

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

Office Use Only

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

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

☐Check if different
than previously
reported. (ACC)

Washington

DC

20002

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00343137

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

2006

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

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	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 2006		652130.44
(b) Cash on Hand at Beginning 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)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	323600.00	610060.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	15595.00	49336.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	339195.00	659396.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	339195.00	659396.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	9214.09	10725.80
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	348409.09	670121.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	348409.09	670121.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8412.29	10944.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	8412.29	10944.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	175155.00	385655.00
24. Independent Expenditure (use Schedule E)	200000.00	200000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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
29. Other Disbursements.....	924.34	924.34
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	385991.63	599024.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	385991.63	599024.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

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

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

FOR LINE NUMBER: PAGE 6 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Pat D Do, , MD

Mailing Address 8300 Steeplechase St

City State Zip Code
 Wichita KS 67206-4423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid America Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781497

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. John T Chance, , MD

Mailing Address 33 Sewall St

City State Zip Code
 Portland ME 04102-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
Portland

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781498

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Allen G Lang, , MD

Mailing Address VAMC
 3600 30th St

City State Zip Code
 Des Moines IA 50310-5885

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey W Cook, , MD

Mailing Address Franklin Ortho & Sports Med
3310 Aspen Grove Dr Ste 102

City State Zip Code
Franklin TN 37067-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Ortho & Sports
Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas G Sampson, , MD

Mailing Address 1199 Bush St Ste 200

City State Zip Code
San Francisco CA 94109-5986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Total Joint Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781501

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dr. Gary Mark McClain, , MD

Mailing Address 2055 N Military Tr Ste 303

City State Zip Code
Jupiter FL 33458-7830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781502

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Scott Goldman, MD Mailing Address 400 N Mountain Ave Ste 310 City State Zip Code Upland CA 91786-5182 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: 23781503 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Roger A Fontes, Jr, MD Mailing Address 106 Lake Mead Drive Suite # 108 City State Zip Code Henderson NV 89015 FEC ID number of contributing federal political committee. C Name of Employer Self employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: 23781504 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Paul Conrad Horn, MD Mailing Address 235 E Rowan Ste 117 City State Zip Code Spokane WA 99207-1240 FEC ID number of contributing federal political committee. C Name of Employer Northwest Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: 23781505 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) ▶		2000.00
TOTAL This Period (last page this line number only) ▶		

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Stephen S Hurst, MD

Mailing Address 77 N San Mateo Dr

City State Zip Code
 San Mateo CA 94401-2889

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781506

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Raymond Gardocki, MD

Mailing Address 1400 S Germantown Rd

City State Zip Code
 Germantown TN 38138-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard Zapanta, MD

Mailing Address 880 S Atlantic Blvd Ste 205

City State Zip Code
 Monterey Park CA 91754-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Side Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Glenn W Nichols, MD

Mailing Address 200 Medical Pkwy Ste 111

City State Zip Code
 Chesapeake VA 23320-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781509

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Beissinger, MD

Mailing Address 6325 US Hwy 27 N Ste 201

City State Zip Code
 Sebring FL 33870-8226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781510

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Russell E Windsor, MD

Mailing Address Hosp for Special Surgery
 535 E 70th St

City State Zip Code
 New York NY 10021-4892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781511

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Dempsey S Springfield, , MD

Mailing Address Dept of Orthopaedics
Mass General Hospital YAW 3

City State Zip Code
Boston MA 02114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Orthopaedics York-
ee

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 23781513

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Treg D Brown, , MD

Mailing Address 510 Lincoln Dr

City State Zip Code
Herrin IL 62948-6334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tulane Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Emmett T McEleney, , MD

Mailing Address Fairmont Clinic Mayo Health System
800 Clinic Circle

City State Zip Code
Fairmont MN 56031-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783725

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John R Rowell, Jr, MD

Mailing Address Piedmont Ortho Assoc
35 International Dr

City State Zip Code
Greenville SC 29615-4816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783726

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas J Kane, III, MD

Mailing Address 1380 Lusitana St Ste 608

City State Zip Code
Honolulu HI 96813-2442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783727

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven J Stokesbary, , MD

Mailing Address 627 Arrowhead Ct

City State Zip Code
Dakota Dunes SD 57049-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNOS

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783728

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Robert N Hensinger, , MD

Mailing Address Univ of Michigan Hosp
2912 Taubman Ctr Box 0328

City State Zip Code
Ann Arbor MI 48109-0328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Michigan Medical
Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783730

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William L Hennrikus, Jr, MD

Mailing Address 534 E Mariners Circle

City State Zip Code
Fresno CA 93720-0847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sequoia Pediatric Orthopa-
edics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783731

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lynn M Nelson, , MD

Mailing Address Des Moines Ortho Surgeons
6001 Westtown Pkwy

City State Zip Code
West Des Moines IA 50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783732

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Malumed, , MD

Mailing Address 506 Van Lears Run

City	State	Zip Code
Villanova	PA	19085-1023

FEC ID number of contributing
federal political committee.**C**Name of Employer
Premier OrthopedicsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	6

Transaction ID: 23783733

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark J Rosen, , MD

Mailing Address 2020 Palomino Ln, #220

City	State	Zip Code
Las Vegas	NV	89106-4891

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bone & Joint SpecialistsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	6

Transaction ID: 23783735

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Rodolfo E Lawson, , MD

Mailing Address 7150W 20th Ave Ste 215

City	State	Zip Code
Hialeah	FL	33016-1849

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	6

Transaction ID: 23783736

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

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 15 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David A Hanscom, MD

Mailing Address 1600 E Jefferson Ste 400

City State Zip Code
 Seattle WA 98122-5647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedics International

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jonathan R Kurtis, MD

Mailing Address 6 Hatfield St

City State Zip Code
 Northampton MA 01060-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hampshire Ortho and Sports
Med

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783739

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles Cannon Edwards, II, MD

Mailing Address 1826 Circle

City State Zip Code
 Towson MD 21204-6415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783740

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Leland C McCluskey, MD

Mailing Address PO Box 4219
2300-A Manchester Expy Ste 101-A

City State Zip Code
Columbus GA 31914-0219

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCluskey Orthopaedic Sur-
gery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783742

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Emile C Li, MD

Mailing Address 1988 Luke Ln

City State Zip Code
Fort Dodge IA 50501-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedics and Sports
Med

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783743

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Thomas G Padanilam, MD

Mailing Address 528 Forest Lake Dr

City State Zip Code
Holland OH 43528-9028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Ohio

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783744

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Robert A Caveney, , MD

Mailing Address 30 Medical Park Ste 220

City State Zip Code
 Wheeling WV 26003-6391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783746

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Thomas W Wright, , MD

Mailing Address 8314 SW 42nd Ave

City State Zip Code
 Gainesville FL 32608-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Florida, De-
pt of Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783747

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Paul S Lin, , MD

Mailing Address 900 Buffalo Rd

City State Zip Code
 Lewisburg PA 17837-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783748

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Steven I Grindel, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address Medical College of Wisconsin Dept of Ortho Surg		Transaction ID: 23783749	
City Milwaukee	State WI	Zip Code 53226	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical College of Wisconsin		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. Jorge E Tijmes, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address PO Box 6209		Transaction ID: 23783750	
City Mc Allen	State TX	Zip Code 78502-6209	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Bone & Joint Center		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	
C. Full Name (Last, First, Middle Initial) Dr. Brian E Gunnlaugson, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 1257 Laurel View Dr		Transaction ID: 23783752	
City Johnstown	State PA	Zip Code 15905-1509	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeanne L DeSignore, , MD

Mailing Address 10 Hagen Dr Ste 210

City State Zip Code
Rochester NY 14625-2659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783753

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William A Matarese, , MD

Mailing Address 342 Hamburg Tpke

City State Zip Code
Wayne NJ 07470-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23783755

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles A Lefebure, , MD

Mailing Address 4 Hospital Plaza Ste 203

City State Zip Code
Clarksburg WV 26301-9328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788158

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael S Bongiovanni, MD

Mailing Address 20 Buccaneer Way

City State Zip Code
 Coronado CA 92118-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788159

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Peter J Stern, MD

Mailing Address 538 Oak St Ste 200

City State Zip Code
 Cincinnati OH 45219-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Cincinnati College
of Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788161

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel J Martin, Jr, MD

Mailing Address 621 S New Ballas Rd Ste 5015B

City State Zip Code
 Saint Louis MO 63141-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788162

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

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 21 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Henry Relton McCarroll, Jr, MD

Mailing Address 2351 Clay St Ste 510

City State Zip Code
 San Francisco CA 94115-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788163

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Matthew C Reckmeyer, , MD

Mailing Address Lincoln Ortho Ctr
 6900 A St

City State Zip Code
 Lincoln NE 68510-4120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788164

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael P Grant, , MD

Mailing Address 706 Rider Ridge Dr

City State Zip Code
 Longmont CO 80501-4695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longmont Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788165

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Regina O Hillsman, MD

Mailing Address 1771 Post Rd E

City State Zip Code
 Westport CT 06880-5658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788166

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Sidney N Martin, MD

Mailing Address G 4466 West Bristol Road

City State Zip Code
 Flint MI 48507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788169

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Anthony Andres Sanchez, MD

Mailing Address 869 Inverness Circle

City State Zip Code
 Spartanburg SC 29306-6680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Specialties

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: 23788170

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Robert William Bucholz, MD

Mailing Address U of TX Southwestern Med School
Dept of Ortho Surgery

City State Zip Code
Dallas TX 75390-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Southwestern

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788174

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. William J Stodghill, MD

Mailing Address 2605 Kentucky Ave Ste 103
PO Box 7745

City State Zip Code
Paducah KY 42003-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchase Orthopaedic Asso-
ciates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788175

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Charles A Lefebure, MD

Mailing Address 4 Hospital Plaza Ste 203

City State Zip Code
Clarksburg WV 26301-9328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788177

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. James H Van Olst, MD

Mailing Address 3855 NW Lincoln Ave

City State Zip Code
 Corvallis OR 97330-2359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788178

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Thomas McElligott, MD

Mailing Address 2415 Wald St Ste B

City State Zip Code
 Conyers GA 30013-6384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788179

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Jeffrey C Davis, MD

Mailing Address 1208 Perthshire Ct

City State Zip Code
 Vestavia Hills AL 35242-6076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788181

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Spiro N Papas, MD

Mailing Address 200 Delafield Rd Ste 1040

City State Zip Code
Pittsburgh PA 15215-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788182

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Robert A Kaye, MD

Mailing Address 3527 S Cholla Dr

City State Zip Code
Yuma AZ 85365-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788183

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Jay D Mabrey, MD

Mailing Address Baylor Univ, Dept of Ortho
3500 Gaston Ave 6 Hoblitzelle Bldg

City State Zip Code
Dallas TX 75246-2096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor University Medical
Ctr

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788185

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. A Lee Hunter, Jr, MD

Mailing Address 1223 1/2 Trotwood Ave

City State Zip Code
 Columbia TN 38401-6430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788186

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott K McClelland, MD

Mailing Address 312 Grammont St Ste 200

City State Zip Code
 Monroe LA 71201-7403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Clinic of NE
LA

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788187

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Harvinder S Sandhu, MD

Mailing Address Hosp for Special Surgery
 535 E 72nd St

City State Zip Code
 New York NY 10021-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788188

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 233

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Robert M Dimick, , MD

Mailing Address Premier Orthopaedics
5651 Frist Blvd Ste 500

City State Zip Code
Hermitage TN 37076-2059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788189

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark C Meier, , MD

Mailing Address Idaho Orthopaedic Society
901 N Curtis #501

City State Zip Code
Boise ID 83706-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788190

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John Walter Swanson, , MD

Mailing Address 14587 Fosberg Rd

City State Zip Code
Lake Oswego OR 97035-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Glenn H Carlson, , MD

Mailing Address 4405 N Holland-Sylvania
Bldg 1 Ste 101

City State Zip Code
Toledo OH 43623-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788192

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Anthony LB Rhodes, , MD

Mailing Address 604 Tall Pines Ln

City State Zip Code
Horsham PA 19044-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Montgomery Orthop-
aedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788193

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Theodore R Hofstedt, , MD

Mailing Address 9225 N 3rd St Ste 203

City State Zip Code
Phoenix AZ 85020-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Phoenix Orthopedic
Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788194

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Stephane Lavoie, MD

Mailing Address 740 W Plymouth Ave

City State Zip Code
 Deland FL 32720-3292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Orthopedic Associ-
ates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788196

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Gordon M Mead, MD

Mailing Address PO Box 51455

City State Zip Code
 Shreveport LA 71135-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788197

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Babak Sheikh, MD

Mailing Address 2532 Hunters Run Way

City State Zip Code
 Weston FL 33327-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788199

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Dante A Brittis, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: 23788201 Amount of Each Receipt this Period 500.00
Mailing Address Ortho Specialty Group 75 Kings Highway Cutoff City Fairfield State CT Zip Code 06824-5340 FEC ID number of contributing federal political committee. C		
Name of Employer OSG Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. F Thomas Davies Kaplan, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: 23788202 Amount of Each Receipt this Period 250.00
Mailing Address 8501 Harcourt Rd Indiana Hand Center City Indianapolis State IN Zip Code 46260-2046 FEC ID number of contributing federal political committee. C		
Name of Employer Indiana Hand Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Brian M Jurbala, MD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: 23788203 Amount of Each Receipt this Period 250.00
Mailing Address 2161 County Rd 540 A #286 City Lakeland State FL Zip Code 33813 FEC ID number of contributing federal political committee. C		
Name of Employer Highland Center for Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number only)		

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

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Carl R Weinert, Jr, MD

Mailing Address 1310 W Stewart Dr Ste 508

City State Zip Code
 Orange CA 92868-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer
APOS

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788204

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark D Perry, , MD

Mailing Address U of TX Southwestern Med School
 Dept of Ortho Surgery

City State Zip Code
 Dallas TX 75390-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Southwestern

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788205

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael C Albert, , MD

Mailing Address Ortho Ctr Spinal & Ped Care
 One Childrens Plaza

City State Zip Code
 Dayton OH 45404-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Ctr for Spinal & Pe-
diatric Care

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788206

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Rolfe Benson, , MD

Mailing Address 4860 Y St Ste 3800

City State Zip Code
 Sacramento CA 95817-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California
at Davis

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788207

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. James M Worthington, , MD

Mailing Address 235 Hanover St M2

City State Zip Code
 Fall River MA 02720-5299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788208

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert A Arciero, , MD

Mailing Address Univ of Connecticut Health Center
 Dept of Orthopaedic Surgery

City State Zip Code
 Farmington CT 06034

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Connecticut

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788209

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Peter B Hanson, , MD

Mailing Address 5565 Grossmont Center Dr Ste 256

City State Zip Code
 La Mesa CA 91942-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grossmont Orthopaedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788210

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Luis Alexander Miranda Torres, , MD

Mailing Address Parques Sta Maria
 Rosa St M-8

City State Zip Code
 San Juan PR 00927-6736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788211

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian Robinson, , MD

Mailing Address 1268 E 32nd St

City State Zip Code
 Silver City NM 88061-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788212

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

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 34 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Dean N Walker, , MD

