributing	CA	91362-3443	Amount of Each Red	ceipt this Period 1000.00				
Name of Employed	oyer	Occupation Orthopae	n edic Surgeon						
Receipt For: Primary Other (sp	General General	Aggregate	e Year-to-Date ▼ 1000.00]					
Full Name (Las B. Dr. Joseph T Me	st, First, Middle Initial) oskal, , MD			Date of Receipt					
Mailing Addres	s 4064 Postal Dr SW PO Box 21369			05 ^{// D D}	⁷ ^Y				
City		State VA	Zip Code	Transaction ID: 23					
Roanoke FEC ID numbe federal political	er of contributing committee.	C	24018-6438	Amount of Each Red	1000.00				
Name of Emplo Roanoke Ortho	oyer opaedic Center	Occupation Orthopae	n edic Surgeon	-					
Receipt For: Primary Other (sp	General General Decify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]					
C. Dr. John S Plac				Date of Receipt					
Mailing Addres	s 213 S 11th Ave			05 [/] 04	2006 Y				
City		State WA	Zip Code	Transaction ID: 23					
Yakima FEC ID numbe federal political	er of contributing I committee.	C	98902-3241	Amount of Each Red	1000.00				
Name of Employed	byer	Occupation Orthopae	n edic Surgeon	1					
Receipt For: Primary Other (sp	General becify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]					
SUBTOTAL of R	Leceipts This Page (optional)				3000.00				

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 125/233 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Amer	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. John Tillman Hodges, , MD		Date of Receipt	
	Mailing Address 578 Macedonia Rd			05 04 YYYY 05 04
	City	State	Zip Code	Transaction ID: 23964933
	Statesboro	GA	30461-7843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼	33 13 1	1000.00	1
		0 0	0 0 0 0 0 0 0 0	
в.	Full Name (Last, First, Middle Initial) Dr. William R Hale, , MD			Date of Receipt
	Mailing Address 1800 N Orange Grove	Ave		05 04 2006
	City	State	Zip Code	Transaction ID: 23964935
	Pomona	CA	91767-3006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) ▼		1000.00]
	Full Name (Last, First, Middle Initial)			
C.	Dr. David Andrew Camarata, , MD Mailing Address 5620 E Bellroad			Date of Receipt
	Maining Address 5620 E Bellfoad			05 / D D / Y Y Y Y 04 2006
	City	State	Zip Code	Transaction ID: 23964937
	Scottsdale	AZ	85254-5950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Arizona Bone & Joint Spec- ialists	Occupatio Orthopae	ⁿ edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00]
Г				3000.00
s	UBTOTAL of Receipts This Page (optional)			
т	OTAL This Period (last page this line number of	only)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	ons		
A.	Full Name (Last, First, Middle Initial) Dr. James R Rappaport, , MD			Date of Receipt
	Mailing Address 6630 S McCarran Bldg 4 Ste A			M M M / D D / Y Y Y Y 05 / 04 / 2006
	City	State	Zip Code	Transaction ID: 23964938
	Reno	NV	89509-6135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Sierra Regional Spine Ins-	Occupation		
	titute		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	1500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Robert J Bielski, , MD			Date of Receipt
	Mailing Address University of Chicago Ch 5841 South Maryland Av			M M M / D D / Y Y Y Y 05 / 04 / 2006
	City	State	Zip Code	Transaction ID: 23964939
	Chicago		60637-1447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Loyola University	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Jeffery Kimo Harpstrite, , MD			Date of Receipt
	Mailing Address 1380 Lusitana St Ste 60	4		05 04 2006
	City	State	Zip Code	Transaction ID: 23964940
	Honolulu	HI	96813-2449	Amount of Each Receipt this Period
	Receipt For: Aggrega			500.00
			n edic Surgeon	
			e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	500.00]
s	UBTOTAL of Receipts This Page (optional)			2500.00
т	OTAL This Period (last page this line number or	ıly)		

5	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 127 / 233
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	/ / not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. William A Newcomb, , MD			Date of Receipt
	Mailing Address Medical Arts Pavilion 4745 Ogletown-Stanton	Rd Ste 22	5	05 04 2006
	City	State	Zip Code	Transaction ID: 23964941
	Newark	DE	19713-1340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer First State Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	700.00]
в.	Full Name (Last, First, Middle Initial) Dr. Rex D Bryce, , MD			Date of Receipt
	Mailing Address 2270 W 16th St			M M / D D / Y Y Y Y 05 / 04 2006
	City	State	Zip Code	Transaction ID: 23964942
	Safford	AZ	85546-4081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Gila Valley Ortho	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)	33 3	1000.00	1
		<u> </u>		4
C.	Full Name (Last, First, Middle Initial) Dr. Eric Duniway Hoffman, , MD			Date of Receipt
	Mailing Address 33 Sewall St PO Box 1260			M M / D D / Y Y Y Y 05 04 2006
	City	State	Zip Code	Transaction ID: 23964943
	Portland	ME	04102-2603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopaedic Associates of Portland	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0.0	500.00]
s	LUBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number o	nly)	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 128 / 233 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\sum	Political Action Committee of the Americ	pns		
Α.	Full Name (Last, First, Middle Initial) Dr. Christopher S Durant, , MD			Date of Receipt
	Mailing Address 350 S Broadway			M M / D D / Y Y Y Y 05 04 2006
	City	State	Zip Code	Transaction ID: 23964944
	Hicksville	NY	11801-5074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	250.00	
R	Full Name (Last, First, Middle Initial) Dr. Myron J Szczukowski, Jr, MD			Date of Receipt
υ.	Mailing Address 510 Idlewild Ave Ste 200	C		05 04 2006
	City	State	Zip Code	Transaction ID: 23964945
	Easton	MD	21601-3855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopaedic Center	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) v	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Dr. Mark A Frankle, , MD			Date of Receipt
	Mailing Address 13020 Telecom Pkwy N Attn: Derek Pupello			05 04 Y Y Y Y Y 065 04 2006
	City	State	Zip Code	Transaction ID: 23964947
	Temple Terrace	FL	33637-0925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
			e Year-to-Date V	-
	Primary General		500.00	1
	Other (specify)	0 0		1
s	UBTOTAL of Receipts This Page (optional)			1250.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 129 / 233 (check only one)			
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
Political Action Committee of the American Association of Orthopaedic Surgeons							
Α.	Full Name (Last, First, Middle Initial) Dr. Benjamin Shaffer, , MD			Date of Receipt			
	Mailing Address 4522 Lingan Way NW			05 04 2006			
	City	State	Zip Code	Transaction ID: 23964948			
	Washington	DC	20007-2549	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer MacCartee Et Al	Occupatio					
	Receipt For:		edic Surgeon e Year-to-Date ▼	_			
	Primary General	7.99.09uu		1			
	Other (specify)	0 0	500.00				
	Full Name (Last, First, Middle Initial) Dr. Lester Stuart Borden, , MD			Date of Receipt			
Ъ.	Mailing Address 9500 Euclid Ave						
		Chata	Zie Oede	05 04 2006			
	City Cleveland	State OH	Zip Code 44195-0001	Transaction ID: 23964949 Amount of Each Receipt this Period			
	FEC ID number of contributing		44133-0001				
	federal political committee.	C		750.00			
	Name of Employer Self Employed	Occupatio		—			
	Receipt For:		edic Surgeon e Year-to-Date ▼				
	Primary General	, iggi ogui		1			
	Other (specify)	0 0	750.00				
_	Full Name (Last, First, Middle Initial)			Date of Descipt			
υ.	Dr. Rodolfo E Lawson, , MD Mailing Address 7150W 20th Ave Ste 21	5		Date of Receipt			
				05 04 2006			
	City Hialeah	State FL	Zip Code 33016-1849	Transaction ID: 23964950 Amount of Each Receipt this Period			
	FEC ID number of contributing			1000.00			
	federal political committee.	C					
	Name of Employer Self Employed	Occupatio	n edic Surgeon				
	Receipt For:		e Year-to-Date V				
	Primary General		1500.00	1			
	Other (specify)	0.0		1			
s	UBTOTAL of Receipts This Page (optional)		······	2250.00			
Т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 233 (check only one) 11a X 11a 13 14 15 16 17					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Assoc	iation of Orthopaedic Surgeo	ons					
Full Name (Last, First, Middle Initial) A. Dr. Craig H Rosen, , MD			Date of Receipt					
Mailing Address 1802 Champlain Dr			M M / D D / Y Y Y Y 05 04 2006					
City	State	Zip Code	Transaction ID: 23964952					
Voorhees	NJ	08043-2870	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		750.00					
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon						
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00						
Full Name (Last, First, Middle Initial) B. Dr. Arnold M Schwartz, , MD			Date of Receipt					
Mailing Address 1895 Walt Whitman Ro	d Ste 3		05 04 2006					
City	State	Zip Code	Transaction ID: 23964953					
Melville	NY	11747-3031	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer Orthopaedic Spine Care of	Occupatio							
Long Island Receipt For:		edic Surgeon e Year-to-Date ▼						
Primary General Other (specify)		1000.00]					
Full Name (Last, First, Middle Initial) C. Dr. Charles A Mick, , MD			Date of Receipt					
Mailing Address Pioneer Spine and Spo 766 N King St	orts		M M / D D / Y Y Y Y 05 10 2006					
City	State	Zip Code	Transaction ID: 23995674					
Northampton	MA	01060-1142	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Pioneer Spine and Sports	Occupatio Orthopae	n edic Surgeon						
Receipt For:	Aggregate	e Year-to-Date V						
Other (specify) ▼		250.00]					
SUBTOTAL of Receipts This Page (optional)			2000.00					

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 233 (check only one) 11a X 11a 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Ken Yamaguchi, , MD			Date of Receipt
	Mailing Address One Barnes Hospital Pla Ste 11300 West Pavilior			05 / ^D D / <u>Y Y Y Y</u> 02006
	City	State	Zip Code	Transaction ID: 23995675
	Saint Louis	MO	63110-1003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Washington University Sch-	Occupatio		
	ool of Medici Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Daniel Thompson McGuire, , MD			Date of Receipt
	Mailing Address Down East Orthopedics 404 State St Ste 610			05 10 Y Y Y Y 05 10 2006
	City	State	Zip Code	Transaction ID: 23995677
	Bangor	ME	04401-6623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Down East Orthopedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Patricia A Kolowich, , MD Mailing Address 20570 Woodcreek Blvd			Date of Receipt
				05 10 2006
	City	State	Zip Code	Transaction ID: 23995680
	Northville	MI	48167-2910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Henry Ford Hospital	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number or	nly)		

6	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 132 / 233
	· · · ·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Brian S Parsley, , MD			Date of Receipt
	Mailing Address 6620 Main St Suite 1350			05 10 Y Y Y Y 05 10 2006
	City	State	Zip Code	Transaction ID: 23995681
	Houston	ТΧ	77030-2305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Baylor College of Medicine	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General	55 5 1	1000.00	1
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Dr. Andrew L Terrono, Jr, MD			Date of Receipt
	Mailing Address 125 Parker Hill Ave			05 12 2006
	City	State	Zip Code	Transaction ID: 24012871
	Boston	MA	02120-2850	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Mass Surgical Associates	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General	, iggi oguto		1
	Other (specify) v	0 0	500.00	
~	Full Name (Last, First, Middle Initial)			Date of Receipt
υ.	Dr. Merrimon W Baker, , MD Mailing Address 1000 S Washington			Date of Receipt
				05 12 2006
	City	State	Zip Code	Transaction ID: 24012872
	Cleveland	TX	77327-5018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		500.00	1
	Other (specify) v			
s	UBTOTAL of Receipts This Page (optional)			2000.00
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements managements managements and additional and additional additional additional additional additional addi	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Raphael S F Longobardi, , MD			Date of Receipt
	Mailing Address 82 Old Tappan			05 / 12 / Y Y Y 2006
	City	State	Zip Code	Transaction ID: 24012873
	<u>Old Tappan</u>	NJ	07675-7434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Orthopaedic Ce-	Occupatio		
	nter, PA Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Charles Louis Lettvin, , MD			Date of Receipt
	Mailing Address Illinois Bone & Joint Inst 2101 Waukegan Rd Ste			05 ¹² 2006
	City	State	Zip Code	Transaction ID: 24012874
	Bannockburn	IL	60015-1836	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Illinois Bone and Joint	Occupatio		
	Institute Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00]
с.	Full Name (Last, First, Middle Initial) Dr. James Alan Pollard, , MD			Date of Receipt
	Mailing Address South AR Orthopaedic 0 1609 W 40th St Ste 501			M M / D D / Y
	City Pine Bluff	State AR	Zip Code 71603-6364	Transaction ID: 24012875 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Arkansas Orthopaedic Center	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 134 / 233 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Frank W Jobe, , MD			Date of Receipt
	Mailing Address 6801 Park Terr 5th Fl			05 12 Y Y Y 05 12
	City	State	Zip Code	Transaction ID: 24012879
	Los Angeles	CA	90045-1543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kerlan Jobe Clinic	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General	33 - 3		1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Gerard Anderson Engh, , MD			Date of Receipt
	Mailing Address 2501 Parkers Lane, Sui	te 20		M M / D D / Y Y Y Y
	City	State	Zip Code	
	Alexandria	VA	22306-3209	Transaction ID: 24012880 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Anderson Orthopedic Clinic	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify)	0 0	1000.00	
~	Full Name (Last, First, Middle Initial) Dr. Scott Mendenhall Smith, , MD			Date of Receipt
0.	Mailing Address 323 N Painted Hills Dr			M M / D D / Y Y Y Y
			7.0.1	05 12 2006
	City Ivins	State UT	Zip Code 84738-6082	Transaction ID: 24012882 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		500.00	1
	Other (specify) 🔻	0 0		
s	UBTOTAL of Receipts This Page (optional)			2000.00
т	OTAL This Period (last page this line number o	nly)		