Mailing Address 3725 W 4100 South

City State Zip Code
 Salt Lake City UT 84120-5530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Granger Medical Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788213

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Barry L Samson, , MD

Mailing Address 3009 N Ballas Rd 320A

City State Zip Code
 Saint Louis MO 63131-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Spine Care

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788214

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Dr. Martin Shelton Tullus, , MD

Mailing Address 4011 Talbot Rd S Ste 300

City State Zip Code
 Renton WA 98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788215

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Kirk Kindsfater, MD

Mailing Address 1713 Brentford Ln

City State Zip Code
 Fort Collins CO 80525-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788216

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Richard P Whittaker, MD

Mailing Address 1603 E High St

City State Zip Code
 Pottstown PA 19464-5061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialists
of Pottstown

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788217

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Susan M Swank, MD

Mailing Address 7 Chaparral Ln

City State Zip Code
 Rancho Palos Verde CA 90275-5167

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIH/Spine Ctr

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23788218

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Edward Adrian Connolly, MD

Mailing Address 520 Valley View Dr

City State Zip Code
Moline IL 61265-6152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic & Rheumatology
Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789078

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert A Sciortino, MD

Mailing Address 2821 N Ballas Rd Ste C-15

City State Zip Code
Saint Louis MO 63131-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Louis Orthopaedic Surg-
eons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789079

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. James A Moore, MD

Mailing Address 3 Peter Cooper Rd Apt 2F

City State Zip Code
New York NY 10010-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789080

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Thomas C Peff, MD

Mailing Address 8407 Bustleton Ave

City State Zip Code
 Philadelphia PA 19152-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789082

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. John W Xerogeanes, MD

Mailing Address 265 Trimble Crst NE

City State Zip Code
 Atlanta GA 30342-2489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789083

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Bertram Spetzler, MD

Mailing Address 5783 McSpetz Ln

City State Zip Code
 Roanoke VA 24018-7884

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis Gale Physicians

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789084

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Donald M Lewis, , MD Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr City Walnut Creek State CA Zip Code 94598-2444 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: 23789085 Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. Carl L Highgenboten, , MD Mailing Address 7777 Forest Ln C106 City Dallas State TX Zip Code 75230-6831 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: 23789086 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. David N Collins, , MD Mailing Address 600 S McKinley Ste 102 City Little Rock State AR Zip Code 72205-5211 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: 23789087 Amount of Each Receipt this Period 250.00
Name of Employer A.S.C.C. Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael M Lynch, MD

Mailing Address 40 Cross St

City	State	Zip Code
Norwalk	CT	06851-4647

FEC ID number of contributing
federal political committee.**C**Name of Employer
Coastal OrthopaedicsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 23789089

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert J Bercik, MD

Mailing Address 1445 Raritan Rd

City	State	Zip Code
Clark	NJ	07066-1230

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 23789090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David F Dalury, MD

Mailing Address 8322 Bellona Ave Ste 100

City	State	Zip Code
Baltimore	MD	21204-2012

FEC ID number of contributing
federal political committee.**C**Name of Employer
Orthopaedic AssociatesOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 23789091

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 40 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Kimberly Lee Furry, MD

Mailing Address 375 E Park Ave Ste 200

City

Durango

State

CO

Zip Code

81301-5012

FEC ID number of contributing
federal political committee.**C**Name of Employer
Durango Orthopaedic Assoc-
iates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 23789092

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lyle Sorensen, MDMailing Address 1100 9th Ave
PO Box 980

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.**C**Name of Employer
Virginia Mason Medical Ce-
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 23789096

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Clay M Wertheimer, MDMailing Address 1100 Pacific Ave Ste 300
Everett Bone and Joint

City

Everett

State

WA

Zip Code

98201-4261

FEC ID number of contributing
federal political committee.**C**Name of Employer
Everett Bone and Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 23789097

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Delwyn J Worthington, , MD

Mailing Address 690 N Cofco Center Ct Ste 290

City State Zip Code
 Phoenix AZ 85008-6474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Orthopaedic Assoc-
iates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789098

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Keith W Miller, , MD

Mailing Address Central Indiana Ortho
3600 W Bethel Ave

City State Zip Code
 Muncie IN 47304-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Indiana Orthopedi-
cs

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789099

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Donald Mark Arms, , MD

Mailing Address 207 Oak Park

City State Zip Code
 Mc Minnville TN 37110-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789100

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 233

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Anthony R Marino, MD

Mailing Address 12 Misty Ln

City

Londonderry

State

NH

Zip Code

03053-2675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	6

Transaction ID: 23789102

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul C Milling, MD

Mailing Address 163 N Date St

City

Escondido

State

CA

Zip Code

92025-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	6

Transaction ID: 23789104

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel J Nagle, MD

Mailing Address 737 N Michigan Ave Ste 700

City

Chicago

State

IL

Zip Code

60611-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	6

Transaction ID: 23789105

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James M Loddengaard, , MD

Mailing Address 4201 Torrance Blvd Ste 640

City State Zip Code
Torrance CA 90503-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard D Guyer, , MD

Mailing Address 6300 W Parker Rd

City State Zip Code
Plano TX 75093-8100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Back Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789107

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott L Blumenthal, , MD

Mailing Address 6020 W Parker Rd Ste 200

City State Zip Code
Plano TX 75093-8172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Back Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 23789108

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John T Duddy, MD

Mailing Address 2741 DeBarr Rd Ste C305

City State Zip Code
Anchorage AK 99508-2972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874235

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Jack D Goldstein, MD

Mailing Address 127 School St

City State Zip Code
Pawtucket RI 02860-5305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874236

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas M Shery, MD

Mailing Address 11645 Wilshire Blvd Ste 800

City State Zip Code
Los Angeles CA 90025-6811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874237

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Thomas N Joseph, , MD

Mailing Address 1112 Mill St

City State Zip Code
 Camden SC 29020-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camden Bone & Joint

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874238

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Zachary J Endress, Jr, MD

Mailing Address 1350 Kirts Blvd Ste 160

City State Zip Code
 Troy MI 48084-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Troy Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874240

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Rolando Colon-Nebot, , MD

Mailing Address PO Box 668

City State Zip Code
 Arecibo PR 00613-0668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874241

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Richard J Scott, , MD

Mailing Address 707 Little Silver Point Rd

City State Zip Code
 Little Silver NJ 07739-1774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874242

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard H Cobden, , MD

Mailing Address 506 Gaffney Rd Ste 200

City State Zip Code
 Fairbanks AK 99701-4980

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMCA Medical

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874243

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregory N Van Winkle, , MD

Mailing Address 2440 Dorchester Ct

City State Zip Code
 Brookfield WI 53045-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forward Orthopedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874244

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Paul J Mason, , MD

Mailing Address 5056 Rockhaven Dr

City State Zip Code
 Clarence NY 14031-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buffalo Orthopaedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874245

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Dennis Jay Kvidera, , MD

Mailing Address 1600 E Jefferson Ste 400

City State Zip Code
 Seattle WA 98122-5647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedics International

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874246

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. John Nicholas Posch, , MD

Mailing Address The Ashtabula Clinic
 2422 Lake Ave

City State Zip Code
 Ashtabula OH 44004-4982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashtabula Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874247

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. James B Stiehl, MD

Mailing Address 575 W River Woods Pkwy
Ste 204

City State Zip Code
Milwaukee WI 53212-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874249

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Robert B Stephenson, MD

Mailing Address 4550 Lee Highway
PO Box 1617

City State Zip Code
Dublin VA 24084-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874250

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)

Dr. Charles H Classen, Jr, MD

Mailing Address Kinston Orthopaedic
PO Box 1658

City State Zip Code
Kinston NC 28503-1658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinston Orthopaedic & Sports Med. Ctr.

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874251

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Neil J Negrin, , MD

Mailing Address 3200 Downwood Circle Ste 500

City State Zip Code
 Atlanta GA 30327-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul Victor Spiegl, , MD

Mailing Address Ste 825
 5673 Peachtree Dunwoody RD NE

City State Zip Code
 Atlanta GA 30342-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874253

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard Sheldon Laskin, , MD

Mailing Address Hosp for Special Surgery
 535 E 70th St

City State Zip Code
 New York NY 10021-4892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874254

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

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 50 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Albert Johnson, , MD

Mailing Address 1081 Route 22 W

City State Zip Code
 Bridgewater NJ 08807-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Somerset Orthopaedic Asso-
c. PA

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874255

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr. John H Buckner, , MD

Mailing Address 95 Croton Ave

City State Zip Code
 Ossining NY 10562-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874256

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark R Drzala, , MD

Mailing Address 6 Fox Hollow Rd

City State Zip Code
 Montville NJ 07045-9340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874257

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

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 51 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gerald W King, , MD

Mailing Address Calhoun Orthopaedics, Inc
110 Hospital Dr

City State Zip Code
Calhoun GA 30701-2079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calhoun Orthopaedics, Inc.

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874259

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Daniel T Stein, , MD

Mailing Address 11160 Warner Ave Ste 311

City State Zip Code
Fountain Valley CA 92708-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874260

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven L Shapiro, , MD

Mailing Address 18 Captain's Crossing

City State Zip Code
Savannah GA 31411-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Foot and Ankle

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874261

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Seth Kane, MD

Mailing Address 277 Forest Ave Ste 201

City State Zip Code
 Paramus NJ 07652-5410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874262

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Marwan A Wehbe, MD

Mailing Address Pennsylvania Hand Ctr
 101 Bryn Mawr Ave Ste 300

City State Zip Code
 Bryn Mawr PA 19010-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
PA Hand Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James W Lawler, MD

Mailing Address 1250 Peach St Ste B

City State Zip Code
 San Luis Obispo CA 93401-2869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874264

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. William David Weiss, MD Mailing Address 1240 Jesse Jewell Pkwy SE Ste 300 City State Zip Code Gainesville GA 30501-3861 FEC ID number of contributing federal political committee. C Name of Employer Specialty Clinics of Georgia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: 23874265 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Joseph B Chahal, MD Mailing Address 4801 S Congress Ave City State Zip Code Lake Worth FL 33461-4746 FEC ID number of contributing federal political committee. C Name of Employer Orthopaedic Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: 23874268 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Peter O Newton, MD Mailing Address 3030 Children's Way Ste 410 City State Zip Code San Diego CA 92123-4228 FEC ID number of contributing federal political committee. C Name of Employer Pediatric Orthopedic & Scoliosis Med G Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: 23874269 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gordon L Levin, , MD

Mailing Address 14901 National Ave Ste 101

City	State	Zip Code
Los Gatos	CA	95032-2637

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	6

Transaction ID: 23874270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Rex A W Marco, , MD

Mailing Address 6410 Fannin Ste 1100

City	State	Zip Code
Houston	TX	77030-5302

FEC ID number of contributing
federal political committee.**C**Name of Employer
University of TexasOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	6

Transaction ID: 23874271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. S Gopal Krishnan, , MD

Mailing Address 1331 E 6th St

City	State	Zip Code
Weslaco	TX	78596-6688

FEC ID number of contributing
federal political committee.**C**Name of Employer
Krishnan and AssociatesOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	6

Transaction ID: 23874272

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Angela A Wang, MD

Mailing Address Univ Orthopaedics Center
590 Wakara Way

City State Zip Code
Salt Lake City UT 84108-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Utah

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874273

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Daniel E Matthews, MD

Mailing Address 139 McIntosh Bluff

City State Zip Code
Fairhope AL 36532-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayside Orthopaedic Sports
Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874274

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward W Younger, III, MD

Mailing Address 6555 Coyle Ave Ste 235

City State Zip Code
Carmichael CA 95608-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874276

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Gary D Morris, , MD Mailing Address Nevada Orthopedic & Spine Center 2650 N Tenaya Way Ste 301 City Las Vegas State NV Zip Code 89128-1112 FEC ID number of contributing federal political committee. C Name of Employer Morris Orthopedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: 23874277 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Neil B Callister, , MD Mailing Address 1802 Quail Run Dr City Ogden State UT Zip Code 84403-3266 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: 23874278 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. David D Gallagher, , MD Mailing Address 940 N Marr Rd City Columbus State IN Zip Code 47201-2609 FEC ID number of contributing federal political committee. C Name of Employer Southern Indiana Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: 23874279 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) ▶		1500.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 57 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Carlton G Savory, , MD, FACS

Mailing Address 6262 Veterans Pkwy

City State Zip Code
Columbus GA 31909-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hughston Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874280

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James W Gallentine, , MD

Mailing Address 3121 Sheridan Blvd

City State Zip Code
Lincoln NE 68502-5232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Ortho & Sports
Med

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874281

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian C DeMuth, , MD

Mailing Address Chesapeake Sports & Orthopaedics
111 W High St Ste 209

City State Zip Code
Elkton MD 21921-8611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874282

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. E Michael Okin, MD

Mailing Address 9140 A Academy Rd

City State Zip Code
 Philadelphia PA 19114-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874283

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard C Richley, MD

Mailing Address 3434 Midway Dr Ste 2001

City State Zip Code
 San Diego CA 92110-4924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874284

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Bradley James Nelson, MD

Mailing Address R200
 2512 S 7th St

City State Zip Code
 Minneapolis MN 55454-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keller Army Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874285

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. William A Matarese, , MD

Mailing Address 342 Hamburg Tpke

City State Zip Code
Wayne NJ 07470-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874286

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr. Leon Root, , MD

Mailing Address Hosp for Special Surgery
535 E 70th St

City State Zip Code
New York NY 10021-4898

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874287

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Antonio H Soler-Salas, , MD

Mailing Address PMB 163, 1353 Carr 19

City State Zip Code
San Juan PR 00966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874288

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael A Meese, MD

Mailing Address 899 Main St

City State Zip Code
 Hackensack NJ 07601-4942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mam Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874289

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. J Andy Sullivan, MD

Mailing Address 920 Stanton L Young
 RM WP1380

City State Zip Code
 Oklahoma City OK 73104-5020

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874290

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Neal L Rockowitz, MD

Mailing Address 3104 E Indian School Rd Ste 100

City State Zip Code
 Phoenix AZ 85016-6873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874291

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Raymond J Stefanich, , MD

Mailing Address 2410 Ridgeway Ave

City State Zip Code
Rochester NY 14626-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874292

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Edward C Tanner, , MD

Mailing Address 1445 Portland Ave Ste 210

City State Zip Code
Rochester NY 14621-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874293

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Alejandro Badia, , MD

Mailing Address Miami Hand Center
8905 SW 87th Ave Ste 100

City State Zip Code
Miami FL 33176-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874294

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Baron Lonner, MD

Mailing Address 212 E 69th St

City State Zip Code
 New York NY 10021-5705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874295

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Morton L Rubin, MD

Mailing Address 2025 Technology Pkwy Ste 109

City State Zip Code
 Mechanicsburg PA 17050-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874296

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. David Neuman, MD

Mailing Address 51 E 25th St
 Sixth Fl

City State Zip Code
 New York NY 10010-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874297

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Arnold Ray Penix, , MD

Mailing Address 462 Pineview Dr

City State Zip Code
 Gallipolis OH 45631-9038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874298

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher C Schmidt, , MD

Mailing Address 1307 Federal St

City State Zip Code
 Pittsburgh PA 15212-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alleghany Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874299

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Dr. Sami Oweida, , MD

Mailing Address 309 S Sharon Amity Rd Ste 102

City State Zip Code
 Charlotte NC 28211-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oweida Orthopaedic Associ-
ates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874300

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Susan N Pick, MD

Mailing Address PO Box 568

City State Zip Code
 Crossville TN 38557-0568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plateau Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 23874301

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)

Dr. Mohammed-Tarek Al-Fahl, MD

Mailing Address 604 Reinerman St

City State Zip Code
 Houston TX 77007-5235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Orthopaedic & Sports
Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874303

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Robert H Anschuetz, MD

Mailing Address 6770 Mayfield Rd Ste 441

City State Zip Code
 Mayfield Heights OH 44124-2299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874304

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Lawrence R Walker, , MD

Mailing Address PO Box 925
294 N Fairway

City State Zip Code
Lake Arrowhead CA 92352-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMG Riverside CA

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874305

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. John Quentin Smith, , MD

Mailing Address 3235 S Westbury PI

City State Zip Code
Eagle ID 83616-6776

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Idaho Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874306

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Mark P Madden, , MD

Mailing Address 1850 Town Center Pkwy Ste 400

City State Zip Code
Reston VA 20190-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874307

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Troy D Pierce, , MD

Mailing Address 4012 Edgewater PI SE

City State Zip Code
Mandan ND 58554-7968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bone & Joint Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874308

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Evangelos Megariotis, , MD

Mailing Address 21 Ravona St

City State Zip Code
Clifton NJ 07012-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874309

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Karen Jane McRae, , MD

Mailing Address Watauga Ortho
2410 Susannah St

City State Zip Code
Johnson City TN 37601-1765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watauga Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874311

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James W Nichols, , DO

Mailing Address 1112 Mill St

City State Zip Code
 Camden SC 29020-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camden Bone & Joint, LLC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874313

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Gary J Roberts, , MD

Mailing Address 1005 S Hemlock St

City State Zip Code
 Iron Mountain MI 49801-3854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John Howard Wilber, , MD

Mailing Address University Hospital
 11100 Euclid Ave

City State Zip Code
 Cleveland OH 44106-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874317

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Douglas M Lange, MD

Mailing Address Muir Orthopaedic Specialists
2405 Shadelands Dr Ste 210

City State Zip Code
Walnut Creek CA 94598-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muir Orthopaedic Special-
ists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lesley J Anderson, MD

Mailing Address 2100 Webster St Ste 309

City State Zip Code
San Francisco CA 94115-2376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874321

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas A Lange, MD

Mailing Address Regions Hospital
640 Jackson St

City State Zip Code
Saint Paul MN 55101-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota
Physicians

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874322

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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or each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Howard L Berg, MD

Mailing Address 13 Medical Dr

City State Zip Code
Amarillo TX 79106-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874323

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Thomas John Haverbush, MD

Mailing Address 315 E Warwick Rd Ste A

City State Zip Code
Alma MI 48801-1083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874324

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Norman P Zemel, MD

Mailing Address 6801 Park Terrace Dr

City State Zip Code
Los Angeles CA 90045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kerlan Jobe Orthopaedic
Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874325

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Mary I O'Connor, , MD

Mailing Address Mayo Clinic
4500 San Pablo Rd

City State Zip Code
Jacksonville FL 32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Jacksonville

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John N Callander, , MD

Mailing Address 2540 Filbert St

City State Zip Code
San Francisco CA 94123-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Pacific Ortho &
Sports Med

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Adam J Olscamp, , MD

Mailing Address 850 Ironwood Dr Ste 202

City State Zip Code
Coeur D Alene ID 83814-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874329

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Theresa L Colosi, MD

Mailing Address 2505 Samaritan Dr Ste 505

City State Zip Code
 San Jose CA 95124-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 23874330

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Daniel C Johnson, MD

Mailing Address Yankton Bone & Joint Center
 1000 W 4th St Ste 1

City State Zip Code
 Yankton SD 57078-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yankton Bone and Joint Ce-
nter

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897946

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John E Kilgore, MD

Mailing Address 3693 McKay Creek Dr

City State Zip Code
 Largo FL 33770-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
West Florida

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897947

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David S Matthews, , MD

Mailing Address 3010 N Circle Dr Ste 100A

City State Zip Code
 Colorado Springs CO 80909-1174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Springs Orthopaedic Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897948

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott D Karr, , MD

Mailing Address 5050 N Clinton St

City State Zip Code
 Fort Wayne IN 46825-5890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedics Northeast

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897949

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David W Romness, , MD

Mailing Address 1635 N George Mason Dr Ste 310

City State Zip Code
 Arlington VA 22205-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Richard M Terek, MD

Mailing Address University Orthopedics
2 Dudley St Ste 200

City State Zip Code
Providence RI 02905-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopedics Inc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897951

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John S Place, MD

Mailing Address 213 S 11th Ave

City State Zip Code
Yakima WA 98902-3241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897953

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Bradley N Walter, MD

Mailing Address 100 Mimosa Dr
PO Box 2968

City State Zip Code
Thomasville GA 31792-6676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomasville Orthopedic Ce-
nter

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897954

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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FOR LINE NUMBER: PAGE 74 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, MD Mailing Address 91 Parker Hill Ave City State Zip Code Boston MA 02120-3215 FEC ID number of contributing federal political committee. C Name of Employer Longwood Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6 Transaction ID: 23897955 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Jeffrey Glenn Hensing, MD Mailing Address 7911 W Innsbrook Ct City State Zip Code Boise ID 83704-4487 FEC ID number of contributing federal political committee. C Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6 Transaction ID: 23897956 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Michael A Parentis, MD Mailing Address 6380 Heise Rd City State Zip Code Clarence Center NY 14032-9372 FEC ID number of contributing federal political committee. C Name of Employer The Knee Center of WNY Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6 Transaction ID: 23897957 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Kenneth L Moore, MD

Mailing Address 311 Berry Circle

City State Zip Code
 Franklin TN 37064-2876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897958

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Barry W Solcher, MD

Mailing Address 3201 University Dr East Ste 255

City State Zip Code
 Bryan TX 77802-3483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Orthopaedic Sp-
ecialties

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897959

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Richard W Garner, MD

Mailing Address 3260 Providence Dr Ste 200
 AFOC

City State Zip Code
 Anchorage AK 99508-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anchorage Fracture & Orth-
opaedic Clini

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897960

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael S Petersen, , MD

Mailing Address 2031 Anderson Rd Ste A

City	State	Zip Code
Davis	CA	95616-0699

FEC ID number of contributing
federal political committee.**C**Name of Employer
Valley Oak OrthoOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	6

Transaction ID: 23897961

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Russell Cecil, , MD

Mailing Address 5010 St Hwy 30 Ste 205

City	State	Zip Code
Amsterdam	NY	12010-7532

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mohawk Valley OrthopaedicOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	6

Transaction ID: 23897963

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Chris John Dangles, , MD

Mailing Address 602 W University

City	State	Zip Code
Urbana	IL	61801-2530

FEC ID number of contributing
federal political committee.**C**Name of Employer
Carle ClinicOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	6

Transaction ID: 23897964

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Andrew Gurman, , MD

Mailing Address 3000 Fairway Dr
Blair Orthopedic Assoc, Inc

City State Zip Code
Altoona PA 16602-4472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blair Orthopaedic Associa-
tes

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank A Pettrone, , MD

Mailing Address 1635 N George Mason Dr

City State Zip Code
Arlington VA 22205-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897967

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael E Joyce, , MD

Mailing Address 84 Glastonbury Blvd Ste 101

City State Zip Code
Glastonbury CT 06033-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Sports Specia-
lists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897968

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Randolph Copeland, MD

Mailing Address 1609 Red Rock Dr

City State Zip Code
 Gallup NM 87301-5651

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Public Health Service,
IHS

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897969

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David Matthew Beard, MD

Mailing Address 3270 20 St South

City State Zip Code
 Fargo ND 58104-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897970

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Hugh Carroll McLeod, III, MD

Mailing Address 1163 Johnson Ferry Rd Ste 200

City State Zip Code
 Marietta GA 30068-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Orthopaedic Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897973

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Stuart L Weinstein, MD

Mailing Address Univ of Iowa Hospital
200 Hawkins Dr Ste 01026 JPP

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897975

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)

Dr. David A Lewis, MD

Mailing Address 12522 E Lambert Rd Ste A

City State Zip Code
Whittier CA 90606-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897976

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Roland Owen Dutton, MD

Mailing Address 150 Glasson Way

City State Zip Code
Grass Valley CA 95945-5706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897977

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Richard A Morvant, Jr, MD

Mailing Address 806 Bayou Ln

City State Zip Code
 Thibodaux LA 70301-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897978

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. William Kemp Montgomery, , MD

Mailing Address 6309 Whittier Dr

City State Zip Code
 Plano TX 75093-6141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David J Kolessar, , MD

Mailing Address Geisinger Clinic
 1000 E Mountain Blvd

City State Zip Code
 Wilkes Barre PA 18711-0027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897980

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John J Callaghan, , MD

Mailing Address Univ of Iowa Hospital
200 Hawkins Dr

City State Zip Code
Iowa City IA 52242-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa Hospital
and Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897981

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth G Tomberlin, , MD

Mailing Address 3817 Forrest Gate Dr

City State Zip Code
Winston-Salem NC 27103-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winston Bone & Joint

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897982

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Kumar Bipin Amin, , MD

Mailing Address PO Box 2507

City State Zip Code
Wintersville OH 43953-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897984

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Wayne B Venters, , MD

Mailing Address Rockwood Clinic, PS
400 E Fifth Ave

City State Zip Code
Spokane WA 99202-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897986

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas W Currey, , MD

Mailing Address 975 E 3rd St Box 260

City State Zip Code
Chattanooga TN 37403-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Tenn

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897987

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Andrew P Gutow, , MD

Mailing Address 741 Westminster Ln

City State Zip Code
Los Altos CA 94022-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palo Alto Orthopaedics Me-
dical

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897988

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 233

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. George W Cox, , MD

Mailing Address 6501 Memorial Dr

City	State	Zip Code
Texas City	TX	77591-4015

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ortho Clinic of GalvestonOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	6

Transaction ID: 23897989

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John T Gill, , MD

Mailing Address 8230 Walnut Hill Ln Ste 708

City	State	Zip Code
Dallas	TX	75231-4431

FEC ID number of contributing
federal political committee.**C**Name of Employer
Dallas Sports MedicineOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	6

Transaction ID: 23897990

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Heinz R Hoenecke, Jr, MDMailing Address Sport Clinic
Spts Med, MS-116

City	State	Zip Code
La Jolla	CA	92037

FEC ID number of contributing
federal political committee.**C**Name of Employer
Scripps ClinicOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	6

Transaction ID: 23897992

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Pruitt, MD

Mailing Address 20 W 6th St Ste 1

City State Zip Code
 Spencer IA 51301-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897993

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard P Lewallen, MD

Mailing Address 2900 12th Ave N Ste 100E

City State Zip Code
 Billings MT 59101-7504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montana Ortho & Sports

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897995

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Ron D Schechter, MD

Mailing Address Paragould Orthopaedics, PLLC
 1000 W Kingshighway Ste 10

City State Zip Code
 Paragould AR 72450-4197

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragould Orthopaedics,
PLLC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23897997

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. William B Smith, MD

Mailing Address Blount Orthopaedic Clinic
625 E St Paul Ave

City State Zip Code
Milwaukee WI 53202-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blount Orthopaedic Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898000

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. James A Albright, MD

Mailing Address 3932 Fairfield Ave

City State Zip Code
Shreveport LA 71106-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
LSU

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. J Lockwood Ochsner, Jr, MD

Mailing Address 1514 Jefferson Hwy

City State Zip Code
New Orleans LA 70121-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Clinic Foundation

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898003

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Herbert I Hermele, MD

Mailing Address Orthopaedic Specialty Group, PC
75 Kings Highway Cutoff

City State Zip Code
Fairfield CT 06824-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael T Stowell, MD

Mailing Address 19254 Jamestown Dr

City State Zip Code
Hagerstown MD 21742-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Orthopaedic
Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898006

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey John Anderson, MD

Mailing Address 333 O'Connor Dr

City State Zip Code
San Jose CA 95128-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898007

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John P Buckley, , MD

Mailing Address PO Box 2447

City State Zip Code
Tuscaloosa AL 35403-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898008

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Eric Martin Boyden, , MD

Mailing Address 555 N Arlington Ave

City State Zip Code
Reno NV 89503-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reno Orthopedic Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898009

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert I Forster, , MD

Mailing Address 202 SW Palm Cove Dr

City State Zip Code
Palm City FL 34990-8529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Orthopaedic Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Glenn C Landon, , MD

Mailing Address Kelsey Seybold Clinic
2727 W Holcombe Blvd 2nd Fl

City State Zip Code
Houston TX 77025-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelsey-Seybold Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898011

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Geoffrey M McCullen, , MD

Mailing Address 2740 Van Dorn St

City State Zip Code
Lincoln NE 68502-4256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurological & Spinal Sur-
gery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. George Nelson Armstrong, Jr, MD

Mailing Address 556 8th Ave

City State Zip Code
Fort Worth TX 76104-2080

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898013

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gerald Stashak, MD

Mailing Address 1411 N Flagler Dr Ste 8900

City State Zip Code
 West Palm Beach FL 33401-3458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gold Coast Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John F Irving, MD

Mailing Address 199 Whitney Ave

City State Zip Code
 New Haven CT 06511-3786

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Orthopaedic Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898015

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. John C Kefalas

Mailing Address 1770 E Lake Shore Dr Ste LL1

City State Zip Code
 Decatur IL 62521-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898016

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Frederick A DePaola, MD Mailing Address 2797 Lewis Ct City Belmar State NJ Zip Code 07719-9739 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 23898019 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	9		2	0	0	6																							
250.00																																
B. Full Name (Last, First, Middle Initial) Dr. Steven Marc Stoller Mailing Address 30 W Century Rd City Paramus State NJ Zip Code 07652-1433 FEC ID number of contributing federal political committee. C Name of Employer American Orthopaedic & Sports Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 23898020 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	6	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	9		2	0	0	6																							
1000.00																																
C. Full Name (Last, First, Middle Initial) Dr. Todd A Schmidt, MD Mailing Address Southern Orthopaedic Specialists, 2865 Lake Park Dr City Jonesboro State GA Zip Code 30236-4133 FEC ID number of contributing federal political committee. C Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 23898021 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	9		2	0	0	6																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. W Lindsey Jones, , MD

Mailing Address 23 Exbury Way

City State Zip Code
Houston TX 77056-2193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Orthopaedic Ca-
re

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898022

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Berkowitz, , MD

Mailing Address 1200 Eagle Ave

City State Zip Code
Ocean NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seaview Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898023

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. David E Taylor, , MD

Mailing Address Sierra Pacific Orthopaedic Ctr Med
1630 E Herndon Ave Ste 204

City State Zip Code
Fresno CA 93720-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Pacific Orthopaedic
Ctr Med Grp

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898024

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John R Denton, , MD

Mailing Address 88-25 153rd St
Dept of Ortho 1SCity State Zip Code
Jamaica NY 11432-3731FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Catholic Me-
dical Center.Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898025

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Cunningham Robinson, , MD

Mailing Address Syracuse Orthopedic Specialists, P
5719 Widewaters PkwyCity State Zip Code
De Witt NY 13214-1882FEC ID number of contributing
federal political committee.