Т	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. John M Blair, Jr, MD			Date of Receipt
	Mailing Address 1515 Martin Luther King	Way		05 12 2006
	City	State	Zip Code	Transaction ID: 24012884
	Tacoma	WA	98405-3971	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Paul R Linquist, , MD			Date of Receipt
	Mailing Address 100 S Ellsworth Ave Ste	M / D D / Y		
	City	State	Zip Code	Transaction ID: 24012885
	San Mateo	CA	94401-3928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]
 C.	Full Name (Last, First, Middle Initial) Dr. Suresh Velagapudi, , MD			Date of Receipt
	Mailing Address 2111 Ogden Ave			M M / D D / Y Y Y Y 05 12 2006
	City	State	Zip Code	Transaction ID: 24012886
	Aurora		60504-7597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Castle Orthopaedics & Spo- rts Medicine	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1000.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 136 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD			Date of Receipt
	Mailing Address 5530 Wisconsin Ave St	e 1660		05 / 12 / Y Y Y Y 005 / 12
	City	State	Zip Code	Transaction ID: 24012887
	Chevy Chase	MD	20815-4322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Summit Ortho	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General	1 1	250.00	1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Alan W Christensen, , MD			Date of Receipt
	Mailing Address 100 W Gore St Ste 500 Orlando Orthopaedic Ce			M M / D D / Y Y Y Y Y <thy< th=""> Y</thy<>
	City	State	Zip Code	Transaction ID: 24012888
	Orlando	FL	32806-1049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orlando Orthopaedic Center	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) v		250.00]
	Full Name (Last, First, Middle Initial) Dr. James R Cole, , MD			Date of Receipt
0.	Mailing Address 401 S Van Brunt St 3rd Fl			0 5 1 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 24012889
	Englewood	NJ	07631-4600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	1
	Receipt For:		e Year-to-Date V	-
	Primary General		300.00	1
	Other (specify)			
	IIDTOTAL of Doppinto This Dopp (antion -1)			700.00
-3	UBTOTAL of Receipts This Page (optional)			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 137 / 233 (check only one)
				X 11a 11b 11c 12
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. James G Warmbrod, Jr, MD			Date of Receipt
	Mailing Address 616 W Forest Ave			M M / D D / Y
	City	State	Zip Code	Transaction ID: 24012890
	Jackson	TN	38301-3966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jackson Clinic	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General			1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. William N Levine, , MD			Date of Receipt
	Mailing Address Columbia University 622 W 168th St PH-11			05 12 2006
	City	State	Zip Code	Transaction ID: 24012892
	New York	NY	10032-3720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Columbia University	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	_
	Primary General		1000.00	1
	Other (specify)	0 0		
с.	Full Name (Last, First, Middle Initial) Dr. Kieran Daniel Cody, , MD			Date of Receipt
	Mailing Address 800 W State St Ste 202			M M / D D / Y Y Y Y 05 12 2006
	City	State	Zip Code	Transaction ID: 24012893
	Doylestown	PA	18901-5842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General	1	750.00	1
	Other (specify)	0 0		1
s	UBTOTAL of Receipts This Page (optional)			2250.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 138 / 233 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
\sum	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Kevin L Moore, , MD			Date of Receipt		
	Mailing Address 5601 DeSota Ave			05 12 Y Y Y 05 12 2006		
	City	State	Zip Code	Transaction ID: 24012894		
	Woodland Hills	CA	91367-6798	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Self Employed	Occupation				
	Receipt For:		edic Surgeon e Year-to-Date ▼	_		
	Primary General	7.99.09uu		1		
	Other (specify)	0 0	300.00			
в.	Full Name (Last, First, Middle Initial) Dr. Robert D Haar, , MD			Date of Receipt		
	Mailing Address 62 E 88th st			05 12 2006		
	City	State	Zip Code	Transaction ID: 24012895		
	New York	NY	10128-1170	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		750.00		
	Name of Employer Self Employed	Occupatio	n edic Surgeon			
	Receipt For:		e Year-to-Date V			
	Primary General		750.00	1		
	Other (specify) v	0 0	750.00			
0	Full Name (Last, First, Middle Initial) Dr. Daneca M Dipaolo, , MD			Date of Receipt		
0.	Mailing Address 965 Avent Dr Ste 101			M M / D D / Y Y Y Y		
		01-11-	7'	05 12 2006		
	City Grenada	State MS	Zip Code 38901-5045	Transaction ID: 24012897 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation	n edic Surgeon			
	Receipt For:		e Year-to-Date V	1		
	Primary General		500.00	1		
_	Other (specify) v	0.0				
s	UBTOTAL of Receipts This Page (optional)			1550.00		
т	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 139 / 233 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
Δ <i>r</i>	winformation conied from such Departs and Sta	tomonto mo	u not be cold or used by any para	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	on for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Christopher D Hamilton, , MD			Date of Receipt
	Mailing Address 4105 Empire Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: 24022504
	Bakersfield	CA	93309-0637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupatio		-
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	, iggi oguid		1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Ciro Cirrincione, , MD			Date of Receipt
	Mailing Address 1030 W Higgins Ste 200)		05 15 Y Y Y Y 065 15 2006
	City	State	Zip Code	Transaction ID: 24022505
	Hoffman Estates	IL	60195-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Barrington Orthopaedics	Occupation Orthopae	n edic Surgeon	-
	Receipt For:		e Year-to-Date V	_
	Primary General		500.00	1
	Other (specify)	0 0		1
c.	Full Name (Last, First, Middle Initial) Dr. Alberto D Cuellar, , MD			Date of Receipt
	Mailing Address 17270 Red Oak Dr Ste 2	200		M M / D D / Y Y Y Y 05 15 2006
	City	State	Zip Code	Transaction ID: 24022506
	Houston	ТХ	77090-2632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer KSF Orthopaedic Center	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify)		1000.00	1
		0 0	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 140 / 233 (check only one)
Π	EMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left[\right]$	NAME OF COMMITTEE (In Full)	_		
\mathbb{Z}	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen G Morris, , MD			Date of Receipt
	Mailing Address 1600 Esplande Ste C			05 15 Y Y Y Y 065 15 2006
	City	State	Zip Code	Transaction ID: 24022507
	Chico	CA	95926-3369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	, .ggi ogale		1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. David J Flesher, , MD			Date of Receipt
	Mailing Address 3301 NW 50th St			05 15 Y Y Y Y 065 15 2006
	City	State	Zip Code	Transaction ID: 24022508
	Oklahoma City	OK	73112-5627	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopedic Associates, In-	Occupatio		
	c. Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	7.99.094		1
	Other (specify)	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert E Gieringer, MD			Date of Receipt
υ.	Mailing Address 2751 DeBarr Rd Ste 320)		
			7.0.1	05 15 2006
	City Anchorage	State AK	Zip Code 99508-2962	Transaction ID: 24022510 Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer Self Employed	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General			1
	Other (specify)	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		······	1500.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)		FOR LINE NUMBER: PAGE 141 / 233 (check only one)
			or each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ 12 \\$
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	∟ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left[\right]$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Nathan Edward Bradley, , MD			Date of Receipt
	Mailing Address Orthopedic Assoc 3301 NW 50th St			05 15 Y Y Y Y 065 15 2006
	City	State	Zip Code	Transaction ID: 24022511
	Oklahoma City	OK	73112-5627	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopedic Associates, In-	Occupation	n edic Surgeon	-
	c. Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Robert H Sandmeier, , MD			Date of Receipt
	Mailing Address 2038 NW 127th PI			05 15 2006
	City	State	Zip Code	Transaction ID: 24022513
	Portland	OR	97229-8552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	_
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1000.00]
	Full Name (Last, First, Middle Initial) Dr. Ronald P Byank, , MD			Date of Receipt
0.	Mailing Address 4940 Eastern Ave			
	City	State	Zip Code	Transaction ID: 24022514
	Baltimore	MD	21224-2780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Johns Hopkins University	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			2500.00
Т	OTAL This Period (last page this line number of	only)		

64				FOR LINE NUMBER: PAGE 142/233
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full)		,	
$ \rangle$	Political Action Committee of the Americ	an Associ	iation of Orthopaedic Surgeo	ons
\square			. 0	
Α.	Full Name (Last, First, Middle Initial) Dr. Frederick T Lohr, , MD			Date of Receipt
	Mailing Address 100 Brown St			M M / D D / Y Y Y Y
				05 15 2006
	City	State	Zip Code	Transaction ID: 24022515
	Chestertown	MD	21620-1435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		—
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
			<u> </u>	4
B.	Full Name (Last, First, Middle Initial) Dr. John H Bargren, , MD			Date of Receipt
	Mailing Address 1112 6th Ave Ste 300			M M / D D / Y Y Y Y
				05 15 2006
	City	State	Zip Code	Transaction ID: 24022516
	Tacoma	WA	98405-4048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Ayyreyale		1
	Other (specify) 🔻		250.00	
C	Full Name (Last, First, Middle Initial) Dr. William A Jiranek, , MD			Date of Receipt
σ.	Mailing Address Virginia Commonwealth	Universitv	′ H	
	Dept of Orthopaedic Sur	gery		05 15 2006
	City Dishara and	State	Zip Code	Transaction ID: 24022517
	Richmond	VA	23226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Virginia Commonwealth Uni-	Occupation		
	versity		edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00	
_		<u> </u>	0 0 0 0 0 0 0 0	<u> </u>
	· · · · · ·			1000.00
S	UBTOTAL of Receipts This Page (optional)			
т	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 143/233		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)		
••		Detailed Summary Page		$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
\geq	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. John McArthur Harris, III, MD			Date of Receipt		
	Mailing Address Boston VA Med Ctr 150 S Huntington Ave			05 15 2006		
	City	State	Zip Code	Transaction ID: 24022519		
	Boston	MA	02130-4893	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Dept. of Veterans Affairs,	Occupation		-		
	Boston VAMC		edic Surgeon			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1		
	Other (specify)	0 0	250.00			
в.	Full Name (Last, First, Middle Initial) Dr. Steven F Harwin, , MD			Date of Receipt		
	Mailing Address 910 Park Ave			05 / ^D D / <u>Y Y Y Y</u> 15 / 2006		
	City	State	Zip Code	Transaction ID: 24022523		
	New York	NY	10021-0255	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation	n edic Surgeon			
	Receipt For:		e Year-to-Date V	_		
	Primary General	33 - 3		1		
	Other (specify)	0 0	450.00			
c.	Full Name (Last, First, Middle Initial) Dr. John F Lawlis, III, MD			Date of Receipt		
	Mailing Address Associates in Orthopaec 6 San Remo Dr	lics		M M / D D / Y Y Y Y 05 15 2006		
	City	State	Zip Code	Transaction ID: 24022525		
	South Burlington	VT	05403-6310	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Associates in Orthopaedics PC		edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	500.00]		
s	UBTOTAL of Receipts This Page (optional)			1000.00		
	OTAL This Period (last page this line number or					

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cor or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co									
	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen A Albanese, , MD			Date of Receipt					
	Mailing Address 550 Harrison St Ste 128			05 / D D / Y Y Y 15 2006					
	City	State	Zip Code	Transaction ID: 24022526					
	Syracuse	NY	13202-3096	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee. C Name of Employer SUNY Upstate Orthopaedic Surgery Occupation Orthopae Receipt For: Aggregate			500.00					
			e Year-to-Date V	_					
	Primary General Other (specify) ▼		500.00]					
в.	Full Name (Last, First, Middle Initial) Dr. Michael P Young, , MD			Date of Receipt					
	Mailing Address 350 Fox Hunt Trail	05 15 2006							
	City	State	Zip Code	Transaction ID: 24022527					
	Barrington	IL	60010-3423	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation	n edic Surgeon						
	Receipt For:		e Year-to-Date V						
	Primary General Other (specify) ▼		250.00]					
с.	Full Name (Last, First, Middle Initial) Dr. J Steven Shockey, , MD			Date of Receipt					
	Mailing Address Eastern Kentucky Bone 108 N Auxier Ave	& Joint Su	rg	M M / D D / Y					
	City Pikeville	State KY	Zip Code	Transaction ID: 24022528					
	FEC ID number of contributing		41501-9045	Amount of Each Receipt this Period					
	federal political committee.	C		1000.00					
	Name of Employer Kentucky Orthopaedic Soci- ety	Occupation Orthopae	n edic Surgeon						
	Receipt For:		e Year-to-Date V						
	Other (specify)	0 0	1000.00]					
s	UBTOTAL of Receipts This Page (optional)			1750.00					
Т	OTAL This Period (last page this line number or	ıly)							
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	⊥ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ican Assoc	iation of Orthopaedic Surge	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. David B Coward, , MD Mailing Address 2801 K St Ste 310			Date of Receipt					
				05 / D D / Y Y Y Y 05 / 15 2006					
	City	State	Zip Code	Transaction ID: 24022529					
	Sacramento	CA	95816-5119	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Sacramento Knee and Sports	Occupatio							
	Medicine Receipt For:		edic Surgeon e Year-to-Date ▼						
	Primary General	Aggregat							
	Other (specify) v	0 0	250.00						
R	Full Name (Last, First, Middle Initial) Dr. Robert Ray Cunningham, , MD			Date of Receipt					
υ.	Mailing Address PO Box 0			M M / D D / Y Y Y Y					
	-			05 15 2006					
	City Columbia	State MO	Zip Code	Transaction ID: 24022530					
	FEC ID number of contributing		65205	Amount of Each Receipt this Period					
	federal political committee.	C		500.00					
	Name of Employer Columbia Orthopaedic Group	Occupatio Orthopae	n edic Surgeon						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Other (specify)		500.00						
		0 0	0 0 0 0 0 0 0 0						
С.	Full Name (Last, First, Middle Initial) Dr. Steven M Sanders, , MD			Date of Receipt					
	Mailing Address 2020 Palomino Ln Ste 2	220		05 / ^D ^D / ^Y ^Y ^Y ^Y					
	City	State	Zip Code	Transaction ID: 24022531					
	Las Vegas	NV	89106-4891	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
			n edic Surgeon						
	Receipt For:	Aggregate	e Year-to-Date V						
	Primary General Other (specify) ▼	0 0	500.00						
s	UBTOTAL of Receipts This Page (optional)			1250.00					
	OTAL This Period (last page this line number o								

c	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 146 / 233
· · · · ·			Use separate schedule(s) or each category of the	(check only one)
11	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\mathbb{N}	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	ins		
A.	Full Name (Last, First, Middle Initial) Dr. James J Hamilton, , MD			Date of Receipt
	Mailing Address Univ of MO at Kansas Cir 2301 Holmes, Dept of Or	ty tho		05 / 15 / Y Y Y Y 06
	City	State	Zip Code	Transaction ID: 24022534
	Kansas City	MO	64108-2677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hospital Hill Health Serv-	Occupation	า	-
	ices		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. S Terry Canale, , MD			Date of Receipt
	Mailing Address Campbell Clinic			M M / D D / Y Y Y Y 05 15 2006
	1400 S Germantown Rd	State	Zip Code	Transaction ID: 24022535
	Germantown	ΤN	38138-2205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Campbell Clinic	Occupation	1	-
		Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Peter D Pizzutillo, , MD			Date of Receipt
2.	Mailing Address St Christopher's Hospital Section of Orthopaedics	for Chil		05 15 2006
	City	State	Zip Code	Transaction ID: 24022536
	<u>Philadelphia</u>	PA	19134-1095	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Occupat Tenet Healthcare Orthop		n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	PYear-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)		•••••	1500.00
Т	OTAL This Period (last page this line number onl	y)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Michael J Goodwin, , MD			Date of Receipt
	Mailing Address 1180 St Christopher Dr S	Ste 202		M M M / D D / Y Y Y Y <
	City Ashland	State KY	Zip Code 41101-7055	Transaction ID: 24022538 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00]
в.	Full Name (Last, First, Middle Initial) Dr. William J Williams, , MD			Date of Receipt
	Mailing Address 933 Alpine Ave			M M / D D / Y Y Y Y 05 15 2006
	City Boulder	State CO	Zip Code 80304-3396	Transaction ID: 24022540
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Boulder Orthopedic, PC	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00]
с.	Full Name (Last, First, Middle Initial) Dr. Jimmie G Biles, , MD			Date of Receipt
	Mailing Address Big Horn Basin Ortho Cli 720 Lindsay Ln	inic		M M / D D / Y Y Y Y 05 15 2006
	City	State WY	Zip Code	Transaction ID: 24022541
	Cody FEC ID number of contributing federal political committee.	C	82414-4103	Amount of Each Receipt this Period
	Name of Employer Big Horn Basin Ortho Clin- ic	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]
s	UBTOTAL of Receipts This Page (optional)			2700.00

ç	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 148 / 233			
· · · ·			Use separate schedule(s) or each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
A	w information conied from each Departs and O	tomonto	unot be cold as used by says	13 14 15 16 17			
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\left[\right]$	NAME OF COMMITTEE (In Full)						
$\left \right\rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Frank R Joseph, , MD			Date of Receipt			
	Mailing Address 1285 Hembree Rd Ste 2	200A		M M / D D / Y			
	City	State	Zip Code	Transaction ID: 24022542			
	Roswell	GA	30076-4995	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date V	1			
	Primary General		500.00	1			
	Other (specify) v	0 0					
в.	Full Name (Last, First, Middle Initial) Dr. Frank L Barnes, , MD			Date of Receipt			
	Mailing Address Twelve Oaks Tower 4126 SW Freeway Ste 1	410		05 15 Y Y Y Y Y 06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	City	State	Zip Code	Transaction ID: 24022543			
	Houston	TX	77027-7316	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation	n edic Surgeon	7			
	Receipt For:		e Year-to-Date V	-1			
	Primary General			1			
	Other (specify) v	0 0	500.00]			
~	Full Name (Last, First, Middle Initial)			Date of Deceint			
υ.	Dr. Ray W Covington, , MD Mailing Address 3500 Hillcrest Dr Ste 1			Date of Receipt			
				05 15 2006			
	City	State	Zip Code	Transaction ID: 24022544			
	Waco	TX	76708-3144	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Waco Bone & Joint Clinic	Occupation Orthopae	ⁿ edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date V				
	Other (specify)		250.00	11			
		0 0	0 0 0 0 0 0 0				
s	UBTOTAL of Receipts This Page (optional)			1000.00			
Т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 149 / 233 (check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Summary Page	13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.						
\sum	NAME OF COMMITTEE (In Full)							
\mathbb{Z}	Political Action Committee of the Americ	ons						
A.	Full Name (Last, First, Middle Initial) Dr. Gregory Scott DiFelice, , MD			Date of Receipt				
	Mailing Address 500 E 77th St Apt 3521			05 / 15 / Y Y Y Y 2006				
	City	State	Zip Code	Transaction ID: 24022545				
	New York	NY	10162-0011	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupatio	n edic Surgeon					
	Receipt For:		e Year-to-Date V	_				
	Primary General		050.00	1				
	Other (specify)	0 0	250.00					
в.	Full Name (Last, First, Middle Initial) Dr. A Philip Fontanetta, , MD			Date of Receipt				
	Mailing Address 137 Willis Ave			M M / D / Y				
	City	State	Zip Code	Transaction ID: 24022546				
	Mineola	NY	11501-2650	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon					
	Receipt For:	Aggregate	e Year-to-Date V					
	Primary General		1000.00	1				
	Other (specify) v	0 0						
C.	Full Name (Last, First, Middle Initial) Dr. Bradley J Watters, , MD			Date of Receipt				
	Mailing Address 2200 NW Myhre Rd			M M / D D / Y Y Y Y 05 / 15 / 2006				
	City Silverdale	State WA	Zip Code 98383-7681	Transaction ID: 24022548 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Receipt For: Aggregat Primary General		n edic Surgeon					
			e Year-to-Date V					
			250.00	1				
	Other (specify)	0 0						
s	UBTOTAL of Receipts This Page (optional)			1500.00				
Т	TOTAL This Period (last page this line number only)							

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 233 (check only one) 11a X 11a 13 14 15 16 17
Any in or for	formation copied from such Reports and Sta commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
	ME OF COMMITTEE (In Full) Initical Action Committee of the Americ	ons		
	ll Name (Last, First, Middle Initial) . Steven W Pearson, , MD			Date of Receipt
Ma	iling Address 5333 Hollister Ave Ste 1	20		M M M / D D / Y Y Y Y <
Cit	y anta Barbara	State CA	Zip Code 93111-3314	Transaction ID: 24022549 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		250.00
	me of Employer If Employed		edic Surgeon	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
B. Dr.	II Name (Last, First, Middle Initial) Andrew Roger Curran, , MD ailing Address 4262 S Rustler Ln			Date of Receipt
Cit		State	Zip Code	0 5 1 5 2 0 0 6 Transaction ID: 24022550
	eridian	ID	83642-6883	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		500.00
Na Sa	me of Employer Itzer Medical Group	Occupation Orthopae	n edic Surgeon	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
	II Name (Last, First, Middle Initial) . Bruce Wolock, , MD			Date of Receipt
Ma	iling Address 8564 Leisure Hill Dr			M M / D D / Y Y Y Y 05 15 2006
Cit	-	State	Zip Code	Transaction ID: 24022551
FE	altimore C ID number of contributing Jeral political committee.	C	21208-1740	Amount of Each Receipt this Period
Na Se	me of Employer If Employed	Occupation Orthopae	n edic Surgeon	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 500.00]
SUB	TOTAL of Receipts This Page (optional)			1000.00

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 151 / 233
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
\sum	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Richard K Muir, , MD			Date of Receipt
	Mailing Address 3905 Waring Rd			05 / 15 / Y Y Y Y 06
	City	State	Zip Code	Transaction ID: 24022552
	Oceanside	CA	92056-4405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tri City Ortho	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Jonathan P Keeve, , MD			Date of Receipt
	Mailing Address Northwest Ortho Spec E 12410 Sinto Ste 201			05 / ^D ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: 24022553
	Spokane Valley	WA	99216-1081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northwest Orthopedic Spec- ialists	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Michael S Weng, , MD			Date of Receipt
	Mailing Address 9225 N 3rd St Ste 203			0 5 / 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 24022554
	Phoenix	AZ	85020-2464	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer O North Phoenix Orthopaedics O		n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)		•	1000.00
Т	OTAL This Period (last page this line number or	ıly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17				
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions o solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons						
Α.	Full Name (Last, First, Middle Initial) Dr. Ronald Y G Woo, , MD			Date of Receipt				
	Mailing Address 3015 Squalicum Pkwy S	Ste 200		05 / D D / Y Y Y Y 15 2006				
	City	State	Zip Code	Transaction ID: 24022555				
	Bellingham FEC ID number of contributing federal political committee.	C	98225-1906	Amount of Each Receipt this Period 500.00				
	Name of Employer Peace Health	Occupatio Orthopae	n edic Surgeon					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00					
В.	Full Name (Last, First, Middle Initial) Dr. Jose Manuel Montanez-Huertas, , MD Mailing Address PO Box 362566			Date of Receipt				
	City	State	Zip Code	Transaction ID: 24022556				
	San Juan FEC ID number of contributing federal political committee.	PR	00936-2566	Amount of Each Receipt this Period 500.00				
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]				
с.	Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD			Date of Receipt				
	Mailing Address 2120 N MacArthur Blvd	Ste 100		05 15 2006				
	City	State	Zip Code	Transaction ID: 24022557				
	Irving FEC ID number of contributing federal political committee.	TX C	75061-2260	Amount of Each Receipt this Period				
	Name of Employer Irving Orthopaedics & Spo- rts Medicine Receipt For: Primary General	-	edic Surgeon e Year-to-Date ▼	1				
s	Other (specify) ▼ 1500.00 SUBTOTAL of Receipts This Page (optional) 2000.00							
т	OTAL This Period (last page this line number o	nly)						

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	ame and add	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Richard P Driessnack, , MD Mailing Address 303 N William Kumpf Bl	lvd		Date of Receipt
	Ortho Institute of IL City State Peoria IL		Zip Code	Transaction ID: 24022558
			61605-2517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupatio	n	
	Orthopedic Institute of Illinois		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Thomas Parker Vail, , MD			Date of Receipt
	Mailing Address Duke Univ Med Ctr Box Duke South, 5th Fl Orar			05 15 2006
	City	State	Zip Code	Transaction ID: 24022560
	Durham	NC	27710-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer DUMC	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Edward A Stokel, , MD			Date of Receipt
	Mailing Address PO Box 616			05 15 2006
	City	State	Zip Code	Transaction ID: 24022561
	Petoskey	MI	49770-0616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number or	nly)	······	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 154 / 233 (check only one) X 11a 11b 11c 12
_			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew Marc Tetro, , MD			Date of Receipt
	Mailing Address 55 Contessa Ct			05 15 Y Y Y Y 06 05
	City	State	Zip Code	Transaction ID: 24022562
	Williamsville	NY	14221-1773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Simmons Ortho and Spine	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) ▼	- U U 0 0	250.00]
в.	Full Name (Last, First, Middle Initial) Dr. Jan Marc Kadyk, , MD			Date of Receipt
	Mailing Address 194 Doctors Dr			05 / D D / Y Y Y Y 05 15 2006
	City	State	Zip Code	Transaction ID: 24022564
	Boone	NC	28607-5079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Boone Orthopaedic Assoc. PA	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Jon F Robinson, , MD			Date of Receipt
	Mailing Address Bridger Orthopedic and 1450 Ellis St Ste 201	Sports Me	di	M / D D Y
	City	State	Zip Code	Transaction ID: 24064859
	Bozeman	MT	59715-8813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
			n edic Surgeon	
			e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1050.00
T	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 155 / 233 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	
			Dotailou Ouminiary Faye	13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciting contributions of solicit contributions from such committee.		
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Amer	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Holly J Duck, , MD			Date of Receipt
	Mailing Address Bone & Joint Surgery A 340 S Whitney Way	ssociates		05 / 30 / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 24064860
	Madison	WI	53705-4656	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bone & Joint Surgery Asso-	Occupation	n edic Surgeon	
	ciates Receipt For:		e Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify) v	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Michael D Lahey, , MD			Date of Receipt
	Mailing Address 3057 S Whitepost Way			05 30 2006
	City	State	Zip Code	Transaction ID: 24064861
	Eagle	ID	83616-6462	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		500.00	1
	Other (specify) 🔻	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. Rajeev Garapati, , MD			Date of Receipt
	Mailing Address 1539 W George			M M / D D / Y Y Y Y
		0 1 ·	7.0.1	05 30 2006
	City Chicago	State IL	Zip Code 60657-4005	Transaction ID: 24064862 Amount of Each Receipt this Period
	FEC ID number of contributing		00007 4000	
	federal political committee.	C		1000.00
	Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		1000.00	1
	Other (specify) v	0 0		
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number of	only)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 156 / 233			
ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any personners of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Vincent Iacono, , MD			Date of Receipt			
	Mailing Address PO Box 30			05 / 30 / Y Y Y Y 2006			
	City	State	Zip Code	Transaction ID: 24064863			
	Stoughton	MA	02072-0030	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer Self Employed	Occupation					
	Receipt For:		edic Surgeon e Year-to-Date ▼				
	Primary General	Ayyreyale		1			
	Other (specify)	0 0	1000.00				
в.	Full Name (Last, First, Middle Initial) Dr. G Howard Bathon, II, MD			Date of Receipt			
	Mailing Address 6565 N Charles St Ste 6	606		M M / D D / Y Y Y Y 05 30 2006			
	City	State	Zip Code	Transaction ID: 24064864			
	Baltimore	MD	21204-5801	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		750.00			
	Name of Employer Orthopaedic Specialists	Occupation	n edic Surgeon				
	Receipt For:		e Year-to-Date ▼				
	Primary General			1			
	Other (specify)	0 0	750.00				
c.	Full Name (Last, First, Middle Initial) Dr. Paul Fredrick Witt, , MD			Date of Receipt			
	Mailing Address 2111 Ogden Ave			M M / D D / Y Y Y Y 05 30 2006			
	City	State	Zip Code	Transaction ID: 24064865			
	Aurora	IL	60504-7597	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Receipt For: Aggregate		n edic Surgeon				
			e Year-to-Date ▼	-			
	Other (specify)	0 0	1000.00				
s	UBTOTAL of Receipts This Page (optional)			2750.00			
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 157 / 233
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Stephen Edward Faust, , MD			Date of Receipt
	Mailing Address 1 Taney Ave			05 30 Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064866
	Annapolis	MD	21401-2711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer The Orthopaedic & Sports Medicine Cent Orthopae		n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Robert A Sparks, , MD			Date of Receipt
	Mailing Address 1103 16th Ave SE			M M / D D / Y Y Y Y 05 / 30 / 2006
	City	State	Zip Code	Transaction ID: 24064867
	Decatur	AL	35601-3595	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Decatur Ortho	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify) v		250.00	
с.	Full Name (Last, First, Middle Initial) Dr. Cameron B Huckell, , MD			Date of Receipt
	Mailing Address 235 North St			M M / D D / Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064868
	Buffalo	NY	14201-1401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Simmons Orthopaedics & Sp-	Occupation		
	ine Associate Onnopae		edic Surgeon	
				1
	Other (specify)	0 0	750.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
т	OTAL This Period (last page this line number of	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Steven D Washburn, , MD			Date of Receipt
	Mailing Address 4731 S White Mtn Rd St	ie 1		05 / 0 0 / Y Y Y Y 0 5 / 30 / 2006
	City	State	Zip Code	Transaction ID: 24064869
	Show Low FEC ID number of contributing federal political committee.	AZ	85901-7818	Amount of Each Receipt this Period
	Name of Employer Arizona Mt Ortho		edic Surgeon	_
	Receipt For: Primary General Other (specify) \bigtriangledown		e Year-to-Date ▼ 1500.00]
В.	Full Name (Last, First, Middle Initial) Dr. Roger B Collins, , MD Mailing Address 105 N Greenleaf St			Date of Receipt
	City	State	Zip Code	Transaction ID: 24064870
	Gurnee	IL	60031-3326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Greenleaf Orthopaedic Ass- ociates Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 500.00]
с.	Full Name (Last, First, Middle Initial) Dr. David Thomas Sowa, , MD			Date of Receipt
	Mailing Address 4745 Stanton-Ogletown	Rd Ste 22	5	M M / D D / Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064871
	Newark FEC ID number of contributing federal political committee.	DE C	19713-1340	Amount of Each Receipt this Period
	Name of Employer First State Orthopaedics	Occupation Orthopae	n edic Surgeon	-
	Receipt For: Primary General Other (specify) ▼		• Year-to-Date ▼ 1500.00]
s	UBTOTAL of Receipts This Page (optional)			3000.00
Т	OTAL This Period (last page this line number or	ıly)		

6				FOR LINE NUMBER: PAGE 159 / 233
	CHEDULE A (FEC Form 3X)	Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Cyrus J Lashgari, , MD			Date of Receipt
	Mailing Address 1568 Comanche Rd			05 / ^D D / <u>Y Y Y Y</u> 2006
	City	State	Zip Code	Transaction ID: 24064872
	Arnold	MD	21012-2500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopaedic & Sports Cent-	Occupation		
	er		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Andrew A Brooks, , MD			Date of Receipt
	Mailing Address 6815 Noble Ave			05 30 Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064873
	Van Nuys	CA	91405-3796	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Southern California Ortho- paedics Receipt For: Primary General Other (specify) ▼		n edic Surgeon ∋ Year-to-Date ▼ 1500.00]
	Full Name (Last, First, Middle Initial)			
C.	Dr. Michael P Rubinstein, , MD			Date of Receipt
	Mailing Address 27015 Glaramara Circle			05 30 Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064874
	Yorba Linda	CA	92887-4221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			3000.00
Т	OTAL This Period (last page this line number or	וy)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 160 / 233 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. David D Gallagher, , MD			Date of Receipt
	Mailing Address 940 N Marr Rd			05 30 Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064875
	Columbus	IN	47201-2609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	003			
			edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)	0 0	1500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Allen F Anderson, , MD			Date of Receipt
	Mailing Address 4230 Harding Rd Ste 10 St Thomas Medical Bldg			05 / 0 D / Y Y Y Y 05 / 30 / 2006
	City	State	Zip Code	Transaction ID: 24064876
	Nashville	TN	37205-2098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TOA	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		250.00	1
	Other (specify)	0.0	230.00	1
с.	Full Name (Last, First, Middle Initial) Dr. Ajoy K Jana, , MD			Date of Receipt
	Mailing Address 15902 Patrick Ave			05 30 YYYY 025 30 2006
	City	State	Zip Code	Transaction ID: 24064877
	Omaha	NE	68116-2430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Physicians Clinic Sports	Occupatio	n edic Surgeon	
	Med Center Receipt For:		e Year-to-Date V	_
	Primary General	, iggi ogun		1
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
Т	OTAL This Period (last page this line number o	nly)		

64	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 161 / 233
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Raymond A Koch, , MD			Date of Receipt
	Mailing Address 227 Boyle Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: 24064878
	Eureka	CA	95503-6401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Humboldt Ortho Assoc.	Occupation Orthopae	n edic Surgeon	-
	Receipt For:		e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Casey Ira Huntsman, , MD			Date of Receipt
	Mailing Address 3300 Washington Pkwy			M M / D D / Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064880
	Idaho Falls	ID	83404-7592	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huntsman Orthopaedic Surg-	Occupation		
	ery		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date V	
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Daniel M Gannon, , MD			Date of Receipt
0.	Mailing Address Bridger Ortho & Sports N	And PC		
	1450 Ellis St Ste 201			05 30 2006
	City	State	Zip Code	Transaction ID: 24064881
	Bozeman	MT	59715-8813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bridger Ortho & Sports Med PC	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		500.00	1
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			850.00
Т	OTAL This Period (last page this line number or	ıly)		

П	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 233 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. John C Erkkila, , MD			Date of Receipt
	Mailing Address 3680 NW Samaritan Dr			05 / 30 / Y Y Y Y 2006
	City Corvallis	State OR	Zip Code 97330-3737	Transaction ID: 24064882
	FEC ID number of contributing federal political committee.	C	9/330-3/3/	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 350.00]
В.	Full Name (Last, First, Middle Initial) Dr. Robert H Cancro, , MD Mailing Address 4011 Talbot Rd S Ste 3	00		Date of Receipt
	City	State	Zip Code	Transaction ID: 24064883
	Renton	WA	98055-5791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Retired Receipt For: Primary General Other (specify) ▼		n edic Surgeon ∋ Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Dr. Xavier A Duralde, , MD			Date of Receipt
	Mailing Address 2045 Peachtree Rd NE	Ste 700		05 30 2006
	City	State	Zip Code	Transaction ID: 24064884
	Atlanta	GA	30309-1417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Peachtree Orthopaedics		edic Surgeon	
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			1100.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 163 / 233 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
∇	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Nick M DiGiovine, , MD			Date of Receipt
	Mailing Address 225 S Clark St			05 / 30 / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 24064886
	Butte	MT	59701-1599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Butte Ortho & Fracture Cl-	Occupation		
	inic		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Lawrence R Housman, , MD			Date of Receipt
	Mailing Address 2424 N Wyatt Dr Ste 26	0		05 30 Y Y Y Y 05 30 2006
	City		Zip Code	Transaction ID: 24064888
	Tucson	AZ	85712-6118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tucson Orthopaedic Instit-	Occupatio		-
	ute PC Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Ayyreyaid		1
	Other (specify)	0 0	1500.00	
С.	Full Name (Last, First, Middle Initial) Dr. Brian B Nielsen, , MD			Date of Receipt
	Mailing Address 13755 E Camino Cartan	no		M M / D D / Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064889
	Tucson	AZ	85749-9192	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tucson Orthopaedic	Occupation Orthopae	n edic Surgeon	-
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00]
s	UBTOTAL of Receipts This Page (optional)		`	3000.00
	OTAL This Period (last page this line number or			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 164 / 233 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)	_		
\angle	Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Scott V Slagis, , MD			Date of Receipt
	Mailing Address 2424 N Wyatt Dr Ste 20	0		05 30 Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064890
	Tucson	AZ	85712-6118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Tucson Orthopaedic Instit-	Occupatio		
	ute Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Aggregat		1
	Other (specify) v	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Stephen L Curtin, , MD			Date of Receipt
	Mailing Address 5810 N Moccasin Trl			05 30 2006
	City	State	Zip Code	Transaction ID: 24064891
	Tucson	AZ	85750-0801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tucson Ortho Institute	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	, iggi oguit		1
	Other (specify)	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Bradley J Brainard, , MD			Date of Receipt
0.	Mailing Address 2424 N Wyatt Dr Ste 23	0		
				05 30 2006
	City Tucson	State AZ	Zip Code 85712-6118	Transaction ID: 24064892 Amount of Each Receipt this Period
	FEC ID number of contributing		03/12-0110	
	federal political committee.	C		1000.00
	Name of Employer Tucson Orthopaedic Instit-	Occupatio	n edic Surgeon	
	ute Receipt For:		e Year-to-Date V	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00
Г	OTAL This Period (last page this line number of	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 165 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Assoc	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Robert A Harf, , MD			Date of Receipt
	Mailing Address 181 Andrieux St Ste 111	I		05 30 Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064893
	Sonoma	CA	95476-6920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	_
	Primary General	33 3		1
	Other (specify)	1 1	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. John D Stewart, , MD			Date of Receipt
	Mailing Address 2420 S Union Ave Ste 3	00		05 30 2006
	City	State	Zip Code	Transaction ID: 24064894
	Tacoma	WA	98405-1387	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tacoma Orthopaedic Surgeo-	Occupatio		
	ns Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	riggiogai		1
	Other (specify)	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Charles N Versteeg, Jr, MD			Date of Receipt
0.	Mailing Address 2780 E Barnett Rd Ste 2	200		M M / D D / Y Y Y Y
			7'	05 30 2006
	City Medford	State OR	Zip Code 97504-8343	Transaction ID: 24064895 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Southern Oregon Orthopaed-	Occupatio		1
	ics Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number of	nly)		