C

Name of Employer
Syracuse Orthopedic Speci-
alistsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert L Bourland, Jr, MD

Mailing Address 6005 Park Ave Ste 309

City State Zip Code
Memphis TN 38119-5213FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898028

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John D Lubahn, , MD

Mailing Address 300 State St Ste 205

City State Zip Code
 Erie PA 16507-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hand Microsurgery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898029

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Daniel R Harrah, , MD

Mailing Address 3225 Hospital Dr Ste 101-A

City State Zip Code
 Juneau AK 99801-7863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898030

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas C Schuler, , MD

Mailing Address 1831 Wiehle Ave
Second Fl

City State Zip Code
 Reston VA 20190-5266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Spine Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898189

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Robert S Gorab, MD

Mailing Address Orthopaedic Specialty Inst
280 S Main St Ste 200

City State Zip Code
Orange CA 92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialty Ins-
titute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 23898193

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. David A Katcherian, MD

Mailing Address 13983 Covington Dr

City State Zip Code
Plymouth MI 48170-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930864

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Giles R Scuder, MD

Mailing Address Insall Scott Kelly Institute
210 East 64th St 4th Fl

City State Zip Code
New York NY 10021-7471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930865

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Bruce M Leslie, , MD

Mailing Address 2000 Washington St Ste 343

City	State	Zip Code
Newton	MA	02462-1625

FEC ID number of contributing
federal political committee.**C**Name of Employer
NWOAOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	6

Transaction ID: 23930866

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Lawrence R Housman, , MD

Mailing Address 2424 N Wyatt Dr Ste 260

City	State	Zip Code
Tucson	AZ	85712-6118

FEC ID number of contributing
federal political committee.**C**Name of Employer
Tucson Orthopaedic Instit-
ute PCOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	6

Transaction ID: 23930867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Alan R Gurd, , MD

Mailing Address 7970 Darbys Run

City	State	Zip Code
Chagrin Falls	OH	44023-4839

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	6

Transaction ID: 23930868

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Isador H Lieberman, MD

Mailing Address Cleveland Clinic Foundation
Dept of Ortho Surg A 41

City Cleveland State OH Zip Code 44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cleveland Clinic Foundation

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930869

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. E Anthony Rankin, MD

Mailing Address Providence Hospital
1160 Varnum St NE Ste 312

City Washington State DC Zip Code 20017-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930870

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Marshall G Baca, MD

Mailing Address 2410 W Pierce

City Carlsbad State NM Zip Code 88220-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialist

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930871

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John W McAllister, , MD

Mailing Address 112 Piper Hill Dr Ste 9

City State Zip Code
 Saint Peters MO 63376-1690

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Peters Bone & Joint Su-
rgery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. R Marshall Ackerman, , MD

Mailing Address 11517 Cushman Rd

City State Zip Code
 North Bethesda MD 20852-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930873

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. John A Malonis, , MD

Mailing Address PO Box 6426

City State Zip Code
 Fort Worth TX 76115-0426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tarrant County Bone & Joi-
nt

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930875

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 233

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael J Bercik, , MD

Mailing Address 711 Westminster Ave

City State Zip Code
 Elizabeth NJ 07208-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930876

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. William Markowski, , MD

Mailing Address 1950 Bluewater Blvd Ste 100

City State Zip Code
 Niceville FL 32578-3888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bluewater Orthopaedics,
PA

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930877

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael F Schafer, , MD

Mailing Address 645 N Michigan Ste 910

City State Zip Code
 Chicago IL 60611-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Univ. Medical
School

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930878

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 233

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. James C Kelly, , MD

Mailing Address 59 Faire Harbour Pl

City State Zip Code
 New London CT 06320-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930879

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. William E Anspach, III, MD

Mailing Address 1050 SE Monterey Rd Ste 400

City State Zip Code
 Stuart FL 34994-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930880

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Mark D Brown, , MD

Mailing Address 1611 NW 12th Ave
 Rehab Bldg Rm 303

City State Zip Code
 Miami FL 33136-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Miami School
of Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930881

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 233

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. William David Weiss, MD Mailing Address 1240 Jesse Jewell Pkwy SE Ste 300 City State Zip Code Gainesville GA 30501-3861 FEC ID number of contributing federal political committee. C Name of Employer Specialty Clinics of Georgia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 Transaction ID: 23930882 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Peter J Lund, MD Mailing Address 300 W Peach St City State Zip Code Martin TN 38237-3949 FEC ID number of contributing federal political committee. C Name of Employer Surgical Associates of Martin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 Transaction ID: 23930883 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Nicholas Edward Mihelic, MD Mailing Address 92 Main St Ste A City State Zip Code Hilton Head Island SC 29926-1684 FEC ID number of contributing federal political committee. C Name of Employer Orthopaedic Surgeons of Hilton Head Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 Transaction ID: 23930884 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Anthony F Pachelli, MD

Mailing Address 201 Cedar SE Ste 6600

City State Zip Code
 Albuquerque NM 87106-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Orthopaedic As-
sociates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930885

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark J Conklin, MD

Mailing Address 660 Golden Ridge Rd, Suite 250
 Panorama Ortho & Spine Ctr

City State Zip Code
 Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panorama Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930886

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Christopher M Miller, MD

Mailing Address 3045 S National

City State Zip Code
 Springfield MO 65804-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialists
of Springfield

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930888

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Bradford L Currier, , MD

Mailing Address Mayo Clinic

Dept of Orthopaedic Surgery

City

State

Zip Code

Rochester

MN

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930889

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Kevin Joseph Sprague, , MD

Mailing Address 3200 Biddle Ave 4th Fl

Attn: JANET SOHN

City

State

Zip Code

Wyandotte

MI

48192-5937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Wyandotte Hosp-
ital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930890

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. James E Striker, , MD

Mailing Address Capital Region Ortho Assoc

1367 Washington Ave Ste 200

City

State

Zip Code

Albany

NY

12206-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Region Orthopedic
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930892

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jefferey E Michaelson, , MD

Mailing Address 22250 Providence Dr Ste 401

City State Zip Code
 Southfield MI 48075-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porretta Center for Ortho
Surgery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930893

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Douglas E Jessup, , MD

Mailing Address 7858 Schrader Rd

City State Zip Code
 Richmond VA 23294-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Orthopaedic Cent-
ers

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Stephen C McNeil, , MD

Mailing Address 907 Sumner St Ste 301

City State Zip Code
 Stoughton MA 02072-3377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sullivan Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930895

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. J Christopher Noonan, MD

Mailing Address 1426 Oak St

City State Zip Code
Eugene OR 97401-4043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930897

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. John M Conner, MD

Mailing Address 1556 Cherokee Rd

City State Zip Code
Louisville KY 40205-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930898

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Michael J Archibeck, MD

Mailing Address 4409 Chinlee Ave

City State Zip Code
Albuquerque NM 87110-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 23930899

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gregory J Austin, MD

Mailing Address 725 Reservoir Ave Ste 101

City State Zip Code
 Cranston RI 02910-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Assoc. Inc.

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23930900

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David A Fisher, MD

Mailing Address 8450 Northwest Blvd

City State Zip Code
 Indianapolis IN 46278-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedics of Indianapo-
lis

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23930902

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Jerald P Waldman, MD

Mailing Address 26401 Crown Valley Prkwy Ste 101

City State Zip Code
 Mission Viejo CA 92691-6350

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMG

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23930903

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Rosemarie M Morwessel, MD

Mailing Address Azalea Orthos & Sports Medicine
2860B Dauphin St

City State Zip Code
Mobile AL 36606-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Azalea Orthopaedics & Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23930905

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick E Clare, MD

Mailing Address Nebraska Ortho & Sports Med
575 S 70th St Ste 200

City State Zip Code
Lincoln NE 68510-2471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Orthopaedic & Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23930907

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Christopher Earl Marrero, MD

Mailing Address 4165 Old Dowlen Rd
#150

City State Zip Code
Beaumont TX 77706-6614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deep South Ortho & Sports

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23930908

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 233

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Thomas S Samuelson, , MD

Mailing Address 12101 Catalina St

City State Zip Code
 Leawood KS 66209-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas City Bone & Joint

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23930909

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Ernest F Rillos, , MD

Mailing Address 4322 W Vaquero Ln

City State Zip Code
 Yuma AZ 85365-8062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931454

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. J Lynn Smith, , MD

Mailing Address 7604 Caballero Dr

City State Zip Code
 Sandy UT 84093-6238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931455

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Richard A Cautilli, Jr, MD

Mailing Address Cautilli Orthopaedic Surgical Spec
1205 Langhorne-Newtown Rd Ste 404

City State Zip Code
Langhorne PA 19047-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cautilli Orthopaedic Surg-
ical Speciali

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931457

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Steven S Ratcliffe, , MD

Mailing Address 2547 103rd Ave SE

City State Zip Code
Bellevue WA 98004-7203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proliance Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931458

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Nile R Lestrage, , MD

Mailing Address 1600 S Federal Hwy 10th Fl

City State Zip Code
Pompano Beach FL 33062-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931459

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jack G Beaulieu, , MD

Mailing Address 657 Del Prado Blvd

City State Zip Code
Cape Coral FL 33990-2666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John Bernard Ryan, , MD

Mailing Address 11012 E 13 Mile Rd Ste 201

City State Zip Code
Warren MI 48093-2547

FEC ID number of contributing
federal political committee.

C

Name of Employer
St John Health System

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931462

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Harris Jones, , MD

Mailing Address 500 Hioaks Rd
STE B

City State Zip Code
Richmond VA 23225-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
West End Orthopaedic Clin-
ic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931464

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John William Miles, III, MD

Mailing Address PO Box 9012

City

La Mesa

State

CA

Zip Code

91944-9012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931466

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Stanley H Nahigian, , MD

Mailing Address 29001 Cedar Rd Ste 519

City

Cleveland

State

OH

Zip Code

44124-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931467

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas J McGivney, , MD

Mailing Address 2111 Ogden Ave

City

Aurora

State

IL

Zip Code

60504-7597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Castle Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931470

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Scott Taylor McMullen, MD

Mailing Address 7710 Mercy Rd Ste 224

City State Zip Code
 Omaha NE 68124-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer
GIKK

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931471

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Scott P Steinmann, MD

Mailing Address Mayo Clinic
 200 First St SW

City State Zip Code
 Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931472

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. James F Scoggin, III, MD

Mailing Address Honolulu Sports Med Inc
 932 Ward Ave Ste 460

City State Zip Code
 Honolulu HI 96814-2193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931473

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Edwin J Rogusky, , MD

Mailing Address University Orthopaedics
101 Regent CtCity State Zip Code
State College PA 16801-7965FEC ID number of contributing
federal political committee.

C

Name of Employer
University OrthopaedicsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931476

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Lee Granberry, , MD

Mailing Address 3610 Springhill Memorial Dr N

City State Zip Code
Mobile AL 36608-1162FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Orthopaedic Clinics, PCOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931477

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Patrick B Leach, , MD

Mailing Address Medical College of Georgia
1120 15th St BA3300City State Zip Code
Augusta GA 30912-0004FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of GeorgiaOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931478

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Stephen D Landaker, , MD

Mailing Address 1600 Esplanade Ste C

City	State	Zip Code
Chico	CA	95926-3369

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	6

Transaction ID: 23931479

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Tracy Marie Wolf, , MD

Mailing Address 8550 W 38th Ave Ste 106

City	State	Zip Code
Wheat Ridge	CO	80033-4341

FEC ID number of contributing
federal political committee.**C**Name of Employer
Hand Specialists PCOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	6

Transaction ID: 23931480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William J Jarvis, , MD

Mailing Address 425 Pine Ridge Blvd Ste 300

City	State	Zip Code
Wausau	WI	54401-4124

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	6

Transaction ID: 23931481

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey M Nakano, MD

Mailing Address 627 25 1/2 Rd

City

Grand Junction

State

CO

Zip Code

81505-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rocky Mountain Orthopaedic
Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Randall E Seago, MD

Mailing Address 800 Pollard Rd Ste A-5

City

Los Gatos

State

CA

Zip Code

95032-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931483

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gary David Botimer, MD

Mailing Address 13753 Locust Ln

City

Nampa

State

ID

Zip Code

83686-9109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931484

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Paul C Perlik, MD

Mailing Address 1915 Randolph Rd

City State Zip Code
 Charlotte NC 28207-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Orthopedic Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931486

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Anbu Nadar, MD

Mailing Address 236 E Cedar Dr

City State Zip Code
 Pikeville KY 41501-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikeville Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931487

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Mark C Gebhardt, MD

Mailing Address Beth Israel Deaconess Med Ctr
 Shapiro 2, 330 Brookline Ave

City State Zip Code
 Boston MA 02215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Deaconess Med-
ical Ctr

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931488

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. James P O'Hara, , MD

Mailing Address PO Box 1358

City State Zip Code
 Point Reyes Statio CA 94956-1358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931489

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. H Morton Bertram, III, MD

Mailing Address PO Box 112649

City State Zip Code
 Naples FL 34108-0145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931490

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Gerald A Rahn, , MD

Mailing Address 639 S Walker St Ste E

City State Zip Code
 Bloomington IN 47403-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bloomington Bone & Joint
Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931492

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Paul S Kenyon, , MD Mailing Address 150 S East Ave PO Box 600 City State Zip Code Jackson MI 49201-2412 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Transaction ID: 23931493 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Richard J Claveria, , MD Mailing Address 30251 Via Festivo City State Zip Code San Juan Capistran CA 92675-5410 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Transaction ID: 23931494 Amount of Each Receipt this Period 750.00
C. Full Name (Last, First, Middle Initial) Dr. Patrick St Pierre, , MD Mailing Address 1715 N George Mason Dr Ste 504 City State Zip Code Arlington VA 22205-3670 FEC ID number of contributing federal political committee. C Name of Employer Nirschl Orthopaedic Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Transaction ID: 23931495 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Wayne Anthony Dotson, MD

Mailing Address 1636 Anne Strokes Rd

City State Zip Code
 Greenville MS 38701-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931496

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Gerald F Dreher, MD

Mailing Address VAMC Temple
 Warehouse Bldg 44

City State Zip Code
 Temple TX 76504-7493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept. of Veterans Affairs

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931497

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Craig Humphreys, MD

Mailing Address Center for Sports Med and Ortho
 2415 McCallie Ave

City State Zip Code
 Chattanooga TN 37404-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Sports Med and
Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 23931498

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Charles M Davis, III, MD Mailing Address Milton S Hershey Med Ctr Dept of Ortho City Hershey State PA Zip Code 17033 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Transaction ID: 23931499 Amount of Each Receipt this Period 1000.00
Name of Employer The Milton S Hershey Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Paul T Murphy, MD Mailing Address 20748 6th Ave West City Summerland Key State FL Zip Code 33042-4010 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Transaction ID: 23931500 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00
C. Full Name (Last, First, Middle Initial) Dr. Vincent K McInerney, MD Mailing Address 1135 Broad St City Clifton State NJ Zip Code 07013-3346 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Transaction ID: 23931504 Amount of Each Receipt this Period 1000.00
Name of Employer St Joseph's Hospital Med Ctr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00
SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER: PAGE 120 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Antoine Roberts, , MD