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	ame and ad	dress of any political committee to	solicit contributions from such committee.
\angle				
Α.	Full Name (Last, First, Middle Initial) Dr. John W Durham, , MD			Date of Receipt
	Mailing Address Northern Arizona Orthor 1485 N Turquoise Dr Ste		d	05 / 0 D / Y Y Y Y 05 30 2006
	City State Flagstaff AZ		Zip Code	Transaction ID: 24064896
		AZ	86001-2000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Northern Arizona Orthopae-			
	dics Receipt For:	· ·	edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00]
в.	Full Name (Last, First, Middle Initial) Dr. William S Ward, , MD			Date of Receipt
	Mailing Address 44555 Woodward Ste 4	07		05 / ^D D / ^Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 24064897
	Pontiac	MI	48341-5031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Oakland Orthopaedic Partn- ers	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	· ·	e Year-to-Date ▼ 1000.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Mark R Brinker, , MD			Date of Receipt
	Mailing Address Texas Orthopedic Hospi 7401 S Main			M M / D D / Y Y Y Y 05 / 30 / 2006
	City Houston	State TX	Zip Code	Transaction ID: 24064898
	FEC ID number of contributing		77030-4509	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Texas Orthopedic Hospital	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number or	nly)	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 233 (check only one) X X 11a
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any person dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions osolicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Glen E Johnson, , MD Mailing Address 633 Emerson Rd Ste 10		Date of Receipt	
				05 / 30 / Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 24064899
	Saint Louis	MO	63141-6739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Parkcrest Orthopaedics	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Jeffrey T Adams, , MD			Date of Receipt
	Mailing Address 1223 1/2 Trotwood Ave			05 / 0 / Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064900
	<u>Columbia</u>	TN	38401-6430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Middle Tenn Ortho	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. James P Crutcher, Jr, MD			Date of Receipt
	Mailing Address 1229 Madison St Ste 16	00		M M / D D / Y Y Y Y 05 30 2006
	City	State	Zip Code	Transaction ID: 24064901
	Seattle	WA	98104-3590	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Proliance Surgeons		edic Surgeon	
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			2500.00
Т	OTAL This Period (last page this line number or	nly)		

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Sta for commercial purposes, other than using the normalized for the second statement of t	ame and add	dress of any political committee to	solicit contributions from such committee.
\mathbb{Z}	Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Clay M Wertheimer, , MD			Date of Receipt
	Mailing Address 1100 Pacific Ave Ste 30 Everett Bone and Joint	0		M M / D D / Y Y Y Y 05 / 30 / 2006
	City State Everett WA		Zip Code	Transaction ID: 24064902
	EVERENT FEC ID number of contributing federal political committee.	C	98201-4261	Amount of Each Receipt this Period
	Name of Employer Everett Bone and Joint Receipt For:		n edic Surgeon e Year-to-Date ▼	-
	Primary General Other (specify) ▼		2000.00]
В.	Full Name (Last, First, Middle Initial) Dr. Michael Palmeri, , MD Mailing Address 108 Van Guilder Ave			Date of Receipt
			Zip Code	
	New Rochelle	State NY	10801-5400	Transaction ID: 24122926 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert G Liss, MD			Date of Receipt
	Mailing Address 4815 Liberty Ave Ste 21	5		0 6 0 7 2 0 0 6
	City	State PA	Zip Code	Transaction ID: 24122930
	Pittsburgh FEC ID number of contributing federal political committee.	C	15224-2156	Amount of Each Receipt this Period
	Name of Employer Orthopaedic Associates of Pittsburgh Receipt For: Primary General Other (specify) v		n edic Surgeon e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			2500.00
Т	OTAL This Period (last page this line number or	רוא)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 233 (check only one) 11a X 11a 13 14 15 16
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. John DiPaola, , MD			Date of Receipt
	Mailing Address 6464 SW Borland Rd Sto	e C4		0 6 0 7 Y Y Y Y 0 6 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 24122931
	Tualatin	OR	97062-8856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Occupational Orthopaedics	Occupation	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		a Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Gregory A Vrabec, , MD			Date of Receipt
	Mailing Address Akron General Hosp/Chi 224 W Exchange St Ste			M M / D D / Y Y Y Y 06 07 2006
	City	State	Zip Code	Transaction ID: 24122933
	Akron	ОН	44302-1718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00]
<u></u> с.	Full Name (Last, First, Middle Initial) Dr. R Bruce Heppenstall, , MD			Date of Receipt
	Mailing Address Univ of Pennsylvania Ho Dept of Ortho	M M / D D / Y Y Y Y 06 07 2006		
	City	State	Zip Code	Transaction ID: 24122934
	Philadelphia	PA	19104-4271	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Univ of PA School of Medi- cine	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1000.00]
s	UBTOTAL of Receipts This Page (optional)		·····)	3000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 233 (check only one) 11a X 11a 13 14 15 16 17
An or f	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
-	Full Name (Last, First, Middle Initial) Dr. David M Henneghan, , MD			Date of Receipt
	Mailing Address 2111 Shadow View Circl	le		0 6 / ^D D D / ^Y Y Y Y 0 6 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 24122935
	Plover	WI	54467-2943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Rice Medical Center	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
_	Full Name (Last, First, Middle Initial) Dr. James Vincent Bruno, , MD			Date of Receipt
	Mailing Address 37832 Atkins Knoll			M / D / Y
	City	State	Zip Code	Transaction ID: 24122936
	Oconomowoc	WI	53066-4702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Aurora Medical Group	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	0 0	350.00	
	Full Name (Last, First, Middle Initial) Dr. John E Spieker, , MD			Date of Receipt
	Mailing Address 17005 Old Orchard Rd			M M / D D / Y
	City	State	Zip Code	Transaction ID: 24122937
	Lewes	DE	19958-4828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
sı	JBTOTAL of Receipts This Page (optional)			1450.00

FEC Schedule A (Form 3X) Rev. 02/2003

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 171 / 233 (check only one) 11a X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements ma	Detailed Summary Page y not be sold or used by any persidents of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. R Scott Oliver, , MD			Date of Receipt
	Mailing Address 95 Tremont St Ste 1			M M / D D / Y
	City	State	Zip Code	Transaction ID: 24122938
	Duxbury	MA	02332-4738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Plymouth Bay Orthopedic	Occupatio		
	Associates		edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. David Brokaw, , MD			Date of Receipt
	Mailing Address 1801 N Senate Blvd Ste	200		M M / D D / Y Y Y Y 06 07 2006
	City	State	Zip Code	Transaction ID: 24122939
	Indianapolis	IN	46202-1243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ortho Indy	Occupatio		
			edic Surgeon e Year-to-Date ▼	_
	Receipt For: Primary General	Ayyreyall		-
	Other (specify)	0 0	600.00	
~	Full Name (Last, First, Middle Initial)			Data of Dessist
С.	Dr. Matthew John Weresh, , MD Mailing Address Des Moines Orthpaedic	Surgeone		Date of Receipt
	6001 Westown Pkwy	ourgeons		06 07 2006
	City	State	Zip Code	Transaction ID: 24122940
	West Des Moines	IA	50266-7719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Des Moines Orthopedic Sur- geons	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Other (specify)	0 0	500.00]
s	LUBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number o	nly)	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	atomonto	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Peter J Thaler, , MD			Date of Receipt
Mailing Address 321 N Larchmont Blvd	Ste 404		0 6 0 7 2 0 0 6
City	State	Zip Code	Transaction ID: 24122941
Los Angeles	CA	90004-6404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Dr. Joseph P lannotti, , MD, PhD			Date of Receipt
Mailing Address Cleveland Clinic Found 9500 Euclid Ave A-41			M M / D D / Y Y Y Y Y 06 07 2006
City	State	Zip Code	Transaction ID: 24122942
Cleveland	OH	44195-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Cleveland Clinic		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Dr. Bradford Hack, , MD			Date of Receipt
Mailing Address West Coast Ortho Med 301 W Huntington Dr#4			M / D D Y
City	State	Zip Code	Transaction ID: 24122943
Arcadia FEC ID number of contributing federal political committee.	CA	91007-3462	Amount of Each Receipt this Period 500.00
Name of Employer West Coast Orthopaedic Gr- oup		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		······)	1500.00

FEC Schedule A (Form 3X) Rev. 02/2003

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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	I not be sold or used by any personal distance of any political committee to the sold of a sold	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Richard L Henderson, , MD			Date of Receipt
	Mailing Address 202 Lawrence Ln			0 6 / D 7 / Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 24122944
	Yreka FEC ID number of contributing federal political committee.	CA	96097-3341	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
В.	Full Name (Last, First, Middle Initial) Dr. John H Bargren, , MD Mailing Address 1112 6th Ave Ste 300			Date of Receipt
	City	State	Zip Code	Transaction ID: 24122945
	Tacoma	WA	98405-4048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
с.	Full Name (Last, First, Middle Initial) Dr. Robert M O'Hollaren, , MD			Date of Receipt
	Mailing Address 3525 Loma Vista Rd			0 6 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 24122947
	Ventura	CA	93003-3101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ventura Orthopaedic		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			1250.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 174 / 233 (check only one)
11			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. James R Heerwagen, , MD			Date of Receipt
	Mailing Address Orthopedic Associates 500 W Main Ste 200			M M / D D / Y
	City	State	Zip Code	Transaction ID: 24122948
	Lewisville	TX	75067-0977	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopedic Associates	Occupatio		_
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. John R Payne, , MD			Date of Receipt
	Mailing Address 731 Leighton Av Ste 300)		0 6 0 7 Y Y Y Y 0 6 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 24122949
	Anniston	AL	36207-5762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Anniston Orthopaedics Ass-	Occupatio	n edic Surgeon	
	ociates Receipt For:		e Year-to-Date V	_
	Primary General		500.00	1
	Other (specify)	0 0		
c.	Full Name (Last, First, Middle Initial) Dr. David Karl Mehne, , MD			Date of Receipt
	Mailing Address Prof Bldg Ste 306			06 07 2006
	City	State	Zip Code	Transaction ID: 24122950
	Aibonito	PR	00705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼	1 1	500.00]
s	JBTOTAL of Receipts This Page (optional)		b	1500.00
	OTAL This Period (last page this line number or			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 175 / 233 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
•			, ,			
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)					
\geq	Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons		
A.	Full Name (Last, First, Middle Initial) Dr. Andrew Matthew Wong, , MD Mailing Address Tallahassee Orthopaedic Clinic 3334 Capital Med Blvd Ste 400			Date of Receipt		
				0 6 0 7 Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 24122951		
	Tallahassee	FL	32308	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Tallahassee Orthopedic Cl-	Occupatio	n	-		
	inic		edic Surgeon	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1		
	Other (specify)	0 0	1000.00			
в.	Full Name (Last, First, Middle Initial) Dr. William S Sutherland, , MD			Date of Receipt		
	Mailing Address 150 Rt 1 Bypass			0 6 / D D / Y Y Y Y 0 6 0 7 200 6		
	City	State	Zip Code	Transaction ID: 24122952		
	Portsmouth	NH	03801-7111	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:		e Year-to-Date V			
	Primary General		250.00	1		
	Other (specify)	0 0		1		
С.	Full Name (Last, First, Middle Initial) Dr. Mark W Diehl, , MD			Date of Receipt		
	Mailing Address 1110 Hazeltine Ln			M M / D D / Y Y Y Y 06 07 2006		
	City	State	Zip Code	Transaction ID: 24122953		
	Kennesaw	GA	30152-4742	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Pinnacle Orthopaedics	Occupation Orthopae	n edic Surgeon	_		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]		
s	UBTOTAL of Receipts This Page (optional)			1500.00		
Т	OTAL This Period (last page this line number or	nly)				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 176 / 233			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
\geq	Political Action Committee of the Ameri	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. John Vance Hill, , MD Mailing Address California Orthopaedic Soci 3525 Loma Vista Rd			Date of Receipt			
				0 6 0 7 Y Y Y Y 0 6 0 7 2 0 0 6			
	City	State	Zip Code	Transaction ID: 24122954			
	Ventura	CA	93003-3101	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupatio					
	Receipt For:		edic Surgeon e Year-to-Date ▼				
	Primary General	Ayyreyait		1			
	Other (specify)	0 0	250.00				
в.	Full Name (Last, First, Middle Initial) Dr. Linda J Rasmussen, , MD			Date of Receipt			
	Mailing Address 649 Kanaha St			M M / D D / Y Y Y Y 06 07 2006			
	City	State	Zip Code	Transaction ID: 24122956			
	Kailua	HI	96734-1941	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Windward Ortho Group	Occupation	n edic Surgeon				
	Receipt For:		e Year-to-Date V				
	Primary General		250.00	1			
	Other (specify) v						
c.	Full Name (Last, First, Middle Initial) Dr. Robert J Hagen, , MD			Date of Receipt			
	Mailing Address 1411 S Creasy Ln Ste 1	20		M M / D D / Y Y Y Y 06 13 2006			
	City	State	Zip Code	Transaction ID: 24156450			
	Lafayette	IN	47905-7433	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Lafayette Orthopaedic Cli- nic	Occupation Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date V	7			
	Primary General Other (specify) ▼	0 0	2250.00]			
s	UBTOTAL of Receipts This Page (optional)			1500.00			
	OTAL This Period (last page this line number of						

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas J Parr, , MD			Date of Receipt
	Mailing Address 14090 Southwest Fwy S	te 130		0 6 / Y Y Y Y 0 6 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 24156452
	Sugar Land	ТХ	77478-3683	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00]
в.	Full Name (Last, First, Middle Initial) Dr. David A Fuller, , MD			Date of Receipt
	Mailing Address 1821 Addison St			M M / D D Y
	City	State	Zip Code	Transaction ID: 24156453
	Philadelphia	PA	19146-1401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cooper University Hospital	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify) ▼		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Karen L Hackett, , FACHE, C			Date of Receipt
	Mailing Address AAOS 6300 N. River Rd			M M / D D / Y Y Y Y 06 13 2006
	City	State	Zip Code	Transaction ID: 24156455
	Rosemont	IL	60606-1504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American Academy of Ortho-	Occupation Chief Exe	n ecutive Officer	
	paedic Surgeo Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)		I	1050.00