Mailing Address 4841 Orinda Ave

City State Zip Code
 Los Angeles CA 90043-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931505

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Samuel L Combs, , MD

Mailing Address 1827 Harrison Ave
 Bldg 1

City State Zip Code
 Panama City FL 32405-7606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Orthopaedic Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931507

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. James Kevin Lynch, , MD

Mailing Address 1 Church St 4th Fl

City State Zip Code
 New Haven CT 06510-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931508

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Mark Alan Foreman, MD

Mailing Address 625 SW Ramsey Ste A

City State Zip Code
 Grants Pass OR 97527-5808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931511

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas P Sculco, MD

Mailing Address Attn: Carol Ibsen
 Hosp for Special Surgery

City State Zip Code
 New York NY 10021-4892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931512

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. William DB Hiller, MD

Mailing Address 65-1230 Mamalahoa Hwy Ste C14

City State Zip Code
 Kamuela HI 96743-8445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931513

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Matthew R Hwang, , MD Mailing Address St Cloud Ortho Assoc 1555 Northway Dr City State Zip Code Saint Cloud MN 56303-4555 FEC ID number of contributing federal political committee. C Name of Employer St Cloud Orthopaedic Assoc Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Transaction ID: 23931514 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Stephen J Burns, , MD Mailing Address 710 Franklin St Ste 200 City State Zip Code Michigan City IN 46360-3564 FEC ID number of contributing federal political committee. C Name of Employer Medical Group of Michigan City Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Transaction ID: 23931515 Amount of Each Receipt this Period 2000.00
C. Full Name (Last, First, Middle Initial) Dr. David L Gilliam, , MD Mailing Address 10301 Kanis Rd City State Zip Code Little Rock AR 72205-6205 FEC ID number of contributing federal political committee. C Name of Employer Ortho Arkansas Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Transaction ID: 23931516 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 233

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Terry I Finlayson, MD

Mailing Address 2310 N 400 E Ste A

City State Zip Code
 North Logan UT 84341-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931517

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Richard Clark, MD

Mailing Address Univ of Iowa Hospital
 200 Hawkins Dr

City State Zip Code
 Iowa City IA 52242-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931518

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Bipin B Bavishi, MD

Mailing Address 707 N Logan

City State Zip Code
 Danville IL 61832-4360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danville Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964929

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Donald A deGrange, , MD Mailing Address 3366 E Thousand Oaks Blvd 2nd Fl City State Zip Code Thousand Oaks CA 91362-3443 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Transaction ID: 23964930 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Joseph T Moskal, , MD Mailing Address 4064 Postal Dr SW PO Box 21369 City State Zip Code Roanoke VA 24018-6438 FEC ID number of contributing federal political committee. C Name of Employer Roanoke Orthopaedic Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Transaction ID: 23964931 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. John S Place, , MD Mailing Address 213 S 11th Ave City State Zip Code Yakima WA 98902-3241 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Transaction ID: 23964932 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John Tillman Hodges, MD

Mailing Address 578 Macedonia Rd

City State Zip Code
 Statesboro GA 30461-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964933

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. William R Hale, MD

Mailing Address 1800 N Orange Grove Ave

City State Zip Code
 Pomona CA 91767-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964935

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. David Andrew Camarata, MD

Mailing Address 5620 E Bellroad

City State Zip Code
 Scottsdale AZ 85254-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Bone & Joint Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964937

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James R Rappaport, MD

Mailing Address 6630 S McCarran
Bldg 4 Ste A

City State Zip Code
Reno NV 89509-6135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Regional Spine Ins-
titute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964938

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert J Bielski, MD

Mailing Address University of Chicago Children's H
5841 South Maryland Avenue

City State Zip Code
Chicago IL 60637-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loyola University

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964939

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffery Kimo Harpstrite, MD

Mailing Address 1380 Lusitana St Ste 604

City State Zip Code
Honolulu HI 96813-2449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964940

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. William A Newcomb, , MD Mailing Address Medical Arts Pavilion 4745 Ogletown-Stanton Rd Ste 225 City Newark State DE Zip Code 19713-1340 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Transaction ID: 23964941 Amount of Each Receipt this Period 500.00
Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		
B. Full Name (Last, First, Middle Initial) Dr. Rex D Bryce, , MD Mailing Address 2270 W 16th St City Safford State AZ Zip Code 85546-4081 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Transaction ID: 23964942 Amount of Each Receipt this Period 1000.00
Name of Employer Gila Valley Ortho Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Dr. Eric Duniway Hoffman, , MD Mailing Address 33 Sewall St PO Box 1260 City Portland State ME Zip Code 04102-2603 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Transaction ID: 23964943 Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Portland Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Christopher S Durant, , MD

Mailing Address 350 S Broadway

City	State	Zip Code
Hicksville	NY	11801-5074

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 23964944

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Myron J Szczukowski, Jr, MD

Mailing Address 510 Idlewild Ave Ste 200

City	State	Zip Code
Easton	MD	21601-3855

FEC ID number of contributing
federal political committee.**C**Name of Employer
Orthopaedic CenterOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 23964945

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark A Frankle, , MDMailing Address 13020 Telecom Pkwy N
Attn: Derek Pupello

City	State	Zip Code
Temple Terrace	FL	33637-0925

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 23964947

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Benjamin Shaffer, , MD

Mailing Address 4522 Lingan Way NW

City State Zip Code
 Washington DC 20007-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer
MacCartee Et Al

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964948

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Lester Stuart Borden, , MD

Mailing Address 9500 Euclid Ave

City State Zip Code
 Cleveland OH 44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964949

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Dr. Rodolfo E Lawson, , MD

Mailing Address 7150W 20th Ave Ste 215

City State Zip Code
 Hialeah FL 33016-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964950

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Craig H Rosen, , MD

Mailing Address 1802 Champlain Dr

City

Voorhees

State

NJ

Zip Code

08043-2870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964952

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr. Arnold M Schwartz, , MD

Mailing Address 1895 Walt Whitman Rd Ste 3

City

Melville

State

NY

Zip Code

11747-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Spine Care of
Long Island

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 23964953

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles A Mick, , MD

Mailing Address Pioneer Spine and Sports
766 N King St

City

Northampton

State

MA

Zip Code

01060-1142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer Spine and Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 6

Transaction ID: 23995674

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Ken Yamaguchi, MD			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address One Barnes Hospital Plaza Ste 11300 West Pavilion			Transaction ID: 23995675	
City State Zip Code Saint Louis MO 63110-1003			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Washington University School of Medicine		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Dr. Daniel Thompson McGuire, MD			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address Down East Orthopedics 404 State St Ste 610			Transaction ID: 23995677	
City State Zip Code Bangor ME 04401-6623			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Down East Orthopedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Dr. Patricia A Kolowich, MD			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 20570 Woodcreek Blvd			Transaction ID: 23995680	
City State Zip Code Northville MI 48167-2910			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Henry Ford Hospital		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Brian S Parsley, MD

Mailing Address 6620 Main St
Suite 1350

City State Zip Code
Houston TX 77030-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 6

Transaction ID: 23995681

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Andrew L Terrono, Jr, MD

Mailing Address 125 Parker Hill Ave

City State Zip Code
Boston MA 02120-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mass Surgical Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012871

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Merrimon W Baker, MD

Mailing Address 1000 S Washington

City State Zip Code
Cleveland TX 77327-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012872

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Raphael S F Longobardi, MD

Mailing Address 82 Old Tappan

City

Old Tappan

State

NJ

Zip Code

07675-7434

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopaedic Ce-
nter, PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012873

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Louis Lettvin, MD

Mailing Address Illinois Bone & Joint Institute
2101 Waukegan Rd Ste 110

City

Bannockburn

State

IL

Zip Code

60015-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Bone and Joint
Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012874

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. James Alan Pollard, MD

Mailing Address South AR Orthopaedic Center
1609 W 40th St Ste 501

City

Pine Bluff

State

AR

Zip Code

71603-6364

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Arkansas Orthopaedic
Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012875

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Frank W Jobe, MD

Mailing Address 6801 Park Terr 5th Fl

City State Zip Code
Los Angeles CA 90045-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kerlan Jobe Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012879

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Gerard Anderson Engh, MD

Mailing Address 2501 Parkers Lane, Suite 20

City State Zip Code
Alexandria VA 22306-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Orthopaedic Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012880

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott Mendenhall Smith, MD

Mailing Address 323 N Painted Hills Dr

City State Zip Code
Ivins UT 84738-6082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012882

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John M Blair, Jr, MD

Mailing Address 1515 Martin Luther King Way

City State Zip Code
 Tacoma WA 98405-3971

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012884

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul R Linquist, MD

Mailing Address 100 S Ellsworth Ave Ste 607

City State Zip Code
 San Mateo CA 94401-3928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012885

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Suresh Velagapudi, MD

Mailing Address 2111 Ogden Ave

City State Zip Code
 Aurora IL 60504-7597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Castle Orthopaedics & Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012886

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Felasfa M Wodajo, MD

Mailing Address 5530 Wisconsin Ave Ste 1660

City State Zip Code
Chevy Chase MD 20815-4322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alan W Christensen, MD

Mailing Address 100 W Gore St Ste 500
Orlando Orthopaedic Center

City State Zip Code
Orlando FL 32806-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orlando Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012888

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James R Cole, MD

Mailing Address 401 S Van Brunt St
3rd Fl

City State Zip Code
Englewood NJ 07631-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012889

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James G Warmbrod, Jr, MD

Mailing Address 616 W Forest Ave

City State Zip Code
Jackson TN 38301-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012890

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. William N Levine, MD

Mailing Address Columbia University
622 W 168th St PH-11

City State Zip Code
New York NY 10032-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012892

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Kieran Daniel Cody, MD

Mailing Address 800 W State St Ste 202

City State Zip Code
Doylestown PA 18901-5842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012893

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Kevin L Moore, , MD

Mailing Address 5601 DeSota Ave

City State Zip Code
 Woodland Hills CA 91367-6798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012894

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert D Haar, , MD

Mailing Address 62 E 88th st

City State Zip Code
 New York NY 10128-1170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012895

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Dr. Daneca M Dipaolo, , MD

Mailing Address 965 Avent Dr Ste 101

City State Zip Code
 Grenada MS 38901-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 24012897

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 139 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Christopher D Hamilton, MD

Mailing Address 4105 Empire Dr

City State Zip Code
Bakersfield CA 93309-0637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ciro Cirrincione, MD

Mailing Address 1030 W Higgins Ste 200

City State Zip Code
Hoffman Estates IL 60195-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barrington Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022505

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Alberto D Cuellar, MD

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSF Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022506

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Stephen G Morris, MD

Mailing Address 1600 Esplande Ste C

City State Zip Code
 Chico CA 95926-3369

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022507

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. David J Flesher, MD

Mailing Address 3301 NW 50th St

City State Zip Code
 Oklahoma City OK 73112-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates, In-
c.

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022508

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert E Gieringer, MD

Mailing Address 2751 DeBarr Rd Ste 320

City State Zip Code
 Anchorage AK 99508-2962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022510

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Nathan Edward Bradley, , MD Mailing Address Orthopedic Assoc 3301 NW 50th St City State Zip Code Oklahoma City OK 73112-5627 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 24022511 Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedic Associates, In- c. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Dr. Robert H Sandmeier, , MD Mailing Address 2038 NW 127th PI City State Zip Code Portland OR 97229-8552 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 24022513 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Dr. Ronald P Byank, , MD Mailing Address 4940 Eastern Ave City State Zip Code Baltimore MD 21224-2780 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 24022514 Amount of Each Receipt this Period 500.00
Name of Employer Johns Hopkins University Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)**2500.00****TOTAL** This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Frederick T Lohr, , MD

Mailing Address 100 Brown St

City State Zip Code
 Chestertown MD 21620-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022515

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. John H Bargren, , MD

Mailing Address 1112 6th Ave Ste 300

City State Zip Code
 Tacoma WA 98405-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022516

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. William A Jiranek, , MD

Mailing Address Virginia Commonwealth University H
 Dept of Orthopaedic Surgery

City State Zip Code
 Richmond VA 23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Commonwealth Uni-
 versity

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022517

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John McArthur Harris, III, MD

Mailing Address Boston VA Med Ctr
150 S Huntington Ave

City State Zip Code
Boston MA 02130-4893

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept. of Veterans Affairs,
Boston VAMC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven F Harwin, , MD

Mailing Address 910 Park Ave

City State Zip Code
New York NY 10021-0255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022523

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John F Lawlis, III, MD

Mailing Address Associates in Orthopaedics
6 San Remo Dr

City State Zip Code
South Burlington VT 05403-6310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Orthopaedics
PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022525

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Stephen A Albanese, , MD

Mailing Address 550 Harrison St Ste 128

City State Zip Code
 Syracuse NY 13202-3096

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY Upstate Orthopaedic
Surgery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022526

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael P Young, , MD

Mailing Address 350 Fox Hunt Trail

City State Zip Code
 Barrington IL 60010-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022527

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. J Steven Shockey, , MD

Mailing Address Eastern Kentucky Bone & Joint Surg
 108 N Auxier Ave

City State Zip Code
 Pikeville KY 41501-9045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Orthopaedic Soci-
ety

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022528

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David B Coward, , MD

Mailing Address 2801 K St Ste 310

City State Zip Code
 Sacramento CA 95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacramento Knee and Sports
Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022529

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Ray Cunningham, , MD

Mailing Address PO Box 0

City State Zip Code
 Columbia MO 65205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Orthopaedic Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022530

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven M Sanders, , MD

Mailing Address 2020 Palomino Ln Ste 220

City State Zip Code
 Las Vegas NV 89106-4891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022531

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James J Hamilton, MD

Mailing Address Univ of MO at Kansas City
2301 Holmes, Dept of Ortho

City State Zip Code
Kansas City MO 64108-2677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Hill Health Serv-
ices

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022534

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. S Terry Canale, MD

Mailing Address Campbell Clinic
1400 S Germantown Rd

City State Zip Code
Germantown TN 38138-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022535

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Peter D Pizzutillo, MD

Mailing Address St Christopher's Hospital for Chil
Section of Orthopaedics

City State Zip Code
Philadelphia PA 19134-1095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tenet Healthcare

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022536

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael J Goodwin, , MD

Mailing Address 1180 St Christopher Dr Ste 202

City State Zip Code
 Ashland KY 41101-7055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022538

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. William J Williams, , MD

Mailing Address 933 Alpine Ave

City State Zip Code
 Boulder CO 80304-3396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boulder Orthopedic, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022540

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Jimmie G Biles, , MD

Mailing Address Big Horn Basin Ortho Clinic
 720 Lindsay Ln

City State Zip Code
 Cody WY 82414-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Big Horn Basin Ortho Clin-
ic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022541

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2700.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Frank R Joseph, , MD