FEC Schedule A (Form 3X) Rev. 02/2003

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Т	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	ons		
Á.	Full Name (Last, First, Middle Initial) Dr. Frank R Kolisek, , MD			Date of Receipt
	Mailing Address 5255 E Stop 11 Rd Ste 3	300		06 13 2006
	City	State	Zip Code	Transaction ID: 24156456
	Indianapolis	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Ortho Indy	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]
В.	Full Name (Last, First, Middle Initial) Dr. Raymond H Pierson, III, MD			Date of Receipt
	Mailing Address 813 Court St Ste 1			0 6 / D D / Y Y Y Y 0 6 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 24156457
	Jackson	CA	95642-2131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
 C.	Full Name (Last, First, Middle Initial) Dr. Anthony R Mork, , MD			Date of Receipt
	Mailing Address 100 Coy Burgess Loop			M M / D D / Y Y Y Y 06 13 2006
	City	State	Zip Code	Transaction ID: 24156458
	Defuniak Springs	FL	32435-3716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emerald Coast Medical	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 179 / 233 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	⊥ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Dolf R Ichtertz, , MD			Date of Receipt
	Mailing Address 1803 W Charles St			0 6 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 24156459
	Grand Island	NE	68803-5904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NHSI, PC	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General			1
	Other (specify) v	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Frank Capecci, , MD			Date of Receipt
	Mailing Address 109 Rt 46 E			M M / D D / Y Y Y Y 06 13 2006
	City	State	Zip Code	Transaction ID: 24156460
	Denville	NJ	07834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		450.00	1
	Other (specify) v	0 0		1
с.	Full Name (Last, First, Middle Initial) Dr. James C Binski, , MD			Date of Receipt
	Mailing Address 1786 Kylemore Ct			06 13 2006
	City	State	Zip Code	Transaction ID: 24156463
	Dayton	ОН	45459-1465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Other (specify)		1000.00	1
		0.0		1
s	UBTOTAL of Receipts This Page (optional)			2250.00
т	OTAL This Period (last page this line number c	only)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 233 (check only one) 111 X 11a 11b 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surgeo	ons
,́	Full Name (Last, First, Middle Initial) Dr. Don W Hughes, , MD			Date of Receipt
	Mailing Address 3555 Knickerbocker Rd			06 13 Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: 24156467
	San Angelo FEC ID number of contributing	TX	76904-7699	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Western Texas Medical	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		350.00]
в.	Full Name (Last, First, Middle Initial) Dr. Vernon T Tolo, , MD			Date of Receipt
	Mailing Address Children's Hospital 4650 Sunset Blvd MS#6	M M / D D / Y Y Y Y 06 13 2006		
	City	State	Zip Code	Transaction ID: 24156469
	Los Angeles	CA	90027-6062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univ of Southern Californ-	Occupatio		
	ia Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD			Date of Receipt
	Mailing Address Univ of Virginia Affl Hos Dept of Orthopaedics	ps		M M / D D / Y Y Y Y 06 13 2006
	City	State	Zip Code	Transaction ID: 24156470
	Charlottesville FEC ID number of contributing	VA	22903	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer University of Virginia	Occupatio Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	500.00]
s	UBTOTAL of Receipts This Page (optional)		·····	1250.00
Т	OTAL This Period (last page this line number or	nly)		
~				FOR LINE NUMBER: PAGE 181 / 233
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Suzanne Stevens, , MD			Date of Receipt
	Mailing Address 240 Shenandoah St			0 6 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 24156472
	Woodstock	VA	22664-1051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mountain View Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	_
	Primary General	-	500.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Henry Clayton Thomason, III, MD			Date of Receipt
	Mailing Address 620 Summitt Crossing F	PI Ste 108		0 6 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 24156473
	Gastonia	NC	28054-2189	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Carolina Ortho & Sports	Occupation		
	Med Ctr		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		250.00	
				4
c	Full Name (Last, First, Middle Initial) Dr. David Cautilli, , MD			Date of Receipt
0.	Mailing Address Cautilli Orthopaedic Sur	gical Spec		
	1205 Langhorne-Newtow	vn Rd Ste	404	06 13 2006
	City	State	Zip Code	Transaction ID: 24156474
	Langhorne	PA	19047-1223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Cautilli Orthopaedic Surg-	Occupatio		
	ical Speciali Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Aggregate	e Year-IO-Dale V	1
	Other (specify)	0 0	1000.00	
Г				1750.00
s	UBTOTAL of Receipts This Page (optional)		······	1750.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 182 / 233
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
•	information control from the December 10:			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions solicit contributions from such committee.		
Ν	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Douglas R Phillips, , MD			Date of Receipt
	Mailing Address 811 13th St Ste 20			M M / D D / Y
	City	State	Zip Code	Transaction ID: 24156475
	Augusta	GA	30901-2771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	-1
	Primary General		E00.00	1
	Other (specify) v	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Steven Knezevich, , MD			Date of Receipt
	Mailing Address 3820 Northdale Blvd Ste	e 105A		M · M / D · D / Y · Y · Y · Y Y
	City	State	Zip Code	Transaction ID: 24156476
	Tampa	FL	33624-1834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northside Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) Dr. G Brian Holloway, , MD			Date of Receipt
	Mailing Address 260 Ft Sanders West B	lvd		06 13 2006
	City	State	Zip Code	Transaction ID: 24156478
	Knoxville	TN	37922-3355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼		250.00]
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash	OTAL This Period (last page this line number o			

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Nathaniel P Cohen, , MD			Date of Receipt
	Mailing Address Northern Colorado Ortho 2121 E Harmony Rd Ste			M M / D D / Y
	City	State	Zip Code	Transaction ID: 24201924
	Fort Collins	CO	80528-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	_
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼		250.00]
в.	Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD			Date of Receipt
	Mailing Address 5530 Wisconsin Ave Ste	e 1660		M M / D D / Y Y Y Y 06 19 2006
	City	State	Zip Code	Transaction ID: 24201925
	Chevy Chase	MD	20815-4322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Summit Ortho	Occupatio Orthopae	ⁿ edic Surgeon	
			e Year-to-Date ▼	
	Other (specify)	U U U	500.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr. Darren L Johnson, , MD			Date of Receipt
	Mailing Address Kentucky Clinic 740 S Limestone Ste K4			M M / D D / Y Y Y Y 06 19 2006
	City	State	Zip Code	Transaction ID: 24201928
	Lexington	KY	40536-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer University of Kentucky		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			1500.00
Т	OTAL This Period (last page this line number or	וע)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 184 / 233		
			or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\rangle	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Michael R McLean, , MD			Date of Receipt		
	Mailing Address 1300 Mound St PO Box 632749			M M / D D / Y		
	City	State	Zip Code	Transaction ID: 24201929		
	Nacogdoches	TX	75961-4029	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation				
	Receipt For:		edic Surgeon e Year-to-Date ▼	_		
	Primary General	Aggregate		1		
	Other (specify)	0 0	500.00			
в.	Full Name (Last, First, Middle Initial) Dr. Charles J Winters, , MD			Date of Receipt		
	Mailing Address 3635 Bienville Blvd			0 6 1 9 2 0 0 6		
	City	State	Zip Code	Transaction ID: 24201930		
	Ocean Springs	MS	39564-5711	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Bienville Orthopaedic Spe-	Occupation	n edic Surgeon			
	cialists Receipt For:		e Year-to-Date V			
	Primary General	7.gg.ogu.o		1		
	Other (specify) v	0 0	500.00			
с.	Full Name (Last, First, Middle Initial) Dr. Robert P Nirschl, , MD			Date of Receipt		
	Mailing Address 1715 N George Mason I	Dr Ste 504		M M / D D / Y Y Y Y 06 19 2006		
	City	State	Zip Code	Transaction ID: 24201931		
	Arlington	VA	22205-3670	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Nirschl Orthopedic Sports	Occupation				
	Medicine Receipt For:		edic Surgeon e Year-to-Date ▼			
	Primary General	Aggregate		1		
	Other (specify)	0 0	500.00			
s	UBTOTAL of Receipts This Page (optional)			1500.00		
T	OTAL This Period (last page this line number or	nly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Daryl Sheldon Larke, , MD			Date of Receipt
	Mailing Address 4135 Tate Springs Rd			0 6 / D D / Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 24201932
	Big Stone Gap	VA	24219-4272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hastings Orthopaedic Clin-	Occupatio		
	ic, PC Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) v		1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Henry Relton McCarroll, Jr, MD			Date of Receipt
	Mailing Address 2351 Clay St Ste 510			0 6 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 24201933
	San Francisco	CA	94115-1931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
 C.	Full Name (Last, First, Middle Initial) Dr. Jerry L Mackel, , MD			Date of Receipt
	Mailing Address Ft Wayne Orthopaedics PO Box 2526			M M / D D / Y Y Y Y 06 19 2006
	City	State	Zip Code	Transaction ID: 24201934
	Fort Wayne	IN	46801-2526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)		······	1500.00
T	OTAL This Period (last page this line number or	וא)	· · · · · · · · · · · · · · · · · · ·	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 186 / 233 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Ν	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	pns
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Einer Johnson, , MD			Date of Receipt
	Mailing Address Washington Univ Sch o 660 S Euclid, 11300 WF			0 6 / 1 9 / Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 24201937
	Saint Louis	MO	63110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Washington University Sch- ool of Medici	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	—
	Primary General Other (specify) ▼		250.00	1
		0 0		1
в.	Full Name (Last, First, Middle Initial) Dr. Stephen D Helper, , MD			Date of Receipt
	Mailing Address 29001 Cedar Rd Ste 51	9		M M / D D / Y
	City	State	Zip Code	Transaction ID: 24201938
	Lyndhurst	OH	44124-4041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	-
	Receipt For:		Year-to-Date ▼	_
	Primary General		250.00	1
	Other (specify)	0 0	350.00	
C.	Full Name (Last, First, Middle Initial) Dr. James William Serene, , MD			Date of Receipt
	Mailing Address 520 Brookdale Dr			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24201939
	Statesville	NC	28677-4196	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Piedmont Health Care	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
s	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number of	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Richard J Stewart			Date of Receipt
	Mailing Address 1202 Barclay Circle			0 6 1 9 Y Y Y Y 0 6 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 24201940
	Barrington	IL	60010-5263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Academy of Ortho-	Occupatio		
	paedic Surgeo Receipt For:		ancial Officer	
	Primary General			1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Willard B E Wong, , MD			Date of Receipt
	Mailing Address Precision Orthopaedics 240 San Jose St			0 6 2 9 Y Y Y Y 0 6 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 24216023
	Salinas	CA	93901-3901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Precision Orthopaedics	Occupation Orthopae	n edic Surgeon	
			e Year-to-Date V	_
	Primary General Other (specify) ▼	1 I 1 I	1000.00]
с.	Full Name (Last, First, Middle Initial) Dr. David B Basch, , MD			Date of Receipt
	Mailing Address 90 Sparta Ave			M M / D D / Y Y Y Y 06 29 2006
	City	State	Zip Code	Transaction ID: 24216024
	Sparta	NJ	07871-1730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	750.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 233 (check only one) 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) A. Dr. David Uriel Arango, , MD			Date of Receipt
Mailing Address 4524 Curry Ford Rd St	e 212		0 6 / 2 9 / Y Y Y Y
City	State FL	Zip Code	Transaction ID: 24216025
<u>Orlando</u> FEC ID number of contributing federal political committee.	C	32812-2711	Amount of Each Receipt this Period
Name of Employer Self Employed	· · · ·	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Dr. James L Griffin, , MD			Date of Receipt
Mailing Address 4802 S 109th E Ave			M M / D D / Y
City Tulsa	State OK	Zip Code	Transaction ID: 24216026
FEC ID number of contributing federal political committee.	C	74146-5822	Amount of Each Receipt this Period
Name of Employer TB&JA	Occupatio Orthopae	n edic Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Dr. John S Early, , MD			Date of Receipt
Mailing Address 3921 Marquette St			06 29 2006
City	State	Zip Code	Transaction ID: 24216027
Dallas FEC ID number of contributing federal political committee.	TX C	75225-5432	Amount of Each Receipt this Period
Name of Employer Texas Orthopaedic	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional)		······	1750.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 233 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ican Associ	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) A. Dr. Donald Robert Bassman, , MD			Date of Receipt
Mailing Address 522 N New Ballas Rd S	ite 199		M M / D D / Y Y Y Y 06 29 2006
City Spint Louis	State MO	Zip Code	Transaction ID: 24216028
Saint Louis FEC ID number of contributing federal political committee.	C	63141-6815	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) B. Dr. Geoffrey H Cook, , MD			Date of Receipt
Mailing Address 75 Tortilla Dr			M M / D D / Y Y Y Y 06 29 2006
City Sedona	State AZ	Zip Code 86336-3721	Transaction ID: 24216030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. Dr. James R Dyreby, , MD			Date of Receipt
Mailing Address Northland Orthopaedic 444 E Timber Dr	Assoc, S C		M M / D D / Y Y Y Y 0 6 29 2006
City Rhinelander	State WI	Zip Code 54501-2852	Transaction ID: 24216031
FEC ID number of contributing federal political committee.	C	34301-2632	Amount of Each Receipt this Period
Name of Employer Northland Orthopaedics	Occupation Orthopae	n edic Surgeon	1
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]
SUBTOTAL of Receipts This Page (optional)			1800.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 233 (check only one) (Check only one) X 11a 11b 11c 12	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	v not be sold or used by any perse	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Richard F Kyle, , MD			Date of Receipt
	Mailing Address Hennepin County Med (701 Park Ave South G2			0 6 / 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 24216032
	Minneapolis	MN	55415-1623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hennepin County Med Ctr	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	- iggi - g-iii		1
	Other (specify)	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Owen R McIvor, , MD			Date of Receipt
	Mailing Address 11178 Walnut St			M M / D D / Y Y Y Y 06 29 2006
	City	State	Zip Code	Transaction ID: 24216033
	Redlands	CA	92374-7692	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
~	Full Name (Last, First, Middle Initial) Dr. Victor W Macko, , MD			Date of Receipt
0.	Mailing Address 1901 N California St			
		0 1 1		06 29 2006
	City Stockton	State CA	Zip Code 95204-6098	Transaction ID: 24216034 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Stockton Orthopaedic Medi-	Occupatio		_
	cal Group Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify)	0 0	500.00]
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 191 / 233		
	· · /		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Outninary Page			
An or	y information copied from such Reports and St for commercial purposes, other than using the	for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)					
	Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeor	IS		
-	Full Name (Last, First, Middle Initial)					
Α.	Dr. William Landess Bourland, , MD			Date of Receipt		
	Mailing Address 6286 Briarcrest Ave			M M / D D Y		
	City	State	Zip Code	Transaction ID: 24349215		
	Memphis	TN	38120-4078	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		0.00		
	Name of Employer Ortho Memphis	Occupation Orthopae	n edic Surgeon			
	Receipt For: Aggregate Primary General Other (specify) ▼		e Year-to-Date 🔻	[MEMO ITEM]		
			0.00	Refund(s) on Schedule B Totaling \$500.00 This cha- nges the YTD Total to \$0		
в.	Full Name (Last, First, Middle Initial) Dr. Thomas P Gross, , MD			Date of Receipt		
	Mailing Address Midlands Orthopaedics 1910 Blanding St			M M / D D / Y Y Y Y 05 12 2006		
	City	State	Zip Code	Transaction ID: 24349216		
	Columbia SC FEC ID number of contributing federal political committee. C		29201-3520	Amount of Each Receipt this Period		
				0.00		
	Name of Employer Occupation		1	7		
	Midlanda Orthonodiae		edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General					
	Other (specify)	0 0	1000.00	Refund(s) on Schedule B Totaling \$1000.00 This ch- anges the YTD Total to \$1- 000.00		

SUBTOTAL of Receipts This Page (optional)	►	0.00
TOTAL This Period (last page this line number only)	▶	323600.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 233 (check only one) 11a 11a 11b 11c 12 13 14 X 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 6300 N River Road			0 4 / 2 0 / Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 23908171
	Rosemont	IL .	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3231.94
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	-
	Primary General Other (specify) ▼	0 0	4743.65	Refund of bank fees from Affil Organization
	Full Name (Last, First, Middle Initial)			Data of Descript
Б.	American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road			Date of Receipt
	City	State	Zip Code	05 23 2006
	Rosemont	IL	60018	Transaction ID: 24127322 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1203.67
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5947.32	Refund of bank fees from affiliated organization
_	Full Name (Last, First, Middle Initial)			
C.	American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road			Date of Receipt
				06 01 2006
	City Rosemont	State IL	Zip Code 60018	Transaction ID: 24150194 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2489.81
	Name of Employer	Occupation	n	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 8437.13	Refund bank fees from Aff- iliated Organization
s	UBTOTAL of Receipts This Page (optional)			6925.42
T	OTAL This Period (last page this line number of	only)	· · · · · · · · · · · · · · · · · · ·	

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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	name and add	dress of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road			Date of Receipt
	City	State	Zip Code	Transaction ID: 24150568
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		990.75
	Name of Employer	Occupation	n	1
	Receipt For: Primary General Other (specify) ▼	Aggregate	9427.88	Refund of bank fees from Affiliated Organization
в.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road			Date of Receipt
	Maining Address 0300 IN RIVER ROad			06 13 2006
	City	State	Zip Code	Transaction ID: 24150609
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1297.92
	Name of Employer	Occupation	n]
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date ▼ 10725.80	Refund of bank fees from Affiliated Organization

SUBTOTAL of Receipts This Page (optional)	►		2288.67
TOTAL This Period (last page this line number only)	►		9214.09

S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)						R:			PA	GE	194 /	233			
IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page		_	check c 21b 27		one) 22 28a	\square	23 28b	\square	24 28c	\square	25 29	26 30b			
	y Information copied from such Reports and Statem														S			
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and addres	ss of any political	con	nn	littee to	SOIIC	cit contr	IDUL	ions fr	oms	such c	omn	nittee				
\rangle	Political Action Committee of the American	Associati	on of Orthopa	edio	с (Surgeo	ns											
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company								of D	isburs	eme		32					
	Mailing Address 50 S. LaSalle St.							^м 4	М	[′] °	06	/ Y	ž	0 ð 6	Y			
	,	State IL	Zip Code 60675					Amou	nt o	f Each	ו Dis	burse	-	t this P				
	Purpose of Disbursement Bank fees deducted from account				-	01		L.					2	211.2	23			
	Candidate Name Office Sought: House Disburse	mont For:		С		egory/ ype												
	Senate President	Primary Other (spe	General Gify)					Bank accou		s ded	lucte	ed fro	m					
	State: District: Full Name (Last, First, Middle Initial)							_					~ -					
В.	Northern Trust Company							М		isburs	eme			Y	Y			
	Mailing Address 50 S. LaSalle St.							04			26			0 ð 6				
	,	State Zip Code IL 60675							Amount of Each Disbursement this Period									
	Purpose of Disbursement Bank fees deducted from account				0	01							_ 1	203.6	67			
	Candidate Name			С		egory/ ype												
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General					Bank accou		s ded	lucte	ed fro	m					
	State: District:																	
C.	Full Name (Last, First, Middle Initial) Northern Trust Company								of D	isburs	eme		-		X			
	Mailing Address 50 S. LaSalle St.							0 [™] 5	М	[′] °	0 [⊅]	/ Y	ź	0 ð 6	Ŷ			
	Chicago	State IL	Zip Code 60675					Amou	nt o	f Each	ו Dis	burse	-	t this P				
	Purpose of Disbursement Bank fees deducted from account Candidate Name					01		L						409.0				
	Galdidate Name			U		egory/ ype												
	Senate President	ment For: Primary Other (spe	General					Bank accou		s ded	lucte	ed fro	m					
s	State: District: UBTOTAL of Disbursements This Page (optional) .									v	*	• •	5	904.7	1			
	OTAL This Period (last page this line number only)						•			*	•							
		-	-			-								-				

S	CHEDULE B (FEC Form 3X)	Use sepera	ate schedule(s)		FC	FOR LINE NUMBER: PAGE 195 / 2 check only one)							233		
IT	EMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page			-	lly one)		23	24		25	□ 2	26	
		Detailed S	uninary Faye		Ê	27	 28a		28b	28c		29		30b	
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name												6		
	NAME OF COMMITTEE (In Full)			COII				ibutio	13 110		,omm				
\rangle	Political Action Committee of the American	Associatio	on of Orthopa	edic	c Si	urgeor	IS								
~	Full Name (Last, First, Middle Initial)									240981	62				
Α.	Northern Trust Company						Date o	_			V	V	V		
	Mailing Address 50 S. LaSalle St.						0 5	M /	^D 2	4 ^Y	ź	٥ Å 6	·		
	,	State L	Zip Code 60675				Amou	nt of I	Each	Disburse	-			-	
	Purpose of Disbursement Bank fees deducted from account				00	_					ę	990.7	'5		
	Candidate Name			C	00 atec	jory/									
					Тур										
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General ify) ▼				Bank accou		dedu	ucted fro	m				
	State: District:														
В.	Full Name (Last, First, Middle Initial) Northern Trust Company		Transaction ID: 24127369 Date of Disbursement												
				M /			Y	0 Å 6	Y						
	Mailing Address 50 S. LaSalle St.	lailing Address 50 S. LaSalle St.													
	,	State L	Zip Code 60675				Amou	nt of I	Each	Disburse	ment	this P	eriod		
	Purpose of Disbursement				U	-	1 L.				12	297.9	2		
	Bank fees deducted from account Candidate Name				00										
					ateo Typ	gory/ De									
	President	nent For: Primary Other (spec	General ify) ▼				Bank		dedı	ucted fro	m				
	State: District:														
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	of Dis	burse		-		14		
	Mailing Address 50 S. LaSalle St.						06	M /	□2	6	ź (0 ð 6	Y		
	,	State L	Zip Code 60675				Amou	nt of I	Each	Disburse	-		-	-	
	Purpose of Disbursement Bank fees deducted from account										2	218.9	1		
	Candidate Name				00 ateç Typ	gory/									
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spec	General ify) ▼				Bank accou		dedı	ucted fro	m				
Г														-	
s	UBTOTAL of Disbursements This Page (optional)					►					25	07.5	8		
Т	OTAL This Period (last page this line number only) .					►		ů A			84	12.2	9		

S	CHEDULE B (FEC Form 3X)	Use seperate s	schedule(s)	FOR LINE		PAGE 196 / 233
IT	EMIZED DISBURSEMENTS	for each catego Detailed Sumn	ory of the	(check only 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30k
	/ Information copied from such Reports and Statem or commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full) Political Action Committee of the American					
Α.	Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Comm	ittee			Transaction ID: Date of Disburse	ment
	Mailing Address P. O. Box 47025				04 0	^D 7 ['] ^Y 2006 [']
	St. Petersburg		Code 743		Amount of Each	Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			011 Category/	L	3000.00
	Rep. C.W. Bill Young Office Sought: X Senate X President X State: FL District: 10	nent For: Primary Other (specify)	2006 General	Туре	Contribution	
В.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund				Transaction ID: Date of Disburse	ment
	Mailing Address 422 C Street, NE Lower Level				0 4 ^M / 1	^D 2 / ^Y 2 0 0 6 ^Y
	,		Code 002		Amount of Each	Disbursement this Period
	Purpose of Disbursement Candidate Name			011 Category/	L	2500.00
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (specify)	General ▼	Туре		
C.	Full Name (Last, First, Middle Initial) Brian Baird for Congress				Transaction ID: Date of Disburse	ment
	Mailing Address 1516 Franklin St				0 4 ^D 1	^D / ^Y ^Y ^Y ^Y ^Y ^Y ^Y
			Code 360		Amount of Each	Disbursement this Period
	Purpose of Disbursement			011		1000.00
	Candidate Name Brian Baird			Category/ Type		
	Office Sought: X House Disburse Senate X President State: WA District: 3	nent For: Primary Other (specify)	2006 General ▼			
s	JBTOTAL of Disbursements This Page (optional)			►		6500.00
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S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)						R:			PA	GE	197 /	233	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			check o 21b 27		ne) 22 28a	X	23 28b		24 28c	П	25 29	\square	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name														s	
\square	NAME OF COMMITTEE (In Full)															
\langle	Political Action Committee of the American	Associat	ion of Orthopa	edic	5 5	Surgeo	ns									
Α.	Full Name (Last, First, Middle Initial) Becerra For Congress											38182	92			
									м		1 2		Ý	οòε	Y	
	Mailing Address P.O. Box 261060							04	_		12		2	000)	
	,	State CA	Zip Code 90026					Amou	nt o	fEac	h Di	sburse	ment	this F	Perio	d
	Purpose of Disbursement		30020	_	0		-						1	000.0	00	
	·			L	_	11										
	Candidate Name Rep. Xavier Becerra					egory/ /pe										
	Senate X President	ment For: Primary Other (spe	2006 General ecify) ▼													
	State: CA District: 31						_									
В.	Full Name (Last, First, Middle Initial) Berkley For Congress							Date	of D	isburs	sem				N	
	Mailing Address 3069 Conquista Court							0 ^M 4	М	/ D	1 ^D	/ Y	ž	οòε	5 [°]	
		State NV	Zip Code 89121					Amou	nt o	fEac	h Di	sburse				d
	Purpose of Disbursement				0	11		L.					1	000.0	00	
	Candidate Name Rep. Shelley Berkley					egory/ /pe										
	5 <u>X</u>	ment For: Primary Other (spe	2006 General													
	State: NV District: 1		, , , , , , , , , , , , , , , , , , ,													
C.	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress							Trans Date of		isburs	sem		60			
	Mailing Address 200 North Main St. P.O. Box 712							0 ^M 4	М	/ D	1 ^D	/ Y	ž	οòε	5 ^Y	
	City	State IN	Zip Code 47960					Amou	nt o	fEac	h Di	sburse	ment	this F	Perio	d
	Purpose of Disbursement			Γ	0	11	1	L.					_ 1	000.0	00	
	Candidate Name Rep. Steve Buyer				ate	egory/ /pe										
	3 X	ment For: Primary Other (spe	2006 General ecify) ▼													
s	JBTOTAL of Disbursements This Page (optional) .												3(000.0	00	
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					FOR LINE NUMBER: PAGE 198 / 233								
IT	EMIZED DISBURSEMENTS	for each cat				heck or 21b 27	Ĺ	пе) 22 28а	Х	23 28b	24		25 29		6 0b
	Information copied from such Reports and Statem or commercial purposes, other than using the name													s	
	NAME OF COMMITTEE (In Full)			COIII				CONT	ibuti		0111 300		millee		
$\langle \rangle$	Political Action Committee of the American	Association	of Orthopa	edic	s	urgeor	าร								
Α.	Full Name (Last, First, Middle Initial)										:23818	3264			
~ .	Friends Of Lois Capps							Date o	of Di			Y	Y Y	Y	
	Mailing Address PO Box 23940							04		1	^D 2	2	ž o ò e	3	
	,		/ip Code 93121					Amou	nt of	Each	Disbur	seme	nt this F	Period	_
	Purpose of Disbursement				-	-		L .					1000.	00	
	Candidate Name			Ca		gory/									
	Rep. Lois Capps	······			Ту	pe	_								
	President	Primary Other (specify	2006 General y) ▼												
	State: CA District: 23						_								
В.	Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro							Date o	of Di	sburs					
	Mailing Address 49 Huntington Street							04	M	1	^D 2	Ŷ	200	S ^Y	
			/ip Code 06511					Amou	nt of	Each	Disbur				1
	Purpose of Disbursement				0-	1		L.					2000.	00	1
	Candidate Name Rep. Rosa L. DeLauro				ate Ty	gory/ pe									
	Office Sought: X House Disburse Senate X President	ment For: Primary Other (specify	2006 General												
	State: CT District: 3		, •												
C.	Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee							Trans Date o			: 23818 ement	3267			
	Mailing Address 607 14th Street N.W. Suite 800							0 ^M 4	M	^D 1	^D 2	Y	200	S ^Y	
	City		20005					Amou	nt of	Each	Disbur				1
	Purpose of Disbursement				0-	1		L.					2500.	00	
	Candidate Name Rep. John D. Dingell			Ca		gory/									
	5 <u>x</u>	ment For: Primary Other (specify	2006 General y) ▼												
S	JBTOTAL of Disbursements This Page (optional) .					►					v v	Ę	5500.0	00	1
	DTAL This Period (last page this line number only)														j
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					LINE NUMBER: PAGE 199 / 233						
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary P			21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b			
	/ Information copied from such Reports and Statem or commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full)	and address of any po	Jillical CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Jonninitiee	,			
\rangle	Political Action Committee of the American	Association of Ortl	hopaedi	ic	Surgeor	าร							
Α.	Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel						action ID: of Disburse		86				
	Mailing Address 1059 West Belmont Aven							2 / Y	ź o ò	6 [°]			
										•			
	,	State Zip Code IL 60657				Amou	nt of Each	Disburse					
	Purpose of Disbursement		Γ	C	11				1000	.00			
	Candidate Name Rahm Emanuel				egory/ ype								
	President	nent For: 2006 Primary Gen Other (specify) ▼			-								
	State: IL District: 5												
В.	Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel					Date	action ID: of Disburse	ement					
	Mailing Address 1059 West Belmont Aven	ue				0 ^M 4	M / D 1	^D / Y	²0 ð	6 [×]			
	,	State Zip Code IL 60657				Amou	nt of Each	Disburse					
	Purpose of Disbursement Funds Reported On This Report			C	11] L.			1000	.00			
	Candidate Name Rahm Emanuel		Ċ		egory/ ype		0 ITEN						
	Office Sought: X House Disburse Senate X President	nent For: 2006 Primary Gen Other (specify) ▼					O ITEM] Reporte		nis Re-				
	State: IL District: 5												
C.	Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel						action ID: of Disburse	ement	13				
	Mailing Address 1059 West Belmont Aven	ue				0 ^M 4	M / D 1	^D / Y	² 0 ľ	6 ^Y			
	,	State Zip Code IL 60657				Amou	nt of Each	Disburse	ment this	Period			
	Purpose of Disbursement Re-designated funds for trans. dated 4/1			C	11	L.			1000	.00			
	Candidate Name Rahm Emanuel		0		egory/ ype								
		Primary Gen Other (specify)			-		O ITEM] esignated dated 4/		or				
	State: IL District: 5 2006 Co	ongress Genera											
s	JBTOTAL of Disbursements This Page (optional)				. 🕨				1000	.00			
т	OTAL This Period (last page this line number only)												