Mailing Address 1285 Hembree Rd Ste 200A

City State Zip Code
 Roswell GA 30076-4995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurgens Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022542

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank L Barnes, , MD

Mailing Address Twelve Oaks Tower
 4126 SW Freeway Ste 1410

City State Zip Code
 Houston TX 77027-7316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Ray W Covington, , MD

Mailing Address 3500 Hillcrest Dr Ste 1

City State Zip Code
 Waco TX 76708-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waco Bone & Joint Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022544

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gregory Scott DiFelice, , MD

Mailing Address 500 E 77th St Apt 3521

City	State	Zip Code
New York	NY	10162-0011

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	6

Transaction ID: 24022545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. A Philip Fontanetta, , MD

Mailing Address 137 Willis Ave

City	State	Zip Code
Mineola	NY	11501-2650

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	6

Transaction ID: 24022546

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Bradley J Watters, , MD

Mailing Address 2200 NW Myhre Rd

City	State	Zip Code
Silverdale	WA	98383-7681

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Doctors ClinicOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	6

Transaction ID: 24022548

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Steven W Pearson, , MD

Mailing Address 5333 Hollister Ave Ste 120

City State Zip Code
 Santa Barbara CA 93111-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022549

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Andrew Roger Curran, , MD

Mailing Address 4262 S Rustler Ln

City State Zip Code
 Meridian ID 83642-6883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saltzer Medical Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022550

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Bruce Wolock, , MD

Mailing Address 8564 Leisure Hill Dr

City State Zip Code
 Baltimore MD 21208-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022551

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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or each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Richard K Muir, MD

Mailing Address 3905 Waring Rd

City State Zip Code
 Oceanside CA 92056-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri City Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022552

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Jonathan P Kieve, MD

Mailing Address Northwest Ortho Spec
E 12410 Sinto Ste 201

City State Zip Code
 Spokane Valley WA 99216-1081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Orthopedic Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022553

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Michael S Weng, MD

Mailing Address 9225 N 3rd St Ste 203

City State Zip Code
 Phoenix AZ 85020-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Phoenix Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022554

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Ronald Y G Woo, MD

Mailing Address 3015 Squalicum Pkwy Ste 200

City State Zip Code
 Bellingham WA 98225-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peace Health

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022555

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jose Manuel Montanez-Huertas, MD

Mailing Address PO Box 362566

City State Zip Code
 San Juan PR 00936-2566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022556

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard Mills Roberts, MD

Mailing Address 2120 N MacArthur Blvd Ste 100

City State Zip Code
 Irving TX 75061-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irving Orthopaedics & Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022557

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Richard P Driessnack, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 303 N William Kumpf Blvd Ortho Institute of IL		Transaction ID: 24022558	
City Peoria	State IL	Zip Code 61605-2517	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopedic Institute of Illinois		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Dr. Thomas Parker Vail, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address Duke Univ Med Ctr Box 3332 Duke South, 5th Fl Orange Zone		Transaction ID: 24022560	
City Durham	State NC	Zip Code 27710-0001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer DUMC		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Dr. Edward A Stokel, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address PO Box 616		Transaction ID: 24022561	
City Petoskey	State MI	Zip Code 49770-0616	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00	
TOTAL This Period (last page this line number only)			

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

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Andrew Marc Tetro, MD

Mailing Address 55 Contessa Ct

City State Zip Code
 Williamsville NY 14221-1773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Simmons Ortho and Spine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022562

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Jan Marc Kadyk, MD

Mailing Address 194 Doctors Dr

City State Zip Code
 Boone NC 28607-5079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boone Orthopaedic Assoc.
PA

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 24022564

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Dr. Jon F Robinson, MD

Mailing Address Bridger Orthopedic and Sports Medi
 1450 Ellis St Ste 201

City State Zip Code
 Bozeman MT 59715-8813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridger Orthopedic and Sp-
orts Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064859

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Holly J Duck, , MD

Mailing Address Bone & Joint Surgery Associates
340 S Whitney Way

City State Zip Code
Madison WI 53705-4656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bone & Joint Surgery Asso-
ciates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael D Lahey, , MD

Mailing Address 3057 S Whitepost Way

City State Zip Code
Eagle ID 83616-6462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064861

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Rajeev Garapati, , MD

Mailing Address 1539 W George

City State Zip Code
Chicago IL 60657-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Bone & Joint Ins-
titute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064862

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Vincent Iacono, MD

Mailing Address PO Box 30

City State Zip Code
 Stoughton MA 02072-0030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064863

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. G Howard Bathon, II, MD

Mailing Address 6565 N Charles St Ste 606

City State Zip Code
 Baltimore MD 21204-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064864

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)

Dr. Paul Fredrick Witt, MD

Mailing Address 2111 Ogden Ave

City State Zip Code
 Aurora IL 60504-7597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Castle Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064865

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Stephen Edward Faust, MD

Mailing Address 1 Taney Ave

City State Zip Code
 Annapolis MD 21401-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Orthopaedic & Sports
Medicine Cent

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064866

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Robert A Sparks, MD

Mailing Address 1103 16th Ave SE

City State Zip Code
 Decatur AL 35601-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decatur Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064867

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Cameron B Huckell, MD

Mailing Address 235 North St

City State Zip Code
 Buffalo NY 14201-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Simmons Orthopaedics & Sp-
ine Associate

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064868

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Steven D Washburn, , MD

Mailing Address 4731 S White Mtn Rd Ste 1

City State Zip Code
 Show Low AZ 85901-7818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Mt Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064869

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)

Dr. Roger B Collins, , MD

Mailing Address 105 N Greenleaf St

City State Zip Code
 Gurnee IL 60031-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenleaf Orthopaedic Ass-
ociates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064870

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. David Thomas Sowa, , MD

Mailing Address 4745 Stanton-Ogletown Rd Ste 225

City State Zip Code
 Newark DE 19713-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
First State Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064871

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Cyrus J Lashgari, MD

Mailing Address 1568 Comanche Rd

City	State	Zip Code
Arnold	MD	21012-2500

FEC ID number of contributing
federal political committee.**C**Name of Employer
Orthopaedic & Sports Cent-
erOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 24064872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Andrew A Brooks, MD

Mailing Address 6815 Noble Ave

City	State	Zip Code
Van Nuys	CA	91405-3796

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southern California Ortho-
paedicsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 24064873

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael P Rubinstein, MD

Mailing Address 27015 Glaramara Circle

City	State	Zip Code
Yorba Linda	CA	92887-4221

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 24064874

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David D Gallagher, , MD

Mailing Address 940 N Marr Rd

City

Columbus

State

IN

Zip Code

47201-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Indiana Orthopaedic
s

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064875

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Allen F Anderson, , MD

Mailing Address 4230 Harding Rd Ste 1000
St Thomas Medical Bldg

City

Nashville

State

TN

Zip Code

37205-2098

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064876

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ajoy K Jana, , MD

Mailing Address 15902 Patrick Ave

City

Omaha

State

NE

Zip Code

68116-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Clinic Sports
Med Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064877

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 233

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Raymond A Koch, , MD

Mailing Address 227 Boyle Dr

City State Zip Code
 Eureka CA 95503-6401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humboldt Ortho Assoc.

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064878

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Dr. Casey Ira Huntsman, , MD

Mailing Address 3300 Washington Pkwy

City State Zip Code
 Idaho Falls ID 83404-7592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntsman Orthopaedic Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064880

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Daniel M Gannon, , MD

Mailing Address Bridger Ortho & Sports Med PC
 1450 Ellis St Ste 201

City State Zip Code
 Bozeman MT 59715-8813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridger Ortho & Sports Med
PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064881

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 162 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John C Erkkila, , MD

Mailing Address 3680 NW Samaritan Dr

City State Zip Code
 Corvallis OR 97330-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064882

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert H Cancro, , MD

Mailing Address 4011 Talbot Rd S Ste 300

City State Zip Code
 Renton WA 98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064883

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Xavier A Duralde, , MD

Mailing Address 2045 Peachtree Rd NE Ste 700

City State Zip Code
 Atlanta GA 30309-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peachtree Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064884

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 163 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Nick M DiGiovine, , MD

Mailing Address 225 S Clark St

City State Zip Code
 Butte MT 59701-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butte Ortho & Fracture Cl-
inic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064886

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Lawrence R Housman, , MD

Mailing Address 2424 N Wyatt Dr Ste 260

City State Zip Code
 Tucson AZ 85712-6118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tucson Orthopaedic Instit-
ute PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064888

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian B Nielsen, , MD

Mailing Address 13755 E Camino Cartamo

City State Zip Code
 Tucson AZ 85749-9192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tucson Orthopaedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064889

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Scott V Slagis, MD

Mailing Address 2424 N Wyatt Dr Ste 200

City State Zip Code
Tucson AZ 85712-6118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tucson Orthopaedic Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064890

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen L Curtin, MD

Mailing Address 5810 N Moccasin Trl

City State Zip Code
Tucson AZ 85750-0801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tucson Ortho Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064891

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Bradley J Brainard, MD

Mailing Address 2424 N Wyatt Dr Ste 230

City State Zip Code
Tucson AZ 85712-6118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tucson Orthopaedic Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064892

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Robert A Harf, MD

Mailing Address 181 Andrieux St Ste 111

City State Zip Code
 Sonoma CA 95476-6920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064893

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John D Stewart, MD

Mailing Address 2420 S Union Ave Ste 300

City State Zip Code
 Tacoma WA 98405-1387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tacoma Orthopaedic Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Charles N Versteeg, Jr, MD

Mailing Address 2780 E Barnett Rd Ste 200

City State Zip Code
 Medford OR 97504-8343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Oregon Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064895

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 166 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John W Durham, , MD

Mailing Address Northern Arizona Orthopaedics, Ltd
1485 N Turquoise Dr Ste 200

City State Zip Code
Flagstaff AZ 86001-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Arizona Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064896

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. William S Ward, , MD

Mailing Address 44555 Woodward Ste 407

City State Zip Code
Pontiac MI 48341-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakland Orthopaedic Partners

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064897

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark R Brinker, , MD

Mailing Address Texas Orthopedic Hospital
7401 S Main

City State Zip Code
Houston TX 77030-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Orthopedic Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064898

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 167 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Glen E Johnson, MD

Mailing Address 633 Emerson Rd Ste 10

City State Zip Code
 Saint Louis MO 63141-6739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkcrest Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064899

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey T Adams, MD

Mailing Address 1223 1/2 Trotwood Ave

City State Zip Code
 Columbia TN 38401-6430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middle Tenn Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064900

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. James P Crutcher, Jr, MD

Mailing Address 1229 Madison St Ste 1600

City State Zip Code
 Seattle WA 98104-3590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proliance Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064901

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 168 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Clay M Wertheimer, , MD

Mailing Address 1100 Pacific Ave Ste 300
Everett Bone and Joint

City State Zip Code
Everett WA 98201-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Everett Bone and Joint

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24064902

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Palmeri, , MD

Mailing Address 108 Van Guilder Ave

City State Zip Code
New Rochelle NY 10801-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122926

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert G Liss, , MD

Mailing Address 4815 Liberty Ave Ste 215

City State Zip Code
Pittsburgh PA 15224-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
Pittsburgh

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122930

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 169 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John DiPaola, MD

Mailing Address 6464 SW Borland Rd Ste C4

City State Zip Code
Tualatin OR 97062-8856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Occupational Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122931

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Gregory A Vrabec, MD

Mailing Address Akron General Hosp/Child Hosp
224 W Exchange St Ste 440

City State Zip Code
Akron OH 44302-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122933

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. R Bruce Heppenstall, MD

Mailing Address Univ of Pennsylvania Hosp
Dept of Ortho

City State Zip Code
Philadelphia PA 19104-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of PA School of Medi-
cine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122934

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David M Henneghan, , MD

Mailing Address 2111 Shadow View Circle

City	State	Zip Code
Plover	WI	54467-2943

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rice Medical CenterOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	6

Transaction ID: 24122935

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr. James Vincent Bruno, , MD

Mailing Address 37832 Atkins Knoll

City	State	Zip Code
Oconomowoc	WI	53066-4702

FEC ID number of contributing
federal political committee.**C**Name of Employer
Aurora Medical GroupOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	6

Transaction ID: 24122936

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. John E Spieker, , MD

Mailing Address 17005 Old Orchard Rd

City	State	Zip Code
Lewes	DE	19958-4828

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	6

Transaction ID: 24122937

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1450.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. R Scott Oliver, , MD

Mailing Address 95 Tremont St Ste 1

City

Duxbury

State

MA

Zip Code

02332-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plymouth Bay Orthopedic
Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David Brokaw, , MD

Mailing Address 1801 N Senate Blvd Ste 200

City

Indianapolis

State

IN

Zip Code

46202-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Indy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122939

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Matthew John Weresh, , MD

Mailing Address Des Moines Orthopaedic Surgeons
6001 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Des Moines Orthopedic Sur-
geons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122940

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Peter J Thaler, MD Mailing Address 321 N Larchmont Blvd Ste 404 City State Zip Code Los Angeles CA 90004-6404 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6 Transaction ID: 24122941 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Joseph P Iannotti, MD, PhD Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave A-41 City State Zip Code Cleveland OH 44195-0001 FEC ID number of contributing federal political committee. C Name of Employer Cleveland Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6 Transaction ID: 24122942 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Bradford Hack, MD Mailing Address West Coast Ortho Medical Group 301 W Huntington Dr#408 City State Zip Code Arcadia CA 91007-3462 FEC ID number of contributing federal political committee. C Name of Employer West Coast Orthopaedic Group Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6 Transaction ID: 24122943 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Richard L Henderson, , MD Mailing Address 202 Lawrence Ln City State Zip Code Yreka CA 96097-3341 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>06 / 07 / 2006</div> Transaction ID: 24122944 Amount of Each Receipt this Period <div>500.00</div>
B. Full Name (Last, First, Middle Initial) Dr. John H Bargren, , MD Mailing Address 1112 6th Ave Ste 300 City State Zip Code Tacoma WA 98405-4048 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>06 / 07 / 2006</div> Transaction ID: 24122945 Amount of Each Receipt this Period <div>250.00</div>
C. Full Name (Last, First, Middle Initial) Dr. Robert M O'Hollaren, , MD Mailing Address 3525 Loma Vista Rd City State Zip Code Ventura CA 93003-3101 FEC ID number of contributing federal political committee. C Name of Employer Ventura Orthopaedic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>06 / 07 / 2006</div> Transaction ID: 24122947 Amount of Each Receipt this Period <div>500.00</div>

SUBTOTAL of Receipts This Page (optional)**1250.00****TOTAL** This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James R Heerwagen, MD

Mailing Address Orthopedic Associates
500 W Main Ste 200

City State Zip Code
Lewisville TX 75067-0977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122948

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John R Payne, MD

Mailing Address 731 Leighton Av Ste 300

City State Zip Code
Anniston AL 36207-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anniston Orthopaedics Ass-
ociates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122949

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. David Karl Mehne, MD

Mailing Address Prof Bldg Ste 306

City State Zip Code
Aibonito PR 00705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 6