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			ORLIN			R:			PAC	GE 20	00 / 3	233
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(i	check o 21b 27		ne) 22 28a	X	23 28b		24 28c	25		26 30t
	y Information copied from such Reports and Statem or commercial purposes, other than using the name				y perso		the pu		e of s	olicati	ng co	ntribut	ions	
or	NAME OF COMMITTEE (In Full)	and address of any political	com		Ittee to	SOIIC	it contr	וזשמו	ons tr	om si	ich co	orninitte	ee	
\rangle	Political Action Committee of the American	Association of Orthopa	edic	5 5	Surgeo	ns								
Α.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress						Trans Date of		-			3		
	Mailing Address 555 Capitol Mall Suite 14	25					0 ^M 4	М	D	D 2	/ Y	ž0	ó 6	Y
	,	State Zip Code CA 95814					Amou	nt of	Each	ı Disb	ursem	nent th	is P	eriod
	Purpose of Disbursement		Γ	0	11		<u> </u>					200	0.0	0
	Candidate Name Rep. Anna G. Eshoo		Ca	ate	egory/ /pe									
	Senate X President	ment For: 2006 Primary General Other (specify) ▼												
	State: CA District: 14					_								
В.	Full Name (Last, First, Middle Initial) Hoyer For Congress						Trans Date of						V	V
	Mailing Address 7905 Malcolm Road Suite	e 102					0 4			ĬŽ	/ Y	ž0	ό́6	Ŷ
	,	State Zip Code MD 20735					Amou	nt of	Each	ı Disb	ursen	nent th		
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	Candidate Name Rep. Steny H. Hoyer				egory/ vpe									
	3 <u>X</u>	ment For: 2006 Primary General Other (specify) ▼												
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C.	Full Name (Last, First, Middle Initial) John Lewis For Congress						Trans Date o		sburs	emen		9		_
	Mailing Address 1520 Pinehurst Drive SW	1					0 ^M 4	M		2	/ Y	ž0	ò6	Y
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	Candidate Name Rep. John Lewis				egory/ /pe									
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S	CHEDULE B (FEC Form 3X)	Use seperate s	schedule(s)			OR LIN			R:			PAGE	201	/ 233	
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	y Information copied from such Reports and Statem or commercial purposes, other than using the name													IS	
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$\langle \rangle$	Political Action Committee of the American	Association o	f Orthopae	edic	s S	urgeor	IS								
Α.	Full Name (Last, First, Middle Initial)										: 2381	8307			
	Michaud For Congress							M	M N		ement	Y	Y Y	Y	
	Mailing Address P.O. Box 1119 11 Bangor Mall Blvd. Sui	e D						04			2		² o ò e	5	
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	Candidate Name Mr. Michael Michaud				ateę Typ	gory/ be									
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В.	Full Name (Last, First, Middle Initial) Murtha For Congress Committee										: 2381	8258			
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	Mailing Address Suite 220 551 Main Stree Bt Financial Plaza Suite 2	220						04			2	L.	2006	5	
	City Johnstown	State Zip PA 159	Code 901				A	mou	nt o	Each	Disbu	rseme	nt this I	Perio	d
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	Rep. John P. Murtha				Тур		_								
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	State: PA District: 12 Full Name (Last, First, Middle Initial)						-				0004	0005			
C.	Pallone For Congress										: 2381 ement	8265			
	Mailing Address PO Box 3176							0 ^M 4	M	1	^D 2	Y	ž o ò e	3 ^Y	
			Code 740				A	mou	nt o	Each	Disbu	rseme	nt this I	Perio	d
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	Rep. Frank Pallone, Jr. Office Sought: X House Disburse	ment For:	2006		Тур	De	_								
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					IP(s) FOR LINE NUMBER: PAGE 202 / 233								
IT	EMIZED DISBURSEMENTS	for each cate				heck or 21b 27		ne) 22 28a	Х	23 28b	24		25 29	\square	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name													IS	
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\langle	Political Action Committee of the American	Association	n of Orthopa	edic	S	Surgeor	าร								
Α.	Full Name (Last, First, Middle Initial)										: 2381	8248			
	Nancy Pelosi For Congress							Date o	of Di M			Y	Y Y	Y	
	Mailing Address 235 Montgomery Street, Suite 610	Suite 610						04		1	^D 2		² o ò e	3	
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	Candidate Name Rep. Nancy Pelosi				ate Ty	gory/ pe									
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	State: CA District: 8														
В.	Full Name (Last, First, Middle Initial) Rangel For Congress							Date o	of Di	sburs	: 2381 ement				
	Mailing Address PO Box 5577 Manhattanville Sta							0 4	M		2 /	Y	žoŏe	3 [°]	
			Zip Code 10027					Amou	nt o	Each	ı Disbu	rseme	nt this I		k
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	Candidate Name Rep. Charles B. Rangel			Ca	ate	gory/ pe									
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	State: NY District: 15														
C.	Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress							Date o	of Di	sburs	: 2381 ement				
	Mailing Address 22 West Padonia Road Suite A307							0 4	M	1	2 /	Y	žoŏe	3 [°]	
	City		Zip Code 21093					Amou	nt o	Each	i Disbu	rseme	nt this I		Ł
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	Candidate Name C.A. Dutch Ruppersberger			Ca	_	gory/									
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	NAME OF COMMITTEE (In Full)						50110									
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Α.	Full Name (Last, First, Middle Initial)							Trans		-			35			
	Stabenow For Us Senate							Date o	of D ™			nt / Y	Y	Y	Y	
	Mailing Address PO Box 4945							04			1 ^D		2	0 ð 6	;	
	,	State MI	Zip Code 48826					Amou	nt o	f Each	n Disk	ourser	-		-	d
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	Candidate Name Sen. Debbie Stabenow				ate	egory/ /pe										
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	Full Name (Last, First, Middle Initial)						_	T				1000	20			
В.	Committe To Re-Elect Ed Towns							Date of		isburs	semen		_	Y	Y	
	Mailing Address 438 Lewis Avenue							0 4			1 2 1 2		2	0 Å 6	;	
		State NY	Zip Code 11233					Amou	nt o	f Each	n Disk	ourser	nent	this F	Perio	d
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	Candidate Name Rep. Edolphus Towns				ate	egory/ vpe										
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	State: NY District: 10															
C.	Full Name (Last, First, Middle Initial) Lewis For Congress Committee							Trans Date o	of D	isburs	semen					
	Mailing Address P.O. Box 247							0 ^M 4	М	/ D.	1 ^D	/ Y	ž	0 ð 6	Y	
		State CA	Zip Code 92373					Amou	nt o	f Each	n Disk	ourser	-		Ū	d
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	Candidate Name Rep. Jerry Lewis				ate	egory/ /pe										
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Α.	Full Name (Last, First, Middle Initial) Tiahrt For Congress							Trans Date c					53			
	Mailing Address 2250 N Rock Rd #118 A							^м 4	М	/ D.	1 ^D	/ Y	ž	0 ð 6	Y	
			Zip Code 67226					Amou	nt o	f Each	n Disk	ourser	nent	this F	eriod	
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	Candidate Name Rep. Todd Tiahrt				ate Ty	gory/ pe										
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	State: KS District: 4															
В.	Full Name (Last, First, Middle Initial) Kay Bailey Hutchison For Senate Committe	e						Trans Date o		isburs	emer	-	-	v	V	
	Mailing Address PO Box 9190 800 Brazos Suite 1200							0 4			1 2 1		Ź	0 ð 6		
	Dallas		Zip Code 75209					Amou	nt o	f Each	n Dist	ourser	-		-	
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	Office Sought: House Disburse X Senate President	ment For: Primary Other (speci	2006 X General													
	State: TX District: 1															
C.	Full Name (Last, First, Middle Initial) The Bluegrass Committee							Trans Date o	of D	isburs	emer					
	Mailing Address 400 North Capitol Street, Suite 585	NW					_	0 ^M 4	м	/ D.	1 ^D	/ Y	ž	0 ð 6	Y	
	Washington	State DC	Zip Code 20001					Amou	nt o	f Eacł	n Disk	ourser	-		-	
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	Candidate Name			Ca	_	gory/										
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (speci	General ify) ▼													
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S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)		-			UMBE	R:			PA	GE	205 /	233	3
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\rangle	Political Action Committee of the America	n Associati	ion of Orthopa	edic	5 5	Surgeo	ons									
Α.	Full Name (Last, First, Middle Initial) HEART PAC							Trans Date o				38182 ent	88			
	Mailing Address 2250 N Rock Rd							0 ^M 4	M		12	/ Y	ž	o ò e	5 ^Y	
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в.	Full Name (Last, First, Middle Initial) Heather Wilson For Congress							Date o	of D	sburs	em				M	
	Mailing Address P.O. Box 14070 P.O. Box 14070							04	м		12	/ Y	Ž	o ò e	; [×]	
	City Albuquerque	State NM	Zip Code 87191					Amou	nt o	f Each	ו Di	sburse				bd
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C.	Full Name (Last, First, Middle Initial) Senate Victory Fund PAC							Date o	of D	sburs	em					
	Mailing Address PO Box 7274							0 ^M 4	м		12	/ Y	Ž	οòε	5 ^Y	
	City Tupelo	State MS	Zip Code 38802					Amou	nt o	f Each	ו Di	sburse	-			bd
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S	CHEDULE B (FEC Form 3X)	Lise seper	ate schedule(s)		FOR LINE		R:	P	AGE 206	/ 233
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	y Information copied from such Reports and Staten or commercial purposes, other than using the nam				any person fo	or the pu	rpose of s	olicating	contributio	ns
	NAME OF COMMITTEE (In Full) Political Action Committee of the America									
Α.	Full Name (Last, First, Middle Initial) Nelson 2006					Date	action ID	ement	801	N/
	Mailing Address P O Box 8666					0 4		^D /	200	6
	City Omaha	State NE	Zip Code 68103			Amou	nt of Each	n Disburse	ement this	
	Purpose of Disbursement				011	L.			2000	.00
	Candidate Name Sen. E. Nelson				ategory/ Type					
		ement For: Primary Other (spec	2006 General Sify) ▼							
_	Full Name (Last, First, Middle Initial)					Trans	action ID	: 238182	34	
В.	Feinstein For Senate					М	of Disburs	D / .	ź o ŏ	Y
	Mailing Address 601 S Glenoaks Blvd #2	11				04		2		
	City Burbank	State CA	Zip Code 91502			Amou	nt of Each	n Disburse	ement this	
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	Candidate Name Sen. Dianne Feinstein				ategory/ Type					
		ement For: Primary Other (spec	2006 General sify) ▼							
_	Full Name (Last, First, Middle Initial)					Trans	action ID	: 238183	800	
C.	Snowe For Senate						of Disburs		Y Y Y	Y
	Mailing Address PO Box 2006					04		D /	źoò	6
	City Portland	State ME	Zip Code 04104			Amou	nt of Each	n Disburse	ement this	
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	Candidate Name Sen. Olympia Snowe				ategory/ Type					
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		-		NUMBE	R:	PA	GE 20	7 / 233
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	y Information copied from such Reports and Statem									
or f	or commercial purposes, other than using the name	and address of any political	com	mittee	e to so	olicit contr	ibutions fr	om such o	committe	е
\mathbb{N}	NAME OF COMMITTEE (In Full)		I' -	.		_				
V	Political Action Committee of the American	Association of Orthopae	eaic	: Sur	geon	S				
<u> </u>	Full Name (Last, First, Middle Initial)					Trans	action ID:	238182	31	
А.	Charles A Gonzalez Congressional Campa	ign					of Disburs			
	Mailing Address PO Box 12612					0 ^M 4	M / D	^D / Y	20Č) 6 [°]
	,	State Zip Code				Amou	nt of Each	Disburse	ment this	s Period
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	Rep. Charles Gonzalez			Туре						
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	President	Other (specify)								
	State: TX District: 20									
Р	Full Name (Last, First, Middle Initial)					Trans	action ID:	240604	10	
В.	Charles A Gonzalez Congressional Campa	ign					of Disburs		/ · · · · · ·	
	Mailing Address PO Box 12612					0 ^M 4	M / D 1	^D / Y	źoč	0 6 [°]
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	Rep. Charles Gonzalez	0000		Туре		[MEM	O ITEM]			
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	President	Other (specify)				port				
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C.	Full Name (Last, First, Middle Initial) Charles A Gonzalez Congressional Campa	ian					action ID:		11	
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		State Zip Code TX 78212				Amou	nt of Each	Disburse	ment this	s Period
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	Candidate Name Rep. Charles Gonzalez			ategor	у/					
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		FOR LINE	-	PAGE 208 / 233
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		Detailed Summary Page		210	22 X 23 28a 28b	24 25 26 28c 29 30t
	y Information copied from such Reports and Statem or commercial purposes, other than using the name					
F	NAME OF COMMITTEE (In Full)	and address of any political				
$\langle \rangle$	Political Action Committee of the American	Association of Orthopa	aedic	Surgeons		
~	Full Name (Last, First, Middle Initial)				Transaction ID: 23	
А.	Victory In November Election PAC (VINE F	PAC)			Date of Disbursem	
	Mailing Address 607 14th Street, NW Suite 800				04 ^M /12 ^D	2006
	,	State Zip Code			Amount of Each Di	sbursement this Period
	Washington Purpose of Disbursement	DC 20005				1000.00
				011		
	Candidate Name		Ca	ategory/ Type		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	-			
	Full Name (Last, First, Middle Initial)				Transaction ID: 23	0010011
В.	DANPAC				Date of Disbursem	ent
	Mailing Address 1088 Bishop Street Suite 1009				0"4" 12	Ý Ž0Ŏ6Ÿ
	,	State Zip Code HI 96813			Amount of Each Di	sbursement this Period
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	State: District: Full Name (Last, First, Middle Initial)				T	
C.	Great Plains Leadership Fund				Transaction ID: 23 Date of Disbursem	ent
	Mailing Address 818 Connecticut Ave, NV Suite 1100				04 12	Ý 2006
		State Zip Code DC 20006			Amount of Each Di	sbursement this Period
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	Candidate Name		Ca	011 ategory/ Type		
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	y Information copied from such Reports and Staten or commercial purposes, other than using the nam														
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\rangle	Political Action Committee of the America	n Associatio	n of Orthopa	edic	s S	urgeoi	ns								
`	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	: 238	31831	8		
Α.	Friends Of Robert C Byrd Committee							Date of	of Di M			nt	V	V	V
	Mailing Address 607 14th Street Nw Suite	e 800						0 4			1 ^D		20	0 ₆	
	City Washington		Zip Code 20005					Amou	nt o	Eacl	n Disl	burser	nent th	is P	eriod
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	Candidate Name Sen. Robert Byrd				ate Ty	gory/ ce									
		ement For: Primary Other (speci	2006 General												
	State: WV District: 1														
в.	Full Name (Last, First, Middle Initial) Friends Of Juan Vargas							Trans Date of					93		
	Mailing Address P.O. Box 9901							0 ^M 4	М	D .	1 ^D 4	/ Y	ž0	ò 6	Y
	City San Diego		Zip Code 92169					Amou	nt o	Each	n Disl	burser	nent th	is P	eriod
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	Candidate Name Mr. Juan Vargas				ate Ty	gory/ ce									
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	State: CA District: 51						_								
C.	Full Name (Last, First, Middle Initial) Johnson For Congress Committee							Trans Date of	of Di	sburs	semei				
	Mailing Address P.O. Box 1986							0 ^M 4	M	D	20	/ Y	Ž0	ό́6	Ŷ
	City New Britain		Zip Code 06050					Amou	nt o	Each	n Disl	burser	nent th	Ū	_
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	Candidate Name Rep. Nancy L. Johnson				ate Ty	gory/ ce									
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule	(s)				R:		PA	AGE 2	10/2	233
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\rangle	Political Action Committee of the American	Association of Ortho	paedi	ic S	Surgeor	าร						
^	Full Name (Last, First, Middle Initial)								239033	65		
А.	Walsh For Congress Committee						of Disl			(Y	Y)	7
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В.	Full Name (Last, First, Middle Initial) Leadership Encouraging Excellence PAC (L	EE PAC)					of Disl				× × ×	(
	Mailing Address 4451 Brookfield Corp Driv #200	/e				0 [™] 4	M /	່2	0 / Y	20	0́6	ſ
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C.	Full Name (Last, First, Middle Initial) Kenny Marchant For Congress					Date	of Disl	ourse				_
	Mailing Address PO Box 110187					0 ^M 4	M /	^D 2	0	20	٥́6	(
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В.	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congre	ess							Date	of D	isbu	rsen				X
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C.	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congre	ess							Trans Date o			rsen		414		
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<u>к</u> .	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congress Mailing Address PO Box 7783					Date	action ID: of Disburse		15 2 0 0 6	3 ^Y
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в.	State: IL District: 16 2006 Cc Full Name (Last, First, Middle Initial) White Mountain PAC	ngress Genera				Date	action ID: of Disburse		5 2006	Y
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C.	Full Name (Last, First, Middle Initial) Carper For Senate					Date	of Disburse		06 2 0 ŏ 6	Y
		Gecond Floor Gtate Zip Code DE 19720	e			0 3 Amou	int of Each		nent this I	Period
	Purpose of Disbursement Funds Reported On April 15, 2006 Quarter Candidate Name Mr. Thomas Carper			Ca	011 tegory/ Type				3000.	00
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S	CHEDULE B (FEC Form	3X)	Use sepe	erate schedule(s)					IUMBE	R:			P	AGE	213	/ 233	
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\rangle	Political Action Committee of th	e Americar	Associat	ion of Orthopa	edic	5 5	Surgeo	ons									
Α.	Full Name (Last, First, Middle Initial) Carper For Senate								Date o		isbu	irser		-	v	V	
	Mailing Address 19 East Com	mons Blvd S	Second Fl	oor					0 4		Ĺ	^D 2	7	2	οòe	3	
	City New Castle		State DE	Zip Code 19720					Amou	nt o	f Ea	ich [Disburse	-	-		d
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	State: OH District: 8																
C.	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For	Congress							Date	of D	isbu	irser		129			
	Mailing Address 200 North Ma P.O. Box 712	in St.							0 ^M 4	М	/	28	B / .	Ý Ž	0 ò e	3 [°]	
	City Monticello		State IN	Zip Code 47960					Amou	nt o	f Ea	ich [Disburse	-	-		b
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	Candidate Name Rep. Steve Buyer						egory/ /pe										
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S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)					IUMBE	R:			P	AGE	214	233	
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\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the American	Associat	ion of Orthopa	edic	: 5	Surgeo	ons									
Α.	Full Name (Last, First, Middle Initial) Chocola For Congress Inc							Date	of Di	sbu	rsem		131			
	Mailing Address PO Box 6728							^м 4	M		28		Ý Ž	οòe	S ^Y	
	South Bend	State IN	Zip Code 46660					Amou	nt o	Ead	ch D	isburse	-	t this I	-	k
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	Full Name (Last, First, Middle Initial)							-								
В.	Friends Of Clay Shaw							Date o			rsem) /		Y	Y	
	Mailing Address 2600 NE 14th Street Cau	-						05			04			0 ò 6		
	Pompano Beach	State FL	Zip Code 33062					Amou	nt o	Ead	ch D	isburse		t this f 2000.		t T
	Purpose of Disbursement Candidate Name Rep. E. Clay Shaw, Jr.			Ca		11 gory/ pe		L								
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C.	Full Name (Last, First, Middle Initial) Simmons For Congress							Trans Date o			rsem		953			
	Mailing Address P.O. Box 268 Drawer 271							0 ^M 5	M		04	. /	°2	οòe	5 ^Y	
	Stonington	State CT	Zip Code 06378					Amou	nt o	Ead	ch D	isburse	-			k
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\rangle	Political Action Committee of the American	ns																	
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	:24	0243	38							
А.	Keep Our Majority PAC (KOMPAC)								Date of Disbursement										
	Mailing Address PO Box 20209							0 5			I 6		2	οòe	5				
	City S Alexandria	Amount of Each Disbursement this Per											bc						
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В.	Full Name (Last, First, Middle Initial) Matheson For Congress							Trans Date o		sburs	eme			V	V				
	Mailing Address 677 South 200 West Suite A										I 6			οòε					
		State Zip Code ake City UT 84101							Amount of Each Disbursement this Period										
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	Candidate Name Mr. James Matheson					egory/ /pe													
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C.	Full Name (Last, First, Middle Initial) Making Business Excel PAC					Trans Date o				-	98								
	Mailing Address PO Box 3241				0 ^M 5	M	/ ^D 1	1 ^D	/ Y	ž	o ò e	5 ^Y							
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<i>.</i>	American Express								sburs		nt / Y	Y	Y	Y			
	Mailing Address Suite 0001						05			2 6		20	δ́6				
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	In-kind contribution for Mel Martinez				11 egory/												
	Sen. Mel Martinez				ype												
	Office Sought: House Disburser		•				n-king			outio	n for						
	X Senate X President	Primary General Other (specify)				N	/lel M	arti	nez								
	State: FL District: 2																
в.	Full Name (Last, First, Middle Initial) A Lot of People Who Support Jeff Bingaman							Transaction ID: 24071833 Date of Disbursement									
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	Mailing Address PO Box 2048						06			01		20	06				
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	Jeff Bingaman		ľ		ype												
	Office Sought: House Disburser	ment For: 2006 Primary X General															
	President	Other (specify)															
	State: NM District: 2																
C.	Full Name (Last, First, Middle Initial) Friends Of Mark Foley							Transaction ID: 24070502 Date of Disbursement									
	Mailing Address 1316 Lake Victoria Dr								D (01	/ Y	ž0	ò 6	Y			
	y State Zip Code ke Worth FL 33461							Amount of Each Disbursement this Period									
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\langle	Political Action Committee of the America	an Association of Orthopa	edio	c \$	Surgeo	ons											
Δ	Full Name (Last, First, Middle Initial)						Trans			-	1832	2					
	Kyl for Senate						Date c	of Di M	sburs	ement	Y	Y Y	Y				
	Mailing Address 507 Capitol Court, N.E.	#100					06		C) 1	L.	200	5				
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	Candidate Name Jon Kyl				egory/ /pe												
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В.	Full Name (Last, First, Middle Initial) John Lewis For Congress						Trans Date c			-	1834	Ļ					
	Mailing Address 1520 Pinehurst Drive S	N					06	M	D C) 1 /	Y	źoó	3 ^Y				
	City Atlanta	State Zip Code GA 30311					Amoui	nt of	Each	Disbu	irseme	ent this	Perio	bd			
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	Candidate Name Rep. John Lewis		С		egory/ /pe												
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C.	Full Name (Last, First, Middle Initial) Norwood For Congress						Trans Date c	of Di	sburs	ement)					
	Mailing Address PO Box 499 PO Box 499						06	M	DC) 1 /	Y	200	5 [°]				
	City Evans	StateZip CodeGA30809					Amou	nt of	Each	Disbu	irseme	ent this	_	bd			
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	Candidate Name Rep. Charlie Norwood		С		egory/ /pe												
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Α.	John Shadegg For Congress							Date c	of Di			V	V V	V	
	Mailing Address P.O. Box 45444							0 6		Ľ	1 1 1 1	Y	200	3 '	
	City Phoenix	State AZ	Zip Code 85064					Amou	nt of	Each	Disbu	rseme	ent this I	_	bd
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	Mailing Address 402 State Street PO Box 490							06	M /	□ C	1	Y	²00	3 [×]	
	City St. Joseph	State MI	Zip Code 49085					Amou	nt of	Each	Disbu	rseme	ent this		bd
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C.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt							Trans Date c			-	1829			
	Mailing Address PO Box 50100							[™] 6	M /	D C	1 [/]	Y	źoò	3 ^Y	
	City Springfield	State MO	Zip Code 65805					Amou	nt of	Each	Disbu	rseme	ent this I	_	d
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\backslash	Political Action Committee of the American	Associatior	n of Orthopa	edic	S	urgeor	IS									
Α.	Full Name (Last, First, Middle Initial)										-)718 ⁻	12			
. .	Battle Born Leadership PAC						Dat	_			emer	nt / Y	Y	Y	Y	
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	,		Zip Code 20036				Am	oun	t of	Each	n Disk	ourser	-			ł
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_	Full Name (Last, First, Middle Initial)					Tra	nsa	ctic	on ID	:240)7147	72				
В.	Sue Myrick For Congress							_		emer	nt					
	Mailing Address P.O. Box 37091						о ^м			D (D 1	/ Y	ž	οòε	; Y	
			Zip Code 28237				Am	oun	t of	Each	n Dist	ourser	ment	this F	Period	ł
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	Candidate Name Rep. Sue Myrick			Ca		gory/										
	Office Sought: X House Disburser Senate President X	nent For: Primary Other (specif	2006 General													
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C.	Full Name (Last, First, Middle Initial) Schwarz For Congress										:240 emer)7182 nt	27			
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Α.	Walter Jones Committee 2006							Date o	_					_	
	Mailing Address PO Box 99667							06	M /	^D 0	^D 7	Ý Ž	0 ò e	5 [°]	
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	Candidate Name Rep. Walter Jones, Jr.				at	11 egory/ ype									
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\rangle	Political Action Committee of the American	Association of Orthop	aedi	С	Surgeo	ns								
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	Mailing Address 280 Lewis Iley Tew Rd						0 6	vi /	1	^D /	' <u>2</u>	o ò e	; _	
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	Candidate Name Rep. Walter Jones, Jr.		C		egory/ ype									
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Б.	Congressman Joe Barton Committee, The						Date o	of D	isbur:				V	V		
	Mailing Address P.O. Box 1444							0 [™] 6			2 Ĭ		Ź	οòe	3	
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~	Full Name (Last, First, Middle Initial)							Trans	acti	ion IE): 2	41944	41			
C.	Johnson For Congress Committee							Date o								
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-	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	:241	944	43			
Α.	Musgrave For Congress							Date o	of D ™		-	t	Y	Y	Y	
	Mailing Address 5401 Stone Creek Circle	e Suite 777	,					06			2 ¹		2	0 Å 6	5	
	City Loveland	State CO	Zip Code 80538					Amou	nt o	f Each	ı Disb	urse	men	t this I	Peric	d
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В.	Full Name (Last, First, Middle Initial) Together for Our Majority PAC (TOMPAC						Trans Date c	of D	isburs	emen			Ň	X		
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C.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus							Trans Date o	of D	isburs	emen	-				
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Α.	Mark Kennedy 06							Date o	_			t				
	Mailing Address PO Box 49333							06	M	D 2	21		Ź	0 Å e	\$`	
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	Candidate Name Mr. Mark Kennedy					egory/ /pe										
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В.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress						Trans Date c	of Di	sburs	emen						
	Mailing Address P.O. Box 2334						06	M	D 2	23		Ź	0 Å G	\$ ^Y		
	,	State TX	Zip Code 76202					Amou	nt o	f Each	ı Disb	urse				od
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	Candidate Name Mr. Michael C. Burgess					egory/ /pe										
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C.	Full Name (Last, First, Middle Initial) Dave Camp For Congress							Trans Date c		sburs	emen		42			
	Mailing Address 5915 Eastman Ave. Suite	e 100						0 ^M 6	M	D 2	23	/	Ź	οŏε	3 Y	
		State VI	Zip Code 48640					Amou	nt o	f Each	ı Disb	urse	-		-	od
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в.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee							of Di	sburs	ement	3751				
	Mailing Address 911 Welsh Ayres Way							06	M	2	27	Y	² o ò	3 ^Y	
	City Downingtown	State PA	Zip Code 19335					Amou	nt o	Each	ı Disbu	irseme	ent this		bd
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V	Political Action Committee of the American	Association of Orthopa	edic	s Sı	urgeon	IS						
•	Full Name (Last, First, Middle Initial)								242039	75		
Α.	Jim Ramstad Volunteer Committee						of Disk			, .,		
	Mailing Address 1809 Plymouth Road Sou #310	ıth				06	M /	^D 2	7	Ź0	٥ ð	Y
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	Rep. Jim Ramstad			Тур								
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C.	Heather Wilson For Congress						of Disk			-		
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А.	Charles Boust	any Jr For Congre	SS							Date o	of D			V	X X	V	
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	City Lafayette			State LA	Zip Code 70503					Amou	nt o	f Each	n Disbi	ırsem	ent this	Per	iod
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	Candidate Name Mr. Charles Bo					С	ate	egory/ /pe									
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C.	Full Name (Last, Simmons For	First, Middle Initial) Congress	1							Trans Date o)		
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	Candidate Name Rep. Robert S				ate	11 egory/ /pe											
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\rangle		Committee of the	American	Associati	ion of Orthopa	edic	5 5	Surgeo	ons								
_		First, Middle Initial)								Trans	acti	on ID:	: 2420	4010			
Α.	Nathan Deal F	or Congress								Date o	of Di			Y	v v	Y	
	Mailing Address	PO Box 902 PO Box 902								0 6		2	27	Ľ.	² o ò e	3	
	City Gainesville			State GA	Zip Code 30503					Amou	nt of	Each	Disbu	rseme	nt this I	Perio	bd
	Purpose of Disbu	rsement					-	v							2000.	00	
	Candidate Name Rep. Nathan D	eal				Ca	ate	11 egory/ /pe									
	Office Sought:	X House Senate		Primary	2006 General		• ;										
	State: GA	District: 10		Other (spe ongress G													
_	Full Name (Last,	First, Middle Initial)		0						Trans	acti	on ID:	: 2420	3947			
В.	Chocola For C	ongress Inc						Date o	_			V	V V V	V			
	Mailing Address	PO Box 6728								06	M	□2	27	Ľ.	200	\$`	
	City South Bend			State N	Zip Code 46660					Amou	nt of	Each	Disbu	rseme	nt this I	Perio	bd
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	Candidate Name Rep. Christoph	er Chocola				Ca	ate	11 egory/ /pe									
	Office Sought:	X House Senate President		nent For: Primary Other (spe	2006 General			<u>r</u> -									
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C.	· · ·	First, Middle Initial) ongress Committee	е							Trans Date c	of Di	sburs	ement	3757			
	Mailing Address	141 Shelley Lar	ie							06	M	2	27	Y	ž o ò e	S ^Y	
	City Wheaton			State L	Zip Code 60187					Amou	nt of	Each	Disbu	rseme	nt this I	Perio	bd
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	Candidate Name Mr. Peter Rosk	am		Ca	ate	egory/ /pe											
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SCHEDULE B (FEC Form 3X)		Use seperate schedule	e(s)				ENUMBER: PAGE 229/233								
ITEMIZED DISBURSEMENTS		for each category of th Detailed Summary Pag	e	(check on 21b 27			one) 22 28a		23 28b				26		
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	NAME OF COMMITTEE (In Full)					501				5111 5001	10011				
\rangle	Political Action Committee of the American	Association of Ortho	opaedi	ic S	Surgeo	ons									
Α.	Full Name (Last, First, Middle Initial) Freedom & Democracy Fund						Transaction ID: 24203752 Date of Disbursement								
	Mailing Address 610 S. Boulevard						06 ^M /27 [/] Y2006 ^Y								
	City State Zip Code Tampa FL 33606						Amount of Each Disbursement this Period								
	Purpose of Disbursement			011			L.					4000.	00		
	Candidate Name		C		egory/ /pe										
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Gener Other (specify)	ral												
В.	Full Name (Last, First, Middle Initial) Red Rooster Leadership PAC						Transaction ID: 24215565 Date of Disbursement								
	Mailing Address 228 S. Washington Street Suite 115						$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 6 \end{array} \end{array} \begin{array}{c} \left(\begin{array}{c} D & 2 \\ 2 \\ 9 \end{array} \right) \end{array} \begin{array}{c} \left(\begin{array}{c} Y \\ Y \end{array} \right) \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y $								
	CityStateZip CodeAlexandriaVA22314						Amount of Each Disbursement this 2500.								
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		egory/ /pe													
	Senate President	ment For: Primary Gener Other (specify)	ral												
	State: District:														
C.	Full Name (Last, First, Middle Initial) Simmons For Congress						Date	of Dis	sburse		7109				
	Mailing Address P.O. Box 268 Drawer 27									žo ò e	5 [°]				
		StateZip CodeCT06378	_				Amou	nt of	Each	Disbur					
	Purpose of Disbursement Funds Reported On This Report		011 Category/ Type			L.					1000.	00			
	Candidate Name Rep. Robert Simmons	C				[MEM	0 11	EM1							
	5 <u>x</u>	ment For: 2006 Primary Gener Other (specify) ▼	ral				Funds Reported On This Report								
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	PR LINE NUMBER: PAGE 230 / 233					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b					
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons							
Full Name (Last, First, Middle Initial) A. Simmons For Congress Mailing Address P.O. Box 268 Drawer 271		Transaction ID: 24217110Date of Disbursement 06^{M} 00^{D} 00^{D} 00^{V} $00^$					
	tate Zip Code CT 06378	Amount of Each Disbursement this Period					
Purpose of Disbursement Re-designated funds for trans. dated 6/2	01	1 1000.00					
Candidate Name Rep. Robert Simmons	Categ Typ	-					
	nent For: 2006 Primary General Other (specify) ▼	Re-designated funds for trans. dated 6/27/2006					
State: CT District: 2 2006 Co	ngress Genera						

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SUBTOTAL of Disbursements This Page (optional)	►	0.00
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FEC Schedule B (Form 3X) Rev. 02/2003		

S	CHEDULE B (FEC Form 3X)									
			rate schedule(s)	(check onl	NUMBER: PAGE 231/233					
IT	ITEMIZED DISBURSEMENTS		ategory of the	(check of a	$\begin{array}{c c} 3 & 11 \\ \hline \end{array} \\ 22 & \begin{array}{c} 23 \\ \end{array} \\ 24 \\ \begin{array}{c} 24 \\ \end{array} \\ 25 \\ \begin{array}{c} 25 \\ \end{array} \\ 26 \\ \end{array} $					
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An	y Information copied from such Reports and Statem	ents may no	t be sold or used							
	for commercial purposes, other than using the name									
\mathbf{h}	NAME OF COMMITTEE (In Full)									
$ \rangle$	Political Action Committee of the American	Associati	on of Orthopa	edic Surgeons	3					
V			oopu	eene een geenn	-					
	Full Name (Last, First, Middle Initial)				Transaction ID: 24060416					
Α.	Dr. William Landess Bourland, , MD				Date of Disbursement					
					05 / 03 / 2006					
	Mailing Address 6286 Briarcrest Ave				05 03 2006					
	City	State	Zip Code		Amount of Each Disbursement this Period					
		TN	38120-4078							
	Purpose of Disbursement				500.00					
	·			010						
	Candidate Name			Category/						
				Туре						
	Office Sought: House Disburse									
	Senate	Primary	General							
	State: District:	Other (spe	city)							
в.	Full Name (Last, First, Middle Initial)				Transaction ID: 24060417					
0.	Dr. Thomas P Gross, , MD				Date of Disbursement					
	Mailing Address Midlands Orthopaedics		05 ^M /12 ^Y 2006 ^Y							
	1910 Blanding St									
		State	Zip Code		Amount of Each Disbursement this Period					
		SC	29201-3520		1000.00					
	Purpose of Disbursement			010	1000.00					
	Candidate Name			Category/						
				Type						
	Office Sought: House Disburse	ment For:	I							
	Senate	Primary	General							
	President	Other (spe	cify) 🔻							
	State: District:									

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	►	1500.00
FEC Schedule B (Form 3X) Rev. 02/2003		

S	CHEDULE B (FEC Form 3X)						PAGE 232 / 233									
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page					ź ź	ly one) 22 23 24 22						26		
		Detailed	Summary rage			27	28a		28b	28c	X	29		30b		
	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee															
	NAME OF COMMITTEE (In Full)															
$\langle \rangle$	Political Action Committee of the American	Associati	ion of Orthopa	edic	:	Surgeo	ons									
Δ	Full Name (Last, First, Middle Initial)					Transaction ID: 24011499 Date of Disbursement										
	Citi AAdvantage Business Card						М	М			ΥY	Y	Y			
	Mailing Address P.O. Box 6309						0 5	5		D /	2	0 ð 6				
	CityStateZip CodeThe LakesNV88901-6309							Amount of Each Disbursement this Period								
	Purpose of Disbursement In Kind Contribution to Scott Scutchfiel				0	11		390.00								
	Candidate Name Scott Scutchfield, MD				at	egory/ ype										
	Office Sought: House Disburser Senate X President	Primary	2006 General						Contril	oution to eld)					
	State: KY District:	Other (spe	ecity) 🔻													
в.						-	Transaction ID: 24011541									
						M										
	Mailing Address 410 W. Walnut St.							05 12 2006								
		State KY	Zip Code 40422				Amo	ount d	of Each	Disburse	ement	this P	erioc	ł		
	Purpose of Disbursement In kind contribution to Scott Scutchfiel 011											116.2	24			
	Candidate Name Scott Scutchfield, MD		Category/ Type													
	Office Sought: House Disburser Senate X President	nent For: Primary Other (spe	2006 General ecify) ▼				In ki Scot	In kind contribution to Scott Scutchfield								
	State: KY District:															
C.	Full Name (Last, First, Middle Initial) Scutchfield for County Judge					Date	Transaction ID: 24028370 Date of Disbursement									
	Mailing Address 1591 Lexington Road						$\begin{array}{c c} \begin{array}{c} M & M \\ \hline 0 & 5 \end{array} & \begin{array}{c} / \\ \end{array} & \begin{array}{c} D & D \\ \hline 1 & 6 \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \\ 2 \\ \end{array} & \begin{array}{c} Y \\ 0 \\ \end{array} & \begin{array}{c} Y \\ \end{array} \\ \end{array}$									
	Dity State Zip Code Danville KY 40422						Amo	Amount of Each Disbursement this Period						ł		
	Purpose of Disbursement Scott Scutchfield, COUNTY KY					11		305.00								
	Candidate Name Category/ Scott Scutchfield, MD Type															
	Office Sought: House Disburser Senate X President State: KY District:	Primary					Scott Scutchfield, COUNTY KY									
									-		ç	311.2	4	٦		
s	JBTOTAL of Disbursements This Page (optional)					. 🕨					0			4		
Т	DTAL This Period (last page this line number only)					•						311.2				

Image# 26950376098 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	-	PAGE 233 / 233 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER
Political Action Committee of the American Associa- tion of Orthopaedic Surgeons	C	C00343137
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee Da	ite	
The White House Writers Group	0.6 / D D 29	⁷ 2006
8	mount	
1030 15th Street, NW 11th Floor		50000.00
	ansaction ID: 24	213630
Washington DC 20005 Offi	ce Sought: X	House State: <u>GA</u>
Purpose of Expenditure Category/ 004		Senate District: 6
be sent 7/10/06		Presidential
Name of Federal Candidate supported or Opposed by expenditure:	eck One: X	Support Oppose
	bursement For:	X Primary General 2006
Calendar Year-To-Date Per Election	Other (spec	ify) :
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee Da	ite	
The White House Writers Group	0.6 [/] ^D 29	[/] 2006
	mount	
1030 15th Street, NW 11th Floor		150000.00
T	ansaction ID: 24	213902
CityStateZip CodeWashingtonDC20005Official	ce Sought: X	House State: <u>GA</u>
Purpose of Expenditure		Senate District: 6
Radio ads beginning 7/5/06 Category/ Type 004		Presidential
	eck One: X	Support Oppose
Dr. Thomas Price	bursement For:	
		-
Calendar Year-To-Date Per Election 200000.00	Other (spec	ify) :
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expenditures		200000.00
		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00
(c) TOTAL Independent Expenditures		200000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the report committee) any political party committee or its agent.		
William J. Robb, III, MD Date 07 2		YY
Signature		