Transaction ID: 24122950

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Andrew Matthew Wong, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 6	
Mailing Address Tallahassee Orthopaedic Clinic 3334 Capital Med Blvd Ste 400		Transaction ID: 24122951	
City Tallahassee	State FL	Zip Code 32308	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tallahassee Orthopaedic Clinic		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Dr. William S Sutherland, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 6	
Mailing Address 150 Rt 1 Bypass		Transaction ID: 24122952	
City Portsmouth	State NH	Zip Code 03801-7111	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Mark W Diehl, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 6	
Mailing Address 1110 Hazeltine Ln		Transaction ID: 24122953	
City Kennesaw	State GA	Zip Code 30152-4742	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pinnacle Orthopaedics		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. John Vance Hill, , MD Mailing Address California Orthopaedic Society 3525 Loma Vista Rd City State Zip Code Ventura CA 93003-3101 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 6 Transaction ID: 24122954 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Linda J Rasmussen, , MD Mailing Address 649 Kanaha St City State Zip Code Kailua HI 96734-1941 FEC ID number of contributing federal political committee. C Name of Employer Occupation Windward Ortho Group Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 6 Transaction ID: 24122956 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Robert J Hagen, , MD Mailing Address 1411 S Creasy Ln Ste 120 City State Zip Code Lafayette IN 47905-7433 FEC ID number of contributing federal political committee. C Name of Employer Occupation Lafayette Orthopaedic Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: 24156450 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Thomas J Parr, , MD Mailing Address 14090 Southwest Fwy Ste 130 City State Zip Code Sugar Land TX 77478-3683 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: 24156452 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Dr. David A Fuller, , MD Mailing Address 1821 Addison St City State Zip Code Philadelphia PA 19146-1401 FEC ID number of contributing federal political committee. C Name of Employer Cooper University Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: 24156453 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Karen L Hackett, , FACHE, C Mailing Address AAOS 6300 N. River Rd City State Zip Code Rosemont IL 60606-1504 FEC ID number of contributing federal political committee. C Name of Employer American Academy of Orthopaedic Surgeon Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: 24156455 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Frank R Kolisek, , MD

Mailing Address 5255 E Stop 11 Rd Ste 300

City State Zip Code
 Indianapolis IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Indy

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156456

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raymond H Pierson, III, MD

Mailing Address 813 Court St Ste 1

City State Zip Code
 Jackson CA 95642-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156457

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Anthony R Mork, , MD

Mailing Address 100 Coy Burgess Loop

City State Zip Code
 Defuniak Springs FL 32435-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerald Coast Medical

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156458

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Dolf R. Ichtertz, MD

Mailing Address 1803 W Charles St

City State Zip Code
 Grand Island NE 68803-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer
NHSI, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156459

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank Capecci, MD

Mailing Address 109 Rt 46 E

City State Zip Code
 Denville NJ 07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James C Binski, MD

Mailing Address 1786 Kylemore Ct

City State Zip Code
 Dayton OH 45459-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156463

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Don W Hughes, , MD

Mailing Address 3555 Knickerbocker Rd

City State Zip Code
 San Angelo TX 76904-7699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Texas Medical

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156467

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Vernon T Tolo, , MD

Mailing Address Children's Hospital
 4650 Sunset Blvd MS#69

City State Zip Code
 Los Angeles CA 90027-6062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Southern Californ-
ia

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156469

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Shepard R Hurwitz, , MD

Mailing Address Univ of Virginia Affl Hosps
 Dept of Orthopaedics

City State Zip Code
 Charlottesville VA 22903

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Virginia

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156470

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Suzanne Stevens, MD Mailing Address 240 Shenandoah St City State Zip Code Woodstock VA 22664-1051 FEC ID number of contributing federal political committee. C Name of Employer Mountain View Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: 24156472 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Henry Clayton Thomason, III, MD Mailing Address 620 Summitt Crossing Pl Ste 108 City State Zip Code Gastonia NC 28054-2189 FEC ID number of contributing federal political committee. C Name of Employer Carolina Ortho & Sports Med Ctr Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: 24156473 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. David Cautilli, MD Mailing Address Cautilli Orthopaedic Surgical Spec 1205 Langhorne-Newtown Rd Ste 404 City State Zip Code Langhorne PA 19047-1223 FEC ID number of contributing federal political committee. C Name of Employer Cautilli Orthopaedic Surgical Speciali Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: 24156474 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) ▶		1750.00
TOTAL This Period (last page this line number only) ▶		

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Douglas R Phillips, MD

Mailing Address 811 13th St Ste 20

City

Augusta

State

GA

Zip Code

30901-2771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156475

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Knezevich, MD

Mailing Address 3820 Northdale Blvd Ste 105A

City

Tampa

State

FL

Zip Code

33624-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156476

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. G Brian Holloway, MD

Mailing Address 260 Ft Sanders West Blvd

City

Knoxville

State

TN

Zip Code

37922-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 6

Transaction ID: 24156478

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Nathaniel P Cohen, MD Mailing Address Northern Colorado Ortho Assoc 2121 E Harmony Rd Ste 290 City Fort Collins State CO Zip Code 80528-3402 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 Transaction ID: 24201924 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, MD Mailing Address 5530 Wisconsin Ave Ste 1660 City Chevy Chase State MD Zip Code 20815-4322 FEC ID number of contributing federal political committee. C Name of Employer Summit Ortho Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 Transaction ID: 24201925 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Darren L Johnson, MD Mailing Address Kentucky Clinic 740 S Limestone Ste K401 City Lexington State KY Zip Code 40536-0001 FEC ID number of contributing federal political committee. C Name of Employer University of Kentucky Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 Transaction ID: 24201928 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number only)		

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Michael R McLean, , MD Mailing Address 1300 Mound St PO Box 632749 City Nacogdoches State TX Zip Code 75961-4029 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 Transaction ID: 24201929 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. Charles J Winters, , MD Mailing Address 3635 Bienville Blvd City Ocean Springs State MS Zip Code 39564-5711 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 Transaction ID: 24201930 Amount of Each Receipt this Period 500.00
Name of Employer Bienville Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Dr. Robert P Nirschl, , MD Mailing Address 1715 N George Mason Dr Ste 504 City Arlington State VA Zip Code 22205-3670 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 Transaction ID: 24201931 Amount of Each Receipt this Period 500.00
Name of Employer Nirschl Orthopedic Sports Medicine Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Daryl Sheldon Larke, MD

Mailing Address 4135 Tate Springs Rd

City State Zip Code
 Big Stone Gap VA 24219-4272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hastings Orthopaedic Clin-
ic, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 24201932

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Henry Relton McCarroll, Jr, MD

Mailing Address 2351 Clay St Ste 510

City State Zip Code
 San Francisco CA 94115-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 24201933

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jerry L Mackel, MD

Mailing Address Ft Wayne Orthopaedics
PO Box 2526

City State Zip Code
 Fort Wayne IN 46801-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 24201934

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Einer Johnson, MD

Mailing Address Washington Univ Sch of Med
660 S Euclid, 11300 WP

City State Zip Code
Saint Louis MO 63110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington University Sch-
ool of Medici

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 24201937

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen D Helper, MD

Mailing Address 29001 Cedar Rd Ste 519

City State Zip Code
Lyndhurst OH 44124-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 24201938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James William Serene, MD

Mailing Address 520 Brookdale Dr

City State Zip Code
Statesville NC 28677-4196

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Health Care

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 24201939

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 187 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Richard J Stewart Mailing Address 1202 Barclay Circle City State Zip Code Barrington IL 60010-5263 FEC ID number of contributing federal political committee. C Name of Employer American Academy of Orthopaedic Surgeons Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 Transaction ID: 24201940 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Willard B E Wong, MD Mailing Address Precision Orthopaedics 240 San Jose St City State Zip Code Salinas CA 93901-3901 FEC ID number of contributing federal political committee. C Name of Employer Precision Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 24216023 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. David B Basch, MD Mailing Address 90 Sparta Ave City State Zip Code Sparta NJ 07871-1730 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 24216024 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David Uriel Arango, MD

Mailing Address 4524 Curry Ford Rd Ste 212

City State Zip Code
 Orlando FL 32812-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 24216025

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. James L Griffin, MD

Mailing Address 4802 S 109th E Ave

City State Zip Code
 Tulsa OK 74146-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer
TB&JA

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 24216026

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John S Early, MD

Mailing Address 3921 Marquette St

City State Zip Code
 Dallas TX 75225-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Orthopaedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 24216027

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Donald Robert Bassman, MD Mailing Address 522 N New Ballas Rd Ste 199 City State Zip Code Saint Louis MO 63141-6815 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 24216028 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Dr. Geoffrey H Cook, MD Mailing Address 75 Tortilla Dr City State Zip Code Sedona AZ 86336-3721 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 24216030 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. James R Dyreby, MD Mailing Address Northland Orthopaedic Assoc, S C. 444 E Timber Dr City State Zip Code Rhinelander WI 54501-2852 FEC ID number of contributing federal political committee. C Name of Employer Northland Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 24216031 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Richard F Kyle, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address Hennepin County Med Ctr 701 Park Ave South G2		Transaction ID: 24216032	
City Minneapolis	State MN	Zip Code 55415-1623	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hennepin County Med Ctr	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Dr. Owen R Mclvor, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 11178 Walnut St		Transaction ID: 24216033	
City Redlands	State CA	Zip Code 92374-7692	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Victor W Macko, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1901 N California St		Transaction ID: 24216034	
City Stockton	State CA	Zip Code 95204-6098	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Stockton Orthopaedic Medi- cal Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. William Landess Bourland, MD

Mailing Address 6286 Briarcrest Ave

City State Zip Code
Memphis TN 38120-4078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Memphis

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 24349215

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$0.-00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas P Gross, MD

Mailing Address Midlands Orthopaedics
1910 Blanding St

City State Zip Code
Columbia SC 29201-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: 24349216

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$1000.00 This changes 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

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

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4743.65

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 23908171

Amount of Each Receipt this Period

3231.94

Refund of bank fees from
Affil Organization

B. Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5947.32

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 24127322

Amount of Each Receipt this Period

1203.67

Refund of bank fees from
affiliated organization

C. Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8437.13

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 6

Transaction ID: 24150194

Amount of Each Receipt this Period

2489.81

Refund bank fees from Aff-
iliated Organization

SUBTOTAL of Receipts This Page (optional)

6925.42

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
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City	State	Zip Code
Rosemont	IL	60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9427.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	6

Transaction ID: 24150568

Amount of Each Receipt this Period

990.75

Refund of bank fees from
Affiliated Organization

Full Name (Last, First, Middle Initial)
B. American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City	State	Zip Code
Rosemont	IL	60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10725.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	6

Transaction ID: 24150609

Amount of Each Receipt this Period

1297.92

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

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23894232

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

2211.23

Bank fees deducted from
account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23936265

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

1203.67

Bank fees deducted from
account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24098164

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

2489.81

Bank fees deducted from
account

SUBTOTAL of Disbursements This Page (optional)

5904.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 195 / 233

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24098162

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

990.75

Bank fees deducted from
account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24127369

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

1297.92

Bank fees deducted from
account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24245701

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

218.91

Bank fees deducted from
account

SUBTOTAL of Disbursements This Page (optional)

2507.58

TOTAL This Period (last page this line number only)

8412.29

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City
St. Petersburg

State
FL

Zip Code
33743

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. C.W. Bill Young

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 10

Transaction ID: 23788355

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 422 C Street, NE
Lower Level

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 23818238

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Brian Baird for Congress

Mailing Address 1516 Franklin St

City
Vancouver

State
WA

Zip Code
98660

Purpose of Disbursement

011

Category/
Type

Candidate Name
Brian Baird

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 3

Transaction ID: 23818298

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name
Rep. Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 31

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement

Candidate Name
Rep. Shelley Berkley

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 1

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818293

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St.
P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement

Candidate Name
Rep. Steve Buyer

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 4

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818260

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends Of Lois Capps

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Lois Capps

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 23818264

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa DeLauro

Mailing Address 49 Huntington Street

City
New Haven

State
CT

Zip Code
06511

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 3

Transaction ID: 23818244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. John D. Dingell

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 23818267

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends Of Rahm Emanuel

Mailing Address 1059 West Belmont Avenue

City Chicago State IL Zip Code 60657

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rahm Emanuel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 23818286

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Rahm Emanuel

Mailing Address 1059 West Belmont Avenue

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Funds Reported On This Report

011

Category/
Type

Candidate Name
Rahm Emanuel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 24060412

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Funds Reported On This Re-
port

Full Name (Last, First, Middle Initial)

C. Friends Of Rahm Emanuel

Mailing Address 1059 West Belmont Avenue

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Re-designated funds for trans. dated 4/1

011

Category/
Type

Candidate Name
Rahm Emanuel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: 5 2006 Congress Genera

Transaction ID: 24060413

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for
trans. dated 4/12/2006

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Rep. Anna G. Eshoo

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 14

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23818263

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny H. Hoyer

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 5

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23818233

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. John Lewis For Congress

Mailing Address 1520 Pinehurst Drive SW

City Atlanta State GA Zip Code 30311

Purpose of Disbursement

Candidate Name
Rep. John Lewis

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 5

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23818269

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michaud For Congress

Mailing Address P.O. Box 1119
11 Bangor Mall Blvd. Suite D

City Lewiston State ME Zip Code 04243

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Michael Michaud

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 23818307

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Murtha For Congress Committee

Mailing Address Suite 220 551 Main Street
Bt Financial Plaza Suite 220

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John P. Murtha

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: 23818258

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 6

Transaction ID: 23818265

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street, Suite 610
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 8

Transaction ID: 23818248

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rangel For Congress

Mailing Address PO Box 5577
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles B. Rangel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 23818297

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road
Suite A307

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011
Category/
Type

Candidate Name
C.A. Dutch Ruppersberger

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 2

Transaction ID: 23818241

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stabenow For Us Senate

Mailing Address PO Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Debbie Stabenow

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

State: MI

District: 2

Transaction ID: 23818285

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Committe To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City
Brooklyn

State
NY

Zip Code
11233

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Edolphus Towns

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

State: NY

District: 10

Transaction ID: 23818232

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lewis For Congress Committee

Mailing Address P.O. Box 247

City
Redlands

State
CA

Zip Code
92373

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jerry Lewis

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

State: CA

District: 41

Transaction ID: 23818256

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Tiaht For Congress

Mailing Address 2250 N Rock Rd #118 A

City State Zip Code
Wichita KS 67226

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Todd Tiaht

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 4

Transaction ID: 23818253

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kay Bailey Hutchison For Senate Committee

Mailing Address PO Box 9190
800 Brazos Suite 1200

City State Zip Code
Dallas TX 75209

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Kay Hutchison

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 1

Transaction ID: 23818243

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Bluegrass Committee

Mailing Address 400 North Capitol Street, NW
Suite 585

City State Zip Code
Washington DC 20001

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 23818236

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. HEART PAC

Mailing Address 2250 N Rock Rd
#118-224

City State Zip Code
Wichita KS 67226

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818288

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Heather Wilson For Congress

Mailing Address P.O. Box 14070
P.O. Box 14070

City State Zip Code
Albuquerque NM 87191

Purpose of Disbursement

Candidate Name
Rep. Heather Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 1

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818317

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Senate Victory Fund PAC

Mailing Address PO Box 7274

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818310

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nelson 2006

Mailing Address P O Box 8666

City
Omaha

State
NE

Zip Code
68103

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. E. Nelson

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 2

Transaction ID: 23818301

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Feinstein For Senate

Mailing Address 601 S Glenoaks Blvd #211

City
Burbank

State
CA

Zip Code
91502

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Dianne Feinstein

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 1

Transaction ID: 23818234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Snowe For Senate

Mailing Address PO Box 2006

City
Portland

State
ME

Zip Code
04104

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Olympia Snowe

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: 23818300

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 23818231

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Funds Reported On This Report

011
Category/
Type

Candidate Name
Rep. Charles Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 24060410

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Funds Reported On This Report

Full Name (Last, First, Middle Initial)

C. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Re-designated funds for trans. dated 4/1

011
Category/
Type

Candidate Name
Rep. Charles Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 20 2006 Congress Genera

Transaction ID: 24060411

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 4/12/2006

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Victory In November Election PAC (VINE PAC)

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818321

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. DANPAC

Mailing Address 1088 Bishop Street
Suite 1009

City Honolulu State HI Zip Code 96813

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818314

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Great Plains Leadership Fund

Mailing Address 818 Connecticut Ave, NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23818315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends Of Robert C Byrd Committee

Mailing Address 607 14th Street Nw Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Robert Byrd

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 1

Transaction ID: 23818318

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Juan Vargas

Mailing Address P.O. Box 9901

City San Diego State CA Zip Code 92169

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Juan Vargas

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 23837093

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Nancy L. Johnson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 5 2006 Congress Genera

Transaction ID: 23903364

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Walsh For Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. James Walsh

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 23903365

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Leadership Encouraging Excellence PAC (LEE PAC)

Mailing Address 4451 Brookfield Corp Drive
#200

City Chantilly State VA Zip Code 20151

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 23903363

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kenny Marchant For Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Kenneth Marchant

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: 23903320

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. John A. Boehner

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 23919668

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Donald A. Manzullo

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: 23919667

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement
Funds Reported On This Report

011

Category/
Type

Candidate Name
Rep. Donald A. Manzullo

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: 24060414

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Funds Reported On This Report

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City
RockfordState
ILZip Code
61126Purpose of Disbursement
Re-designated funds for trans. dated 4/2Candidate Name
Rep. Donald A. ManzulloOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 Congress Genera

State: IL District: 16

Transaction ID: 24060415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	6	

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]Re-designated funds for
trans. dated 4/26/2006

Full Name (Last, First, Middle Initial)

B. White Mountain PAC

Mailing Address P.O. Box 1772

City
ConcordState
NHZip Code
03302

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 23919665

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	6	

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City
New CastleState
DEZip Code
19720Purpose of Disbursement
Funds Reported On April 15, 2006 QuarterCandidate Name
Mr. Thomas CarperOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 2

Transaction ID: 24060406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	6	

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]Funds Reported On April
15, 2006 Quarterly Report

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City State Zip Code
New Castle DE 19720

Purpose of Disbursement
Re-designated funds for trans. dated 3/3

Candidate Name
Mr. Thomas Carper

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 2

Transaction ID: 24060407

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for
trans. dated 3/30/2006

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City State Zip Code
West Chester OH 45069

Purpose of Disbursement

Candidate Name
Rep. John A. Boehner

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 23931428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St.
P.O. Box 712

City State Zip Code
Monticello IN 47960

Purpose of Disbursement

Candidate Name
Rep. Steve Buyer

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 4

Transaction ID: 23931429

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Chocola For Congress Inc

Mailing Address PO Box 6728

City
South Bend

State
IN

Zip Code
46660

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Christopher Chocola

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 2

Transaction ID: 23931431

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Clay Shaw

Mailing Address 2600 NE 14th Street Causeway

City

Pompano Beach

State
FL

Zip Code
33062

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. E. Clay Shaw, Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District: 22

2006 Congress Genera

Transaction ID: 23960952

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City

Stonington

State
CT

Zip Code
06378

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert Simmons

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 2

Transaction ID: 23960953

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Keep Our Majority PAC (KOMPAC)

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24024338

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

B. Matheson For Congress

Mailing Address 677 South 200 West
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name
Mr. James Matheson

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 2

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 Congress Genera

Transaction ID: 24024321

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

C. Making Business Excel PAC

Mailing Address PO Box 3241

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24024298

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Suite 0001

City Chicago State IL Zip Code 60679-0001

Purpose of Disbursement
In-kind contribution for Mel Martinez

Candidate Name
Sen. Mel Martinez

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 2

Transaction ID: 24061676

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

252.50

In-kind contribution for
Mel Martinez

Full Name (Last, First, Middle Initial)

B. A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 2048

City Albuquerque State NM Zip Code 87111

Purpose of Disbursement

Candidate Name
Jeff Bingaman

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 2

Transaction ID: 24071833

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement

Candidate Name
Rep. Mark Foley

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼

State: FL District: 16 2006 Congress Genera

Transaction ID: 24070502

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3252.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kyl for Senate

Mailing Address 507 Capitol Court, N.E. #100

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Jon Kyl

Office Sought: ☐ House
☒ Senate
☐ President

State: AZ District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24071832

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. John Lewis For Congress

Mailing Address 1520 Pinehurst Drive SW

City Atlanta State GA Zip Code 30311

Purpose of Disbursement

Candidate Name
Rep. John Lewis

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 5

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24071834

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Norwood For Congress

Mailing Address PO Box 499
PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement

Candidate Name
Rep. Charlie Norwood

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 9

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

2006 Congress Genera

Transaction ID: 24071789

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John Shadegg For Congress

Mailing Address P.O. Box 45444

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John B. Shadegg

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 3

Transaction ID: 24071830

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address 402 State Street
PO Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Fred Upton

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☐ General
☒ Other (specify) ▼

State: MI

District: 6

2006 Congress Genera

Transaction ID: 24071831

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 50100

City
Springfield

State
MO

Zip Code
65805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Roy Blunt

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☐ General
☒ Other (specify) ▼

State: MO

District: 7

2006 Congress Genera

Transaction ID: 24071829

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Battle Born Leadership PAC

Mailing Address 1155 21ST STREET NW SUITE 300

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24071812

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City
Charlotte

State
NC

Zip Code
28237

Purpose of Disbursement

Candidate Name
Rep. Sue Myrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: NC District: 9

2006 Congress Genera

Transaction ID: 24071472

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Schwarz For Congress

Mailing Address Post Office Box 2063

City
Battle Creek

State
MI

Zip Code
49016

Purpose of Disbursement

Candidate Name
Rep. John Schwarz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: MI District: 7

2006 Congress Genera

Transaction ID: 24071827

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Walter Jones Committee 2006

Mailing Address PO Box 99667

City
RaleighState
NCZip Code
27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Walter Jones, Jr.

Office Sought:

☒

House

☐ Senate☐ President

State: NC

District: 3

Disbursement For:

2006

☐ Primary☐ General☒ Other (specify) ▼

2006 Congress Genera

Transaction ID: 24116102

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nelson 2006

Mailing Address P O Box 8666

City
OmahaState
NEZip Code
68103

Purpose of Disbursement

Funds Reported On This Report

011

Category/
Type

Candidate Name

Sen. E. Nelson

Office Sought:

☐

House

☒ Senate☐ President

State: NE

District: 2

Disbursement For:

2006

☒ Primary☐ General☐ Other (specify) ▼

Transaction ID: 24127315

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]Funds Reported On This Re-
port

Full Name (Last, First, Middle Initial)

C. Nelson 2006

Mailing Address P O Box 8666

City
OmahaState
NEZip Code
68103

Purpose of Disbursement

Re-designated funds for trans. dated 4/1

011

Category/
Type

Candidate Name

Sen. E. Nelson

Office Sought:

☐

House

☒ Senate☐ President

State: NE

District: 2

Disbursement For:

2006

☐ Primary☒ General☐ Other (specify) ▼

Transaction ID: 24127316

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]Re-designated funds for
trans. dated 4/12/2006**SUBTOTAL** of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Midwest ROMP

Mailing Address 1465 Stoddard Ave.

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24127700

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

11000.00

Full Name (Last, First, Middle Initial)

B. Elegant Party Rentals and Catering

Mailing Address 280 Lewis Iley Tew Rd

City Dunn State NC Zip Code 28334

Purpose of Disbursement

In-kind contribution

Candidate Name
Rep. Walter Jones, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: NC District: 3

2006 Congress Genera

Transaction ID: 24139586

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

802.50

In-kind contribution

Full Name (Last, First, Middle Initial)

C. Talent For Senate Inc

Mailing Address 147 N Meramec Suite 100

City St Louis State MO Zip Code 63105

Purpose of Disbursement

Funds Reported On January 31, 2006 Year

Candidate Name
Sen. James Talent

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 2

Transaction ID: 24192807

Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Funds Reported On January
31, 2006 Year End Report

SUBTOTAL of Disbursements This Page (optional)

11802.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Talent For Senate Inc

Mailing Address 147 N Meramec Suite 100

City State Zip Code
St Louis MO 63105

Purpose of Disbursement
Re-designated funds for trans. dated 10/

Candidate Name
Sen. James Talent

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 2

Transaction ID: 24192808

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Re-designated funds for
trans. dated 10/14/2005

Full Name (Last, First, Middle Initial)

B. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement

Candidate Name
Rep. Joe L. Barton

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 6 2006 Congress Genera

Transaction ID: 24194445

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City State Zip Code
New Britain CT 06050

Purpose of Disbursement

Candidate Name
Rep. Nancy L. Johnson

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 5 2006 Congress Genera

Transaction ID: 24194441

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Musgrave For Congress

Mailing Address 5401 Stone Creek Circle Suite 777

City Loveland State CO Zip Code 80538

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Marilyn Musgrave

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 4

Transaction ID: 24194443

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Together for Our Majority PAC (TOMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24194446

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address P.O. Box 5458
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John Shimkus

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: 19 2006 Congress Genera

Transaction ID: 24194444

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mark Kennedy 06

Mailing Address PO Box 49333

City State Zip Code
Blaine MN 55449

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Mark Kennedy

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 2

Transaction ID: 24194447

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address P.O. Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Michael C. Burgess

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 26 2006 Congress Genera

Transaction ID: 24198243

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

1100.00

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress

Mailing Address 5915 Eastman Ave. Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Dave Camp

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 24198242

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Talent For Senate Inc

Mailing Address 147 N Meramec Suite 100

City State Zip Code
St Louis MO 63105

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. James Talent

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 2

Transaction ID: 24198240

Date of Disbursement

06 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jim Gerlach For Congress Committee

Mailing Address 911 Welsh Ayres Way

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Jim Gerlach

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼

State: PA District: 6 2006 Congress Genera

Transaction ID: 24203751

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pryce For Congress

Mailing Address 145 E. Rich Street

City State Zip Code
Columbus OH 43215

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Deborah Pryce

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼

State: OH District: 15 2006 Congress Genera

Transaction ID: 24203747

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South
#310

City State Zip Code
Minnetonka MN 55305

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jim Ramstad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 3

Transaction ID: 24203975

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. The Big Tent PAC

Mailing Address 226 N ALFRED STREET

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24203793

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Heather Wilson For Congress

Mailing Address P.O. Box 14070
P.O. Box 14070

City State Zip Code
Albuquerque NM 87191

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Heather Wilson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: NM District: 1 2006 Congress Genera

Transaction ID: 24203748

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr For Congress

Mailing Address 331 Beverly Drive

City Lafayette State LA Zip Code 70503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Charles Boustany

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
State: LA District: 7 2006 Congress Genera

Transaction ID: 24203754

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr For Congress

Mailing Address 331 Beverly Drive

City Lafayette State LA Zip Code 70503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Charles Boustany

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼
State: LA District: 7

Transaction ID: 24203755

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Robert Simmons

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼
State: CT District: 2

Transaction ID: 24203750

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nathan Deal For Congress

Mailing Address PO Box 902
PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nathan Deal

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: GA District: 10 2006 Congress Genera

Transaction ID: 24204010

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Chocola For Congress Inc

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46660

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Christopher Chocola

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: IN District: 2 2006 Congress Genera

Transaction ID: 24203947

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Peter Roskam

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: IL District: 6 2006 Congress Genera

Transaction ID: 24203757

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Freedom & Democracy Fund

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24203752

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

011

Category/
Type

B. Red Rooster Leadership PAC

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24215565

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

011

Category/
Type

C. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement
Funds Reported On This Report

Candidate Name
Rep. Robert Simmons

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24217109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011

Category/
Type

[MEMO ITEM]

Funds Reported On This Report

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City
Stonington

State
CT

Zip Code
06378

Purpose of Disbursement
Re-designated funds for trans. dated 6/2

Candidate Name
Rep. Robert Simmons

Office Sought: ☒ House
☐ Senate
☐ President

State: CT

District: 2

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

2006 Congress Genera

Transaction ID: 24217110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for
trans. dated 6/27/2006

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

175155.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. William Landess Bourland, , MD

Mailing Address 6286 Briarcrest Ave

City
Memphis

State
TN

Zip Code
38120-4078

Purpose of Disbursement

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24060416

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas P Gross, , MD

Mailing Address Midlands Orthopaedics
1910 Blanding St

City
Columbia

State
SC

Zip Code
29201-3520

Purpose of Disbursement

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24060417

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 232 / 233

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Citi AAdvantage Business Card

Mailing Address P.O. Box 6309

City
The Lakes

State
NV

Zip Code
88901-6309

Purpose of Disbursement
In Kind Contribution to Scott Scutchfiel

Candidate Name
Scott Scutchfield, MD

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: 24011499

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

390.00

In Kind Contribution to
Scott Scutchfield

Full Name (Last, First, Middle Initial)

B. Minuteman Press

Mailing Address 410 W. Walnut St.

City
Danville

State
KY

Zip Code
40422

Purpose of Disbursement
In kind contribution to Scott Scutchfiel

Candidate Name
Scott Scutchfield, MD

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: 24011541

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

116.24

In kind contribution to
Scott Scutchfield

Full Name (Last, First, Middle Initial)

C. Scutchfield for County Judge

Mailing Address 1591 Lexington Road

City
Danville

State
KY

Zip Code
40422

Purpose of Disbursement
Scott Scutchfield, COUNTY KY

Candidate Name
Scott Scutchfield, MD

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: 24028370

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

305.00

Scott Scutchfield, COUNTY
KY

SUBTOTAL of Disbursements This Page (optional)

811.24

TOTAL This Period (last page this line number only)

811.24

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons		FEC IDENTIFICATION NUMBER C C00343137	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The White House Writers Group		Date M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1030 15th Street, NW 11th Floor		Amount 50000.00	
City State Zip Code Washington DC 20005		Transaction ID: 24213630	
Purpose of Expenditure Direct mail ads to be sent 7/10/06		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 6 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dr. Thomas Price		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 50000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee The White House Writers Group		Date M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1030 15th Street, NW 11th Floor		Amount 150000.00	
City State Zip Code Washington DC 20005		Transaction ID: 24213902	
Purpose of Expenditure Radio ads beginning 7/5/06		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 6 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Dr. Thomas Price		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		200000.00	
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
William J. Robb, III, MD Signature		Date M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6